ivo ch	ich		(P		to NJAC					- 17	1 P	1/	12	117	1
Date of Notification (1) June 6, 2012				Name of Macer	f Building (ich	Owner/O	perator	(2)						A Parell	
Agencies Notified	Type Notification			Street A 401 W	ddress ilshire B	lvd.			1			4 64			National Property
DEP DOL	Initial Amended Amendment				ite, Zip Co Monica,		rnia 9	0401	The couple	B	Tak dalah				
DOH DCA	Emergency justification) Cancellation	•			Contact n Ghafa	ri		Co. F	Wile Stranger Stranger	Tele	phone Nun	her	NOTAL BURE	Name and State of the last of	1
				FACI	LITY INFO	ORMATIO	ON			4	· · · · · · · · · · · · · · · · · · ·		1 71-40	мин е рукта	Sign of
Name of Facility Where A	Abatement is Takin	ig Place (3	3)					□ s	of Facility (4 chool (K-12	2)	- H K 40				
Street Address Clements Bridge Ro	oad							X O	ubchapter 8 ther (i.e. pr tc.)				dings,	home	es,
City (5) Deptford								Square +/-1,0	Feet 000,000	# of 2	Floors		ldg. A	ge	
County (6) Gloucester	9			County (Code (7) USE ONLY)		_	Curren	t Use (Prior	if bein	g demolish	ed)			
Name of Monitoring Firm ATC Associates	Hired by Building	Owner (8)		ASCN	1 No.			of Abate	ement Cont s, LLC	ractor (9)			,	
Street Address 3 Terri Lane				1				Address W. Line	s coln High	way					
City, State, Zip Code Burlington, NJ			(110)-11-11					itate, Zip n, PA							27
Project Manager for Mon John Lutz	itoring Firm			Telephoi 609-38	ne No. 36-8800			none No 872-88			License N 01161	0.			7
Start Date (10) June 4, 2012		Schedule June 9			Date (11)		Name EMS		A Monitor						
Occupancy Status During	g Abatement (Chec	k Only Or	ne)				Street	Address	S						
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norr	nal Facility	Hour	S	ement		City, S	tate, Zip		n					
Scope of Work (Check A							Cirin	amins	on, NJ						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	іі тпас Арріу)		Renova Demoli	0.0			×	Mini	Containmer -Enclosure rebag Proce -Exempted	edure				е	
			Locat										Abate	ment pe	
Location			Norma				cription					-	Γ,	Pe	
Asbestos-Containing <u>TO BE AB</u> In Facil (13)	ATED	Ma	intena	nce/ Staff?				s insulat T, or		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Space 2	060	100	х	1,7,7	Δ.	sbestos	s Floor	r Masti	ic	83	1 SF	X		-	
0,000 2					7.							-			
Name of Registered Was	te Hauler			NJDEP W	lasto	Cubic	Varda		Name of E	enieter	ed Landfill				
Service Transport	ne naulei			Hauler ID		of Was			Minverva						
City, State New Castle, DE						Dispos TBD	al Date		City, State Waynes		ОН				
Completed by	2Z	Title				S	ignature	2/1	1/2	11/1	Da				
Jack Bally		Sr. P	rojec	t Mana	ger		11/	12/1	VILL	K	6/	5/12			

no Chech

Date of Notification (1) 06/04/12						Owner/O		2) Company,	LLC	11961		3.475		
Agencies Notified	Type Notification			Street A	ddress	ton Blvd			W.	11130			•	
EPA DEP DOL	Initial Amended Amendment				ite, Zip Cord, CT	ode 06902				SBESTOS EICF	GONTR ASIA	JL 5	tribund	
☑ DOH DCA	Emergency justification) Cancellation			Name of John D	Contact Oolan		Assessment to	-	Te	lephone N	Number			a cuca
Name of Facility 24th		- · · ·		FACI	LITY INF	ORMATIC								=
Name of Facility Where Beacon Powerhou Street Address 44 Beacon Place		g Place (3)			7.19		X Other (i.	K-12) ter 8 (Oth	er than K & comme		ldings	s, hon	nes,
City (5) Jersey City	e.					1		etc.) Square Feet 21,000	3	of Floors		Bldg. 50+-		
County (6) Hudson				County C	Code (7) JSE ONLY	n		Current Use (vacant	Prior if be	ing demo	lished)			
Name of Monitoring Fire Lis Consulting Ser		Owner (8)		ASCM	No.			f Abatement (nark Contra						
Street Address 134 Bennington Pl	cwy				107		Street A 27 Ed	ddress sall Drive					-	
City, State, Zip Code Franklin Park, NJ (08823	7						ate, Zip Code ex, NJ 0746	1			7.		
Project Manager for Mo Kris Lis	nitoring Firm		Telephor 732-94	ne No. 10-6207		Telepho 973-8	one No. 64-2022		License 01137					
Start Date (10) 04/17/12		Schedule 06/11/1		mpletion [Date (11)	/	Name o	f OSHA Monit Sci	or		- N			
Occupancy Status Durir	ng Abatement (Chec	k Only On	e)		V. T. C. SALE		Street A	ddress		****	-			
Facility Closed/Vac	cated During Entire F	Period of A	bater	ment				ast 30th St	reet				1 00000	
Other – Describe:		al Facility	Hour	s		_		ate, Zip Code York, NY 10	016					
Scope of Work (Check / ≥3 sf or ≥3 if ≥160 sf or ≥260 if	All That Apply)	Suprement .	enova emoli				××××	Full Contair Mini-Enclos Glovebag F Non-Exemp	ure rocedure				re	
39		Is	Locat	ion					1				temer	ıt
Locatio		(a) (a)	lorma d Sole	2000		Des	cription o	of			-	T -	уре	т
Asbestos-Containing TO BE AB In Fac (13)	BATED ility	Mai	ntena odial (12)	nce/ Staff?	Aspes (i.e.	thermal s. surfaci	aining Ma systems ing, VAT iscellane		(:	amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Throughout P	owerhouse	res	No	N/A		Dina	Inculati		4.0	FO L F	-	-	+	-
Throughout P		+-+	×	-	Roile		Insulati	Insulation		50 L.F. 000 S.F.	x	+-	-	-
3rd Floor No			×		DOILG		or Tiles			00 S.F.	×	+-	+	-
Roo		×			Roofing				00 S.F.	- x	+-	+	-	
Name of Registered Wa			JDEP W		Cubic Y		Salah Sa		ered Land					
Pro-Tech LLC			H	lauler ID I 90713		of Wast		1	va Lan					
City, State New Haven, CT						Dispose on con	al Date npletio	City, S n Wayr	tate jesburg	, ОН				
Completed by Marko Stankovic		Title Presid	dent			Sig	gnature (CII)	o bece	11200	16	Date 06/04/	12		

Job #: 1205-1646 Check #: 2706

Date of Notification 6/5/12	(1)							Owner / Operato	r (2)				100	
Agencies Notified	Туре	Votific	cation			t Add		, Executrix		. HM 7	0019	- Los	91	\$1. a
⊠ EPA	1,700	vounc	ation				wood	Drive				1	1	
DEP		Initia	al				& Zip			ASBESTOS CONTA	M 8.	-5-	i i	
□ DOL		Ame	ended					n, NJ 07031		LICENSING	C/L D		THE COLUMN	
□ DOH		Eme	ergency				ontact			I	elepho	ne N	umb	er
☐ DCA		Can	cellation		Mr. (Craig	Fish	er (Owner Rep.))	- The state of the				_
** :	-				FA	CILI	TY IN	ORMATION					-3-	
Name of Facility Wh		oatem	ent is Taking F	lace (3)			Type of Facili						
Residential Prop	erty							School (K-12)					
Street Address									ter 8 (Other tha					
27 Birchwood Dr	ive									mercial building	s, hom	es, e	tc.)	
0:1. (5)			7-				The state of the s	Square Feet	# of Floo	rs BI	dg. Ag	Э		
City (5)			County (6)	Co	unty	Code	(7)	1200	2	>!	50		1	
North Arlington			Bergen						Prior if being de	emolished)	77.5			
N			1					Residential						
Name of Monitoring	Firm F	lired I	by Building Ow	ner (8)		AS	CM No		tement Contract					
	eet Address								nd Mold Serv	ices, Corp.			41-111-1	
	Box 316							Street Addres	Mark					
	, State & Zip Code							3859 Sylon City, State & 2						
Thorofare, NJ 08								Hainesport,						
Project Manager for		oring	Firm	Teler	phone	Nun	ber	Telephone Nu		License Nu	ımher			
Dave or Steve Fla	aniga	า	- 39-33E			0800		609-702-040		License	0086	2		
Scheduled Start Dat	te (10)		Scheduled Co	mpleti	on Da	ite (1	1)	Name of OSH	A Monitor					
6/18/12			6/20/12					EMSL Analy	/tical					
Occupancy Status D	During	Abate	ment (Check o	nly on	e)	100		Street Addres						
			During Entire F			atem	ent	107 Haddon						
Describe:	Periorr	nea C	utside of Norm	ial Hou	ırs			City, State & 2	0.5					
Isolated Are	2							Westmont,	NJ 08108					
Scope of Work (Che		that a	nnly											
Joseph of Work (Office	JON GII	iiat a	ppiy)						Menative	Pressure Enclo	curo			
≥3 sf or ≥3 lf	f			\boxtimes	Re	novat	ion		Mini-Enc		Juic			
≥160 sf ≥260	0 If			П	De	molitie	on -			g Procedures				. 4
										mpted and Non-	Friable	Pro	cedu	re
	cation			100000	Loca	11.000000000000000000000000000000000000		Description	of,	Amount			ent T	
Asbest	os-Cor erial (A		ng			Used		Asbestos-Cont		(Specify				
	BE ABA				olely tenar	by ice oi		Material (AC (i.e., thermal sy		SF or LF)	٦	_	Enc	. ш
	Facili					Staff		insulation, surfac	ing. VAT		Remova	Repair	Encapsulate	Enclsoure
	(13)				(12)			or other miscella			oval	air	ula	oure
				Yes	No	N/A							е	
Basement								et Goods, Floor	r tile &	190 SF	\boxtimes			
							Mas	J. C. C. C.						
Basement							Floo	r Tile & Mastic		560 SF				
				Ш										
ļ											\boxtimes			
				Щ	Ц						\boxtimes			
Name of Basisters	1011	. 1.1-	la -	Ш				Te						
Name of Registered	vvaste	Hau	ier		N.	IDEP	Waste D No.	Cubic Yards	Name of Regis	tered Landfill				
Horizon Disposal	ĺ				П	226		of Waste	GROWS					
City, State							9 1.0 16 	Disposal Date						
Trenton, NJ								6/21/12	City, State Morrisville, F	Δ				
Completed By (Print	or Tvr	e)			Tit	le		Signature	moniavine, r		Deta			
Kim Trumbetti		- C.			1335	dmi	n	- Island	VALUE VALUE		Date 6/5/1	2		
					1		(PRAIL VI			UIUI	~		1

Job #: 1204-1636 Check #: NA

Date of Notification (1) 4/18/12				of Bu		Owner / Opera	tor (2)	10 - VI	(18)	7 20	12		
Agencies Notified Type Notified EPA	cation	S	Street	Addr	ess	50 Route 173		- 3			4	1000	
DEP Initia		C	City, S	State 8	& Zip	Code		*	101	enterior establis	- 4-		a de la constantina della cons
(((((((((((((((((((ended #3 ergency			on, N				Sales of		Tolonha			INCIDENT.
	cellation	1000				r P. D'Alleinr	ne		L	Telepho	me r	Numi	Jei
			FAC	CILIT	Y INI	ORMATION	1			or yet			
Name of Facility Where Abaten Bank of America	nent is Taking P	lace (3))			Type of Fa							
Street Address		-				Schoo) (Other th	120 K 12)				
600 East Union Avenue									mmercial buildin	as. hom	nes.	etc.)	
01. (5)					#1	Square Fee		# of Flo		Bldg. Ag			
City (5)	County (6)	Cou	ınty C	Code ((7)	2416		1	4	12			
Bound Brook	Somerset								demolished)				
Name of Monitoring Firm Hired	by Building Own	ner (8)		TASC	CM No	Vacant Pr			(0)				
Lead Consultants of Ameri	ca, Inc.	161 (0)		730	JIVI INC				vices, Corp.				
Street Address						Street Addr		noia oci	vices, corp.	-			
City State 8 7 in Code	Demott Lane, Suite 206 , State & Zip Code					3859 Sylo							
	, State & Zip Code nerset, NJ 08873					City, State					SHEW		
Project Manager for Monitoring	nerset, NJ 08873 ect Manager for Monitoring Firm					Hainespo Telephone			License N	lumber			-
Stuart Levitch	art Levitch					609-702-0			LICCIISC IV	0086			
Scheduled Start Date (10) 5/23/12	art Levitch eduled Start Date (10) Scheduled Co 3/12 5/31/12					Name of O							
Occupancy Status During Abate	ement (Check or	nly one)			Street Addr	ess				- 100		
Facility Closed/Vacated Abatement Performed (teme	nt	107 Hadd		THE PARTY OF THE P					
Describe:	Juiside of Norm	ai Hour	S			City, State							
						Westmon	t, NJ t	8018					
Scope of Work (Check all that a	ipply)												-
☐ ≥3 sf or ≥3 lf			Г						ntainment with N	legative	Pre	ssure	Э
≥160 sf ≥260 lf		\exists		ovatio olitior			H		closure Bag Procedures				
			Dem	iontioi	•		M		empted and Non	-Friable	o Dro	radi	ıro
Location of			ocatio			Descripti			Amount			ent T	
Asbestos-Containii Material (ACM)	ng	Norma	ally U lely b			Asbestos-Co Material (ng	(Specify				T
TO BE ABATED	() = 10 2	Mainte				(i.e., thermal		ns	SF or LF)	Re	R	Encapsulate	. п
in Facility (13)		Custo		taff?		insulation, surf	acing, '	VAT		Remova	Repair	apsu	Enclsoure
(13)			(12) No	N/A		or other misce	ellaneo	us)		<u>a</u>	-5.	late	ıre
Exterior			\Box	-	Roo	fing and Slag			3,400 SF				$\vdash \Box$
Exterior				The state of the s	Flas				340 LF		H	H	H
				\boxtimes						X	Ħ	П	計
				\boxtimes	-								
			H	\boxtimes									
Name of Registered Waste Hau	ler	Ш	NIE	DED V	Vasto	Cubic Yards	Non	as of Dan	internal Landen				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				ıler ID		of Waste	INali	ie oi Reg	istered Landfill				
Horizon Disposal				2261	2	10	GR	ows					
City, State Trenton, NJ						Disposal Date		, State					
Completed By (Print or Type)			Titl			5/31/12	Mo	rrisville,	PA				
Kim Trumbetti			Title	e min	40	Signature		223		Date	140		
			Au	*******	. 1	KINT				5/24	/12		

Job #: 1205-1648 Check #: 2718

Date of Notification (1) 5/25/12		Na Ma	onm	of Bu	ilding	Owner / Operato	or (2)	E		- 11	3		
Agencies Notified Type Notified	cation		reet A			versity	1-0	V.				H	i i
⊠ EPA		40	00 Ce	edar	Aver	nue	*		111N 7	2012		July V	1
DEP Initia		COSTAN	117		& Zip C		5-4						4
	ended					nch, NJ 07764	d a				a a security of		
	ergency cellation				ntact			A	SDESTUDIT	elepho	ne N	umb	er
D DON Call	cellation	IVI	r. Hr	moti	hy Or	r		of all colors	- Annual Common				
			FAC	ILIT	Y INF	ORMATION			1323-200-100				
Name of Facility Where Abatem	nent is Taking P	lace (3)		7		Type of Faci							
Howard Hall/Pollack Theat	re					School (
Street Address							pter 8 (Other th						
400 Cedar Avenue							e. private & co					tc.)	
City (5)	0	70			(T)	Square Feet	# of Fl	oors		dg. Age	Э		
	County (6)	Cour	ity Co	ode ((1)	50,090 SF	3			970		.v.v.ee.u-	
West Long Branch	Monmouth						(Prior if being	demolis	shed)				
Nome of Manitoria - Firm III	L D 'III' G	(0)				Education							
Name of Monitoring Firm Hired Birdsall Services Group, In		ner (8)		ASC	CM No		atement Contra						
Street Address	C.	.,				Street Addre	and Mold Sei	rvices,	Corp.				
611 Industrial Way, Suite 2						3859 Sylon							
City, State & Zip Code			-0.2			City, State &							
Eatontown, NJ 07724							t, NJ 08036						
Project Manager for Monitoring	Firm	Telepho	one N	lumb	oer	Telephone N			License Nu	ımber			-
Patrick Guilmette		732-38				609-702-04				0086	2		
Scheduled Start Date (10)	Scheduled Con	npletion	Date	(11))	Name of OSI	HA Monitor						
5/29/12	5/31/12					EMSL Anal	ytical						
Occupancy Status During Abate	ement (Check or	nly one)				Street Addre						3115-30590	21.20.50
Facility Closed/Vacated				eme	nt	107 Haddo							
Abatement Performed C	Jutside of Norma	al Hours				City, State &							
Isolated Area						Westmont,	NJ 08108						
Scope of Work (Check all that a	nnly			1.00000-									
Coope of Work (Officer all that a	ppiy)					23	☐ Full Co	ntainm	ent with Ne	anativa	Droc	curo	
≥3 sf or ≥3 lf			Reno	vatio	on			nclosure		ganve	ries	Suit	
≥160 sf ≥260 lf		Ħ (Demo	olition	n			F	cedures				
		_							and Non-	Friable	Pro	edu	re
Location of			catio			Descriptio	n of		mount		teme	-	
Asbestos-Containir Material (ACM)	ng	Norma				Asbestos-Cor			Specify				
TO BE ABATED	V	Mainter	ely by			Material (A (i.e., thermal s		SI	F or LF)	R	_	Enc	щ
in Facility		Custodi				insulation, surfa				Remova	Repair	Encapsulate	Enclsoure
(13)			12)			or other miscell				oval	흠.	ula	oure
C4		Yes N	l ol	N/A								е	· ·
1st Floor - Old Data Center				\boxtimes	Floor	Tile & Mastic		1,050	SF	X			
1 st Floor – Old Data Center				\boxtimes	Doub	le Layer Floor	Tile & Mastic	40 SF					
										\boxtimes			
				\boxtimes					A	\boxtimes			
Name of Registered M						To							
Name of Registered Waste Hau	ier					Cubic Yards	Name of Reg	gistered	Landfill			60=57A	
Horizon Disposal	•		ALCOHOLD STORY	2261) No.	of Waste	GROWS						
City, State					-	Disposal Date	City, State				-		
Trenton, NJ						5/31/12	Morrisville	РΔ					
Completed By (Print or Type)			Title			Signature/	,	,		Date			
Kim Trumbetti			Adr		. /					5/25	112		
		*			ل "	DUY				0120	12		

Job #: 1202-1621 Check #: 2734

Date of Notification (1) 6/5/12					Owner / Operato	or (2)	The June 1	7 AN	· ·		
Agencies Notified Type Notifi	cation	St	reet Ad	Idress	l Street					1	
☐ DEP ☐ Initi	al	_		e & Zip			ASBESTOS	CONTROL	1		- 1
□ DOL □ Am	ended			on, NJ			1108	NSHIG	MORE CONTRACT	Carronnia.	Bern 1
	ergency ncellation	Na	ame of	Contact bby No			and the second second	Telepho	ne N	lumb	er
					ORMATION					-	
Name of Facility Where Abater	nent is Taking Pla	ace (3)	TAGIL		Type of Facil	lity (4)		_			
Bob Novick Auto Mall					School (
Street Address						oter 8 (Other th					
808 North Pearl Street							mmercial buildin			etc.)	
City (5)	(Co., -t., (C)	10		(7)	Square Feet			3ldg. Ag	е		
Marca 22 33 November 2015	County (6)		nty Cod	le (/)	21,728	2		60+			
Bridgeton	Cumberland					(Prior if being	demolished)				
Name of Monitoring Firm Hired	by Building Own	or (8)	IA	SCM No	Auto Deale		-1 (0)				
Horizon Environmental	by building Own	ei (o)		SCIVI INC	Asbestos a		rvices, Corp.				
Street Address PO Box 316					Street Addre	TOTAL COLOR					
City, State & Zip Code	-				3859 Sylon City, State &		-		_		
Thorofare, NJ 08086					Hainesport						
Project Manager for Monitoring			one Nu		Telephone N		License N	lumber		-	
Dave or Steve Flanigan	The same of the sa		48-080		609-702-04	270,070		0086	2		
Scheduled Start Date (10) 6/14/12	Scheduled Com 6/29/12			11)	Name of OSI EMSL Anal						
Occupancy Status During Abat	ement (Check on	ly one)			Street Addres		***				
Facility Closed/Vacated				nent	107 Haddo						
Abatement Performed (Describe:	Outside of Norma	l Hours	6		City, State &	28		3.7			
Isolated Area					Westmont,	NJ 08108		27%			
Scope of Work (Check all that a	annly)										
(5,105), 2,11	-PP-1)					☐ Full Co	ontainment with N	legative	Pres	sure	4
≥3 sf or ≥3 lf		\boxtimes	Renova	ation			nclosure	9			
≥160 sf ≥260 lf			Demolit	tion		Glove I	Bag Procedures				
			400000000000000000000000000000000000000			Brown Co.	empted and Nor	n-Friable	Pro	cedu	re
Location of Asbestos-Containi	ina		cation Ily Use	d	Description Asbestos-Con	n of	Amount	Aba	teme	ent T	ype
Material (ACM)	g		ely by	u	Material (A		(Specify SF or LF)			П	
TO BE ABATED		Mainte	nance o		(i.e., thermal s	ystems	J. J. Z. J. ,	Rer	Z,	Encapsulate	Enclsoure
in Facility (13)			lial Stafi 12)	f?	insulation, surfactor or other miscell			Remova	Repair	psu	Sou
(13)			No N/	'A	or other miscen	larieous)		<u>a</u>		ate	re
Roof		\Box			fing, Flashing	& Decking	440 SF		\Box		
Roof Deck		Hi			site Panels	d Decking	4 each		H	H	H
		ī					7 00011		H	H	H
									Ħ	П	H
				3							П
								\boxtimes			
Name of Registered Waste Hau	ıler		40,400,000,000	P Waste		Name of Reg	gistered Landfill				
Horizon Disposal		f.	53500	r ID No. 2 612	of Waste	GROWS					
City, State	76.1				Disposal Date	City, State					_
Trenton, NJ					6/29/12	Morrisville	, PA	5 0			
Completed By (Print or Type)	7		Title		Signature			Date			
Kim Trumbetti			Adm	iń. (Deta ()			6/5/	12		

Date of Notification (1) 06/04/2012				e of Build	ing Owner/Operato	r (2)		N. 5.		L	11
Agencies Notified Type Notifi	cation		Stre	et Addres					-		1
DEP Amende Amende Amende		<u></u>	City,	State, Zip		8812	10.275.36			-	
DOH justifica	ition)	9		e of Conta Erica Ar			Telephone Nun	nber		1115000	**** ***
		20 10 10 10 10 10 10 10 10 10 10 10 10 10	FA	CILITY IN	IFORMATION				-		
Name of Facility Where Abatement is Former Sizzler Restaurant	Taking Plac	e (3)				Type of Facili					
Street Address						School (K- Subchapte	r 8 (Other than K-1	2)			
343 Mt. Pleasant/ Mt. Hope Av	e.			-		Other (i.e., homes, etc	private & commerc	ial bui	ldings	5,	
Rockaway						Square Feet 3,000 SF	# of Floors		Bldg	Age	
County (6) Morris				inty Code ONLY)	(7) (STATE	Current Use (I Vacant Com	Prior if being demol mercial Space	ished)			
Name of Monitoring Firm Hired by Bui	lding Owner		ASCM N/A	No.		nent Contractor ((9)				
Street Address					Street Address						=-
City, State, Zip Code				_145 Mill Stre							
- City, State, Zip Code					Paterson, N						
Project Manager for Monitoring Firm						74	License No. 01108			70,	
	Scheduled C	omple	tion Da	ate (11)	Name of OSHA I		- 1 -01100				=_
06/14/2012	06/17/20				Valiant Asso	ciates, LLC	×1				
Occupancy Status During Abatement Facility Closed/Vacated During Ent	ire Period of	Abate			Street Address 145 Mill Stre	et					
Abatement Performed Outside of N Other - Describe:	ormal Facilit	y Hou	rs		City, State, Zip C						
Scope of Work (Check all that apply)					Paterson, N.	0/501					
>3 sf or >3 if >160 sf or >260 if		enovat emol			Mini-End Goveba	closure ag Procedure	egative Pressure Non-Friable Proc	adura			
	0.00000	ocatio			<i>y</i> 3(130)2	ionipiou () unu	TVOIT-THADIE T TOCK	-		ment	-
Location of	Used	Sole	y by		Description of				Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Ci	ntenan ustodia staff? (12)			tos Containing Mat , thermal systems in surfacing, VAT, other miscellaned	nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					_		te	
Roof			X	Perime	ter roof flashing		180 LF	X			

The state of the s	-										
Name of Registered Waste Hauler		TN	JDEP V	Waste	Cubic Yards	Name of Reg	istered Landfill			L	L
Service Transport Group		Н	auler ID	No.	of Waste 5 CY	Minerva L					
City, State	7-1-1-1-1-1-1				Disposal Date	City, State					
New Castle DE					06/14/2012	20 10	rg, OH 44688				
Completed By Miodrag Stamenovic	Title President			J	To Significan	Came	06/04/	2012			

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

D&S Proj. #: MS 12-210 Name of Building Owner/Operator (2) Date of Notification (1) 0 6 //0 4 //1 2 JOAN MAGEE Agencies Notified Type Notification Street Address Initial EPA 30 SPRINGBROOK ROAD Amended DEP City, State, Zip Code Amendment #: DOL M SPRINGFIELD, NJ 07081 Emergency (including DOH. Name of Contact Telephone Number justification) DCA JOAN MAGEE Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) JOAN MAGEE Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 30 SPRINGBROOK ROAD Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) **SPRINGFIELD** 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 Telephone Number Phone Number License Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 06/14/12 06/26/12 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-Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure >3 sf or >3 If Mini-enclosure Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of E e by maintenance/custodial е n asbestos-containing Amount Description of asbestos-containing m staff(12) p C (Specify SF or material (acm) to be material (ACM) C 0 a a abated in facility (13) Yes No N/A p **DUCT INSULATION** 24 SQ FT BASEMENT Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# 13506 TULLYTOWN, RESOURCE RECOVERY D & S RESTORATION, INC. 1 YD Disposal Date City, State City, State PATERSON, NJ 07503 06/15/12 TULLYTOWN, PA Signature Completed by (Print or Type) Date Title BOGDAN JOLDZIC PRESIDENT 06/04/12

Do not use this form for asbestos licensure exempted activities.

ASR-41

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

D&S Proj. #: MS 12-209

(003618	5				, 0.00	414 12.120)	100	ENW	IE				
Date of Notification	(1)		Name of B	-	er/Operator (2)				-					
Agencies Notified	Type Notifica	tion	Street Addr								-	1		
☐ EPA	Initial Amended		8 WINI	DING WA	Y			1.31			1	4		
_	Amendment #	t	City, State,	Zip Code				L-WA	catos conti	OL O		- National Property of the Party of the Part		
⊠ DOL	☐ Emergency		WEST	ORANGE	, NJ 07052			1.	FICENSIAG	i	and a second second	لدر		
☑ DOH	(including justification)		lame of Co	ontact					Telephone	Number		112		
DCA	Cancellation	- 11	TOMI	UFFY	F-12-2		\$ N _ 1							
				FAC	ILITY INFORM	ATION								
Name of facility wh	nere abatement	s taking pla	ace (3)					Туре	of Facility (4					
TOM DUFFY									=	(K - 12)			401	
Street Address								-		pter 8 (O Private/C			-12)	
8 WINDING V	VAY								Bldgs./l	Homes, e	tc.			
City (5)		Cou	nty (6)			Cou	nty Code (7)	= Squ	are Feet	# of Floor	s	BI	dg. Ag	je
			, , ,			100000000000000000000000000000000000000	te use only)	Cur	rent Use (Pri	or if bein	a den	olishe	ed)	
WEST ORAN		1 1000000	SEX								3			
Name of Monitorin	g Firm Hired by	Bldg. Own	er (8)		ASCM No.		Name of Abatem	ent Contra	ctor (9)					
							D & S REST	ORATIO	N, INC.					
Street Address							Street Address							
City, State, Zip Cod	0			-		_	20 Californi				-			
Oity, Otate, Zip Cou							City, State, Zip Co							
Project Manager for	r Monitoring Firm	1	- IP	hone Numb	ner	-	Paterson, N. Telephone Numb	Service Control of the Control of th		License	Numi	or		
,	g			none rame			973-345-80			01169		Jei		
Start Date (10)		ISched	i. Complet	tion Date (1	1)		Name of OSHA	Monitor						
06/14/12					**		D & S Resto	ration, In	o					
Occupancy Status I	During Abateme	06/2					Street Address	27.20		121				
Facility closed				ement.			20 California							
Abatement pe							City, State, Zip C	ode						
Describe: Other-Descri	be: NORMAL F	IOURS		<u> </u>		-	Paterson, N.	J 07503						
Scope of Work (ch									ntainment w	negative	nress	ure	-	
\boxtimes >3 sf or >3 lf	×	Renovation	on					=	closure	nogauvo	prooc	ui o		
≥160 sf or ≥2	60 If	Demolitio	n						ag procedure					
Location of				used solely	/			Non-E	cempted (*) a	iiiu ivon-l	R	Proce	E	
asbestos-cor			enance/cu			on of as	sbestos-containin	g	Amount		e m	e	n	E n
material (acm abated in fac			T	T	material ((Specify SI LF)	or or	0	a	c	С
		Yes	No	N/A					/		e e	i	р	-
BASEMENT			X		PIPE INSU				3 L FT		X			
CRAWL SPACE			LX		PIPE INSU				LFT					
CRAWL SPACE	± #2		LX		PIPE INSU	LATI	ON	30	LFT					
														4
Registered Waste F	lauler	INID	EP Hauler		ubic Yards of V	Maete	Name of Registe	red Londel			Ш	Ш	Ш	Ш
D & S RESTOR			506		2 YDS	vasie	TULLYTOW			COVER	Y			
City, State PATERSON, N	J 07503			Disposal D 06/15/1			City, State TULLYTOV							
Completed by (Print BOGDAN JOL		Title PRESID	ENT		Signature					Date 06/04/	12		-	

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

D&S Proj. #: MS 12-208

COSCAST										7 1		1	
Date of Notification (1)	- III	Name of Bu	ilding Owne	er/Operator (2)	1		X-1						2.4
0 6 / 0 4 / 1 2	,	PAUL M	IACNAMA	ARA					7				
Agencies Notified Type Notifica	tion	Street Addr			•	44.5				-			
EPA Initial Amended		201 LIN	DEN AVE	ENUE			-1	Lance and					
DEP Amendment #	110	City, State,			-			2.18			_		
DOL Emergency		WESTE	TELD, NJ	07090			wer ext	Commence of the Commence of th	Sa Manadhana	COMPAND OF STREET			
DOH (including	11	Name of Co		07050		100 - 100 -	-	Telephone				-	
DCA justification	50	DATIT	MACNAM	IAD A									
Cancellatio	n	PAUL					-						
			FACI	LITY INFORM	ATION								
Name of facility where abatement	is taking pl	ace (3)					T	ype of Facility (4	(K - 12)				
PAUL MACNAMARA								=	pter 8 (O	ther th	nan K	-12)	
Street Address									Private/Co			,	
201 LINDEN AVENUE		45. 5							lomes, e		-		
City (5)	I Cou	nty (6)			Cour	nty Code (7)	=	Square Feet #	of Floor	S	В	dg. Ag	je
only (o)	000	inty (0)				te use only)	-	Current Use (Pri	or if hoin		aliah	241	
WESTFIELD	UN	NON		10	,	,,	11,	Surrent Ose (Fil	or ii bein	g den	10115116	eu)	
Name of Monitoring Firm Hired by	Bldg. Own	er (8)	T	ASCM No.		Name of Abatem	ent Con	tractor (9)					
						D & S REST	ORAT	ION, INC.					
Street Address					\exists	Street Address							
						20 California	a Ave.						
City, State, Zip Code						City, State, Zip Co	ode						
						Paterson, N.	J 07503	3					
Project Manager for Monitoring Firr	ņ	P	hone Numbe	er		Telephone Numb			License	Numb	er		
						973-345-80			01169				
Start Date (10)	Sche	d. Complet	ion Date (11)		Name of OSHA							
06/18/12	06/2	0/12				D & S Resto Street Address	ration,	Inc.					
Occupancy Status During Abateme					-	The same water of							
Facility closed/vacated during			ement.			20 California City, State, Zip Co		1e					
Abatement performed outside						City, State, Zip Ci	oue						
Describe: NORMAL I	HOURS				-	Paterson, N.	07503	3					
Scope of Work (check all that app						-	Full	Containment w/	negative	nress	ure	_	
≥3 sf or ≥3 lf		on					=	i-enclosure	nogaaro	proce	uio	0.5	
☐ ≥160 sf or ≥260 lf	Demolitio							vebag procedure					
			used solely				∐ Nor	n-Exempted (*) a	and Non-f	riable R	-		
Location of asbestos-containing	by maint	enance/cu	stodial		f	aboutes seet-let		Amount		е	R	E n	E
material (acm) to be	staff(12)			material (sbestos-containin	g	(Specify Sf	or or	m	p	С	n
abated in facility (13)	Yes	No	N/A					LF)		v	i	a p	L
BASEMENT	—		1	PIPE INSU	I.A.TI	ON		150 L FT		e	r		
BASEMENT ABOVE CEILING				PIPE INSU				50 L FT			H	片	H
DADGIVIENT ABOVE CEILING				I II D INSU.		V11		JU D 1 1			片	H	H
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Registered Waste Hauler	INID	EP Hauler	ID# I Co	Libic Yards of V	Vaste	Name of Registe	ared Lar	dfill			Ш		
D & S RESTORATION, INC.	13	506		YDS	24316			SOURCE RE	COVER	Y			
City, State			Disposal D			City, State							
PATERSON, NJ 07503			06/E19/			TULLYTOV	VN, PA						
Completed by (Print or Type)	Title			Signature					Date				
BOGDAN JOLDZIC	PRESI								06/04/	12			
ASB-41	Do not us	se this form	for asbesto	s licensure exe	empted	activities.							

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

2012-117 B & G proj. #: Check # 5303 Date of Notification (1) Name of Building Owner/Operator (2) 0 6 /0 5 /1 2 Chris Bogash Type Notification Agencies Notified Street Address ☐ EPA X Initial 153 Kenmore Road ☐ DEP City, State, Zip Code Amendment DOL Boonton, NJ 07005 Telephone Number Name of Contact DOH Cancellation ☐ DCA Chris Bogash **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) Chris Bogash Other (Private/Commercial Street Address Bldgs./Homes, etc. # of Floors Bldg. Age Square Feet 153 Kenmore Road County Code (7) County (6) City (5) Current Use (Prior if being demolished) (State use only) residential Essex Boonton, NJ 07005 Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. B & G Restoration, Inc. n/a Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Project Manager for Monitoring Firm Phone Number 0378 973-696-6869 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. Street Address 6/15/2012 6/15/2012 Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) ☐ Full Containment w/negative pressure Glovebag procedure Demolition □ Renovation Non-friable procedure Mini-enclosure ≥160 sf or ≥260 lf \times >3 sf or >3 lf E Is location normally used solely E Location of n by maintenance/custodial Amount asbestos-containing Description of asbestos-containing m p C (Specify SF or staff(12) material (ACM) 0 material to be a а LF) abated in facility (13) p Yes No N/A 62 lf Ø pipe insulation boiler room/laundry room 50 lf pipe insulation storage room 4 lf pipe insulation main room Name of Registered Landfill Cubic Yards of Waste Registered Waste Hauler NJDEP Hauler ID# 19563 Tullytown Resource & Recovery Center 1 yard B & G Restoration, Inc. City, State Disposal Date City, State 6/16/2012 Tullytown, PA Lincoln Park, NJ 07035 Date Signature Completed by (Print or Type) Title Cordana Luna 6/5/2012 Gordana Luna Treasurer



Date of Notification (1)			14.4			g Owner/C	5			p.e			,3a; l
/	30 /	12		Nev	v Jersey	Schools	Develo	pment Authorit	ty		-	a. i	
Agencies Notified ⊠ EPA	Type Notificat ☑ Initial	tion			Address . State S	Street			1			+	
⊠ DOFMD	☐ Amended			City, S	State, Zip C	Code	11-5	1 - 15	· · · · · · · · · · · · · · · · · · ·	-		- 0	
☑ DHSS	Amendme		100		nton, NJ				an quero antique es .			- I-latiferana	m tetare
DCA (NJAC 5:23-8)	☐ Emergenc justificatio		3	Name	of Contac	at .			Telephone Nu	mber			
	☐ Cancellation			Rob	ert Zeid	ers	F VA - 000	5 - PE (- P	_				1
				FAC	CILITY IN	NFORMA"	TION	21.7		- 51			
Name of Facility Where	Abatement is Ta	aking Place	(3)				1 2 4 1	Type of Facility (4)				
Former Morgan Vi	illage Middle S	School						School (K-12)					y.
Street Address								☐ Subchapter 8 ☐ Other (i.e., pr			ildin	10	
1000 Morgan Drive	e						100	homes, etc.)	ivate and comm	iciciai b	ununi	, , , , , , , , , , , , , , , , , , ,	
City (5)							1 2	Square Feet	# of Floors	В	ldg. A	ge	
Camden								72000	2		+/- 5	0	
County (6)				Cour	ty Code (7	7)(STATE US	SE ONLY)	Current Use (Prid	or if being demo	olished)			
Camden	*							Vacant	٠				
Name of Monitoring Firr	n Hired by Build	ing Owner	(8)	ASCM	No.	Name of	f Abateme	ent Contractor (9)					
Langan Engineeri	ng	10				USA	Environ	mental Manage	ement, Inc.				
Street Address						Street A							
30 S. 17 th Street, S	Suite 1300							ise Avenue					
City, State, Zip Code							te, Zip Co						
Philadelphia, PA 1	14407-1470-1470-1470-1470-1470-1470-1470		T= .					PA 19153	-122				
Project Manager for Mo	nitoring Firm		1077,000	phone		Telepho			License No.				
Matt Connors	10			15-864			65-5810		001156				
Start Date (10)06/13/		cheduled (f OSHA N Environ	ionitor mental Manage	ement, Inc.				
Occupancy Status Durin						Street A		2 W. M.	an in as services in a € contrem where:				
☐ Facility Closed/Vaca				ment		77070700000000000		rise Avenue	70				
☐ Abatement Performe	-				cribe		ate, Zip Co				- 04.100		
Time of Abatement:	7:00 AM-3:30F	PM/	PM	AM	1			PA 19153					
Scope of Work (Check a	all that apply)						•						
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			enovat emoliti				Mini-End Gloveba	tainment with Neg closure g Procedure empted (*) and No		dure			
		1	s Loca	tion	T					A	oatem	ent T	ype
Locatio		He	Norma ed Sol				scription o			R	R	m	Щ
Asbestos-Containing TO BE AB			aintena					iterial (ACM) insulation,	Amount (Specify	Remova	Repair	Encapsulate	Enclosure
IN Fac	cility	Cu		Staff?	(surfac	cing, VAT	, or	SF or LF)	val	7	Sula	sure
(13))	Yes	(12) No	N/A	-	other n	niscellane	eous)				ate	
Auditorium Walls				N/A	Transi	te			2,300 SF	\boxtimes			
Chimney	- W				Flashir	ng			50 SF	×			
Exterior				\boxtimes	Roofin	ıg			76,786 SF				
Name of Registered Wa	aste Hauler		1	NJDEP	Waste	Cubic Y	ards of	Name of Regis	tered Landfill				
Service Transport	t Group	83	ŀ	Hauler I	D No.	Waste 300		Minerva La	andfill				
City, State						Disposa		City, State					
New Castle, DE		- 140-1		- 1117		8/5/2		Lisbon, Ol	1				110.00
Completed By (Print or	Type)	Title				Sig	nature	11/2		Date			
Dilip Kumar		Progra	am Ma	anager			a Me	Whale	a	5/30	20	n	

Date of Notification (1)			- 1		2000		g Owner/Operator (- Transien		17/	[2]	James 1	51
05/	30 /	12					Schools Develo	77 200 100	ÿ				
Agencies Notified EPA	Type Notifica	ation	18			Address /. State S	Street	7.00-3				i i i	
☑ DOLWD	☐ Amended				City, S	State, Zip	Code						
☑ DHSS	Amendm		-			nton, NJ	***		ASSESTUS CO	i i Cefyj	ë		
DCA (NJAC 5:23-8)	☐ Emergen justification		ng	1		of Contac			Telephone Numb	ner		_	
(140/10 0.25 0)	☐ Cancellat	-			Rol	bert Zeid	ers		-				
					FAG	CILITY IN	FORMATION						
Name of Facility Where			ce (3))			112	Type of Facility (4	9.800			7.	
Former Morgan Vil	lage Middle	School						School (K-12)					
Street Address			Tig.						(Other than K-12) vate and commer		ildino	IS.	
1000 Morgan Drive								homes, etc.)				15.84	
City (5)	- 44.0	20.05						Square Feet	# of Floors	BI	dg. A	ge	
Camden						3		72000	2		+/- 5	0	
County (6)					Cour	nty Code (7)(STATE USE ONLY)	Current Use (Price	or if being demolis	hed)		14	
Camden					-			Vacant					
Name of Monitoring Firm	The state of the second second second	ding Owne	r (8)	Α	SCM	No.	Name of Abateme		-				
Langan Engineerin	ig							mental Manage	ment, Inc.				
Street Address	.:4- 4200						Street Address						
30 S. 17 th Street, St	uite 1300						8436 Enterpr						
City, State, Zip Code	1402						City, State, Zip Co						
Philadelphia, PA 19 Project Manager for Mon			T	olon	hone	No	Philadelphia, Telephone No.	PA 19153	License No.				
Matt Connors	illoring Film		1			-0640	215-365-5810		001156				
Start Date (10)		Scheduled	Com	12.5			Name of OSHA M		001136		-	-	
06 / 13 /						12	AN CHERNOLOGIC STORY TO THE SCHOOL STORY	mental Manage	ment Inc				
Occupancy Status During							Street Address	mornar manage	mone, mo.				
☐ Facility Closed/Vacate	7.0	10			ant		8436 Entperp	rico Avonuo					
☐ Abatement Performed						cribe	City, State, Zip Co						-
Time of Abatement: 7							Philadelphia,						
Scope of Work (Check al	II that annly)					- 6	i illiadelpilla,	FA 19100	10000			,	
≥3 sf or ≥3 lf	ii iiiat appiy)	□ F	Renov	/atio	n		Mini-Enc		ative Pressure				
≥160 sf or ≥260 lf)emo	lition	1		☐ Gloveba ☑ Non-Exe	g Procedure mpted (*) and Non	-Friable Procedur	e			
			Is Lo							Ab	atem	ent T	уре
Location		. 11	Non sed S	mally			Description of			Z	Z,	Щ	·m
Asbestos-Containing TO BE ABA		'' N	lainte	enan	ce/		estos Containing Ma e., thermal systems		Amount (Specify	Removal	Repair	ncap	Clos
IN Facili		Cı	ıstodi 1	ial St I2)	taff?	,	surfacing, VAT	, or	SF or LF)	<u>a</u>		Encapsulate	Enclosure
(13)		Ye		No I	N/A	1	other miscellane	ous)				ate	
Thoroughout Buildin	л П			-	N/A ⊠	Floor T	ile and Mastic		66,520 SF				
Window Sills	9					Transit			446 SF				
BlaciBoards			-			Mastic			6,940 SF		П		
Lockers				-	\boxtimes	Transit	e		3,800 SF			П	
Name of Registered Was	te Hauler					Waste	Cubic Yards of	Name of Registe					1
Service Transport (1000	uler II		Waste 300	Minerva La					
City, State							Disposal Date	City, State					
New Castle, DE							8/5/2012	Lisbon, OH					
Completed By (Print or T	ype)	Title					Signature	100	Da	te			
Dilip Kumar		Progr	am I	Vlan	ager		1 sale	Mkiner	5	30/7	2001	2	

Date of Notification (1) 5/31/12						Owner/Opera			- (0		7 F	pas j	Name,	
Agencies Notified	Type Notification	Paris a		Street A 2000 F		ton Road			11/4	7 2	119	1	The Control of the Co	
X DEP X DOL	Amended Amendment				ite, Zip Co , NJ 086		10. =	į į	7.00		erele a	78-9		
⊠ DOH □ DCA	justification) Cancellation			Name of David	f Contact Jurkin			The state of the state of	Tel	ephone Nu	mber	0.000	1	
Name of Facility Where The College of New Street Address 2000 Pennington F	w Jersey - Crom			FACI	LITY INF	ORMATION	Type	school (K- Subchapte Other (i.e. petc.)	12) r 8 (Oth	er than K-1 & commerc	2) ial buil	dings	, hom	es,
City (5) Ewing					10-1		Squ 540	are Feet	# o	f Floors		3ldg. <i>A</i>	\ge	
County (6) Mercer	- , 7			County (Code (7) JSE ONLY)		ent Use (Pri mitory	or if be	ing demolis	hed)			
Name of Monitoring Firm USA Environmenta				ASCM 0112				atement Co Services,		(9)				
Street Address 344 West State Str	eet						eet Addre 82 B L	ess ucon Roa	d					
City, State, Zip Code Trenton, NJ 08618						7717127		Zip Code , PA 1947	4					
Project Manager for Mo William Wesigarbe	nitoring Firm r, Jr.			Telephor 609.65	ne No. 6.8101		ephone N 0.539.5			License N 01077	lo.			
Start Date (10) 6/1/12		Schedule 7/6/12	ed Cor	npletion [Date (11)			SHA Monitor Services, I						
	ng Abatement (Chec cated During Entire F ned Outside of Norm	Period of A	Abaten			20 City	, State, 2	ucon Roa Zip Code						
Scope of Work (Check A	All That Apply)					— SK	прраск	, PA 1947	4		LARLES DE			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoli		50	,	N G	ull Containm ini-Enclosure lovebag-Pro on-Exempte	e cedure	WRAP.	co	-	e	
		ls	Locat	ion		z it. Ti						Abat	emen	t
Locatio Asbestos-Containing <u>TO BE AB</u> In Faci (13)	Material (ACM) ATED lity	Use Ma	lorma d Sole intena odial ((12)	ely by nce/ Staff?		Descript tos Containing thermal syste surfacing, other miscel	g Materia ems insul VAT, or	lation,	(5	mount Specify F or LF)	Removal	Repair	e Encapsulate	Enclosure
Decement Fla	ana 4 thui C	Yes	No	N/A	\ r		0		100	NEO 05			Ф	
Basement, Flo			X		-	l asbestos tings & join				350 SF	X	_	_	
1st Floor		1-1	X			Roof drain i				74 LF	X			
1st Floor Main Lo		1-1			· F	ACM coat			leseco per a M	2 LF	X	-	-	
Name of Registered Wa				JDEP W	aste	Cubic Yards		Marian - arrestant		EA Fred Landfil	Х			
Waste Management			H	lauler ID		of Waste	-	Waste						
City, State Keyport, NJ						Disposal Da	ate	City, Stat		\				
Completed by Caroline M. Harper		Title Proje	ct Ma	anager		Signat	Trul	Ma	no		ite 31/12	2		

Date of Notification (1)		- 1	Nama	f Building Owner	Operate			- 2.5	a I' is Taliana da	1	1	114					
May 23, 2012				McAdams	Operato	1 (2)			1 184								
Agencies Notified Type Notifica	ition		Street A 5 Bart	ddress ons Mill Drive)		The Later	gH.A.				2 1 1 1 1 1 1 1 1 1					
DEP Amende Amende	ment #			ate, Zip Code ngton Crossi	ng		1,5	i .		4		1					
□ Emerge			Name of	f Contact Hierer			are godona is Netter	Tele	phone Nu	mher	1.000.00	Ė					
			FACI	LITY INFORMA	TION						-		-				
Name of Facility Where Abatement is T Residence	aking Place (3)				-	of Facility (School (K-1				1)		,				
Street Address 28 Obyrne Drive							Subchapter Other (i.e. petc.)	8 (Othe			dings	home	es,				
City (5) Eggharbor Twp			-				e Feet	# of 2fl	Floors	0.6 200	Bldg. A	_					
County (6) Atlantic				Code (7) USE ONLY)		Curre	nt Use (Pri dent	or if bein	g demolis	hed)							
Name of Monitoring Firm Hired by Build Environmental Management In			ASCN	I No.			tement Cor ech Envi			rices	LLC						
Street Address 204 E. Germantown Pike				***************************************		t Addres Read D		*	0								
City, State, Zip Code Norriton, P.A. 19401		*				State, Zi Ierville	p Code , N.J. 08	081									
Project Manager for Monitoring Firm Raymond J Giodano			Telephoi (856) 2	ne No. 229-5369		hone No 3)318-1			License N 01158	lo.	olloo		15				
Start Date (10) June 02,2012	Schedul June 0			Date (11)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		IA Monitor ech Envi		ntal Serv	rice L	LC.						
Occupancy Status During Abatement (Check Only O	ne)				t Addres						-					
Facility Closed/Vacated During Er Abatement Performed Outside of Other – Describe:	tire Period of Normal Facility	Abaten y Hours	nent s		City, S	Read D State, Zi	p Code	1004									
Scope of Work (Check All That Apply)			-		SICK	iei viile	, N.J. 08										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	giftenesses	Renova Demolit				Min Glo	Containmei-Enclosure vebag Prod -Exemptee	e cedure	-			e					
		Locati						_ (/		Ī	Abat	ement pe	t				
Location of Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)	Use Ma Cus	ed Sole iintena todial S (12)	ely by nce/ Staff?	Asbestos Co (i.e. therm sur		Material ns insula AT, or		(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure				
0.4:4	Yes	No	N/A			- O				-	_	(0)					
Outside walls		Х		Exterior A	Asbesto	s Shin	gles	800	sq. ft	х	-		-				
Name of Registered Waste Hauler			JDEP W	laste Cub	ic Yards		Name of	Pegista-	ed Landfill	1_							
American Disposal System		H	lauler ID W2069	No. of W	laste				ioneer C		ing						
City, State P.O. Box 348, Lumberton, N.J. (08048			Disp	osal Date	•	City, Stat 727 Re		Road. I	Birdsl	oro,	P.A					
Completed by Willis Graham	Title Own	er			Signatur	e /	//		Da	1te 5/	dsboro, P.A.						

CKH 3796

Date of Notification (1)			Name	of Building Owner/Operato	r (2)		7.	- esta	-	
6/5/12			M	R. WILLIAM	CHATL	05			1	
Agency Notified Type I	lotification ·			Address		MARRIOS CONTI	01. 4			-
D EPA White	al			65 GRAND	VIEW	BUA				12
D DEP D Am	500 no construction		City, S	tate, Zip Code .	Total series scanners for					daise.
	endment # ergency (including		No	18TH CALDW	ELL N	3 070	06	(f)		
DOH just	dification)			of Contact MENNITI		Telephone Nur	nber			
			FACI	LITY INFORMATION						_
Name of Facility Where Abatems	ent is Taking Place (3	9			Type of Facility	(4)				
MR. CHA	7605				☐ School (K-1)	2)				
Street Address					☐ Subchapter	8 (Other than K-12				
165 GRAN	A WEIVE	UE			DrOther (i.e. p	rivate & commerci	al building	js,		
City (5)	- 1				Square Feet		Bida.	dg. Age		
NORTH CA	10112=11							94	0	
County (6)	200000		Course	Code (7) (STATE USE	. 7200	rior if being demoi		77	_	
		1	ONLY		Curent Ose (F	SIDENCE	istred)			
ESSEY Name of Monitoring Firm Hired b	w Pasilding Owner	ASCN	i No	Norma of Abotas	nent Contractor (
(8)	y bostoney Office	ACCE	1110.	F 1 - Can - Can	50 700	•				
Street Address				Street Address	emoval I	nc				
		-			1 0:5	a .	15.			
City, State, Zip Code				City, State, Zip	h River	St				
	2					T 07601			`	
Project Manager for Monitoring F	imn I 1	elepho	no No	Telephone No.	sack, N	.J. 07601			_	
		Capaio		201-329-			00			
Start Date (10)	Scheduled Comple	etion Da	de (11)			003	000			_
6/18/12	6/2					ntai Serv	icae			
Occupancy Status During Abater	nent (Check only one	2)		Street Address	IVII OIIIIC	ical belv	ICCB		-	
@ Facility Closed/Vacated During	Entire Desired of Abo		40	280 Huy]	er St					
Abatement Performed Outside	of Normal Facility H	duernern Oues		City, State, Zip (-	
Dittor - Describe: 7AM To				South B	lackensa	ck ,N.J.	0760	6		1
Scope of Work (Check all that ap	ply)			1. 554	÷	N				
⊠≥3 st or ≥ 3 lf		23 19	D Ren		Containment war -Enclosure	Negative Pressur				
□ ≥ 160 af or ≥ 260 lf			□ Den		ebag Procedure					
				M Non-	-Exempted (*) an	d Non-Friable Prod	cecure	Abat	- îne	ant.
		s Locat Normal		x s *					ре	
Location of Asbestos-Containing Materi		ed Sole	ly by	Description		•				
TO BE ABATED		eintene Custod		Asbestos Containing M (i.e., thermal systems		Amount (Specify		2 2	Encapsulate	Enclosure
. IN Facility		State	5 TO 10 1	surfacing, VAT	r, or	SF or LF)	- 1	Repair	18de	clos
(13)		(12)		other miscellan	eous)			= =	fate	ure
: - <u>.</u> .	Yes	No	N/A					1.		-
BASEMENT		T	×	THERLIAR INSULA	CION	1950	LF	X		Г
BASELLENT	· .		l yo	THERMON SURFACIN		40		×	Г	T
FIRST FLOOR		1	7	THERMAL IN SO W		40		7		T
OUTSIDE SHED		1	7	Sioine/si		450		7	-	1
Name of Registered Waste Haule	er IN	JDEP V	Naste F	lauler Cubic Yards of	Name of Regi		<u> </u>			1_
Best Removal I	1 05	No.∵.		Waste			89 <u>2</u> 88	. 1		
		171	09	604	COMBE	ERMAND CO	YTHU	LAN	12	il
City, State				Disposal Date	City, State	rgh, Pa				
Hackensack , N				6/20/12	NEWBY	RGH, (A	172	242	2	
Completed by	Title	and the second		Signature 1		72.	Date .			
J.Maiorano	Estimat	or	-unscour-	1140	prond		9/	5/1	4	

					SESTOS ABATEMENT 50-7 and 12:120-7		NE B	: 11 Sy	7 (=	1 17	3
Date of Notificatio	n (1)	(rurs			ng Owner/Operator)	en H M	11-	7	
6/4/12			Earl	Mol	nr						
Agencies Notified	Type Notific	ation	Street Add				II SUN	7 -			
[]EPA	[X]Initial		139	Sum	nit Avenue						
[]DEP	Notific	cation	City, Sta	te, Z	ip Code		ASBESTO	. CONTRO	11 A		T i
[X] DOL	[]Amended				ir, NJ 07043	3		ENSING	ra u		
[X] DOH	Notific	cation	Name of Co	on to a		ma lamba				****	ALCOHOLD CO.
50 000 000 000 000 000 000 000 000 000	[]EMERGENO	CY	Earl			relepho	ne Number	b			
[]DCA	[]Cancella	tion	Dali	1401							
					Y INFORMATION					-50.0	
Name of Facility Whe Private Street Address	ere Abatement	is Tak	ing Place ((3)			(K-12) pter 8 (Othe				
139 Summit A	venue						(i.e., priva buildings, h				
City (5)		la :	(6)			Square Feet	# of Floo	rs Bl	dg.		
Montclair		County			County Code (7) (STATE USE ONLY)	4000	3		80		
Monterarr		Esse	ex		(BIHIL OUR ONLI)	Current Use Residen		ing der	nolis	shed)
Name of Monitoring	Firm hired by	Buildi	ng ASCM No	· .	Name of Abate	ment Contracto	or (9)	-			- 17
N/A (8)			67		AZTECH N	(Anagement	, Inc.				
Street Address					Street Addres	s stopher St	2 0				
21. 21. 21. 21. 21. 21. 21. 21. 21. 21.							••				
City, State, Zip Co	de				City, State, Montclai	Zip Code Lr, NJ 070)42				
Project Manager for	Monitoring F	irm Te	elephone Nu	mber	Telephone Num			icense	Numi	ner	1000
			/A		(973) 744		Ī	0037		Jer	
Scheduled Start Date 6/14/12		ed. Comp	oletion Dat	e (11	Name of OSHA	Monitor					
and the second second			Z Dav Ye	ar	N/A						
Occupancy Status Du: [X]Facility Clo of Abatemen	ring Abatemen sed/Vacated D	t (Checl	only one)		Street Addres	s					
[]Abatement Pe				lity	City, State,	Zip Code					
[]other - Desc				»							
Scope of Work (Check	k all that app	oly)				7					
[X]>3 sf or []>160 sf			[X]Renovati []Demoliti		[]Mini- [X]Glove	Containment ware Enclosure bag Procedure Triable Procedure		Pressi	ire		
	-		Is				T	Aba	teme		Туре
Location Asbestos-Con			Location Normally		Description Asbestos-Con		Amount	R	-	E	E
Material	영화를 위하면 기류를		Used Solely		Material	-	(Specify	E	R	CA	C
TO BE AB			By Main- tenance/		(i.e., therma)	L systems	SF or	o	PA	P	0
In Facil			Custodial		insulation, surf or other misce		LF)	V	I	U	U
(13)		Yes	taff (12)	A .	or other misce	Traneous)		L	R	L	R
Basement			x	Pi	pe Insulati	on	125 lf	x			
							1	,			
Name of Registered V AZTECH MANAG		IC E	JDEP Waste Lauler ID No		Cubic Yards of Waste 1.5	Name of Region G.R.O.W.		fill			
City, State		- 1-	L7040		Disposal Date	City, State		Andrew Comment			
Montclair, NJ	07042			-	6/18/12	Morrisvi	lle, 🗚	1906	7		
Completed By (Print	or Time) mi	tle			Signatur	1 ,		h			
Constantine V		resid	ent		(97)	Marke	Vian	Date 6/4/:	12		

State of New Joseph Montreament of Assessics Abartement

Pursuant to MAG 250 and 12120 CM # 3780 20.70 Myste of Building Owner Operator (2) Dario ed Natification (1) 6-5-2012 L. SULLIVAN Type Notification Street Address 529 LINCOLN AVENUE EPA City, State, Zio Code DOL MAYWOOD, NJ 07607 Name of Contact DCA 8 D FACTOR OF ALLON Name of Facility Where Abelement is Taking Place (3) Type of Facility (4) L. SULLIVAN D School (K-12) D Subchapter 8 (Other 8 El Other (i.e. private & con 529 LINCOLN AVENUE (a) (b) # of Flogis MAYWOOD 2100 County (6) County Code (7) Current Use (Prior if being demoli BERGEN RESIDENCE Marrie of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abstracts Contractor (8) Best Removal Inc Street Address Street Address 450 South River St City, State, Zip Code City, State, Zip Code Hackensack , N.J. 07601 Project Manager for Monitories Figur Telephone No. Telephone No. 201-329-7444 00388 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Omega Environmental Services 6-25-12 Occupancy Status During Abatement (Check Only One) 280 Huyler St. Pecility Cinnet/Account During Entire Period of Abstancert

Abstancet Performed Cutation of Manual Facility House

Char - Describe: Lam - 50m City, State, Zlo Code South Hackensack N.J. 07606 Scope of Week (Check All That Apply) B Mdami . Rencuellan D. Full Containment with Neg 1 002 to 200 f ☐ Demolijon Mini-Enclosure
Glovebeg Procedure D Non-Exemples (*) and Non-Filable Proces is Location Lecation of Description of Asbestos Certining Mater Used Sciety by Containing Methodal (ACM) erini (ACM) 6.e. thermal systems insult Custodial Stuff? surfacing, VAT, or (12) (FIS) other miscellaneous) Yes Nio-BASEMEUT THERMAL INSULATION 35 4F Name of Registered Waste Hader Cabic Yards Name of Registered Landill Hanler ID No. of Waste Best Removal Inc. 17109 1/2.40 Minerva EnterprisesInc City, State Disposal Date Hackensack, NJ Waynesburg; OH. 6-26-12

R. Veldran

6-5-12-

R. Veldra

Estimator

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

GAC Project # 060-12

GAC Project # 060-12 Client Project #				1:50			3 17
Date of Notification (1)	100		Name of Building Owner/O	perator (2)	1 12 -		
May 8, 2	2012		RUTGERS, THE ST		ERSITY C	F NJ	1
Agencies Notified IXI EPA IXIDCA	☑Amer	on Type Il Notification Inded Notification	Street Address ENVIRONMENTAL H 27 ROAD 1, BLDG 4	IEALTH &	SAFETY	DEPT.	
DOL DEP- No Longer REQUIR	inet	ergency (including ification)	City, State, Zip Code PISCATAWAY, NJ 08 Name of Contact	8854	Telephone	Number	and the second
⊠ DOH	Loand	elled	MICHAEL SMITH, EN	IV.			
N		FACIL	ITY INFORMATION				
Name of Facility Where Abatemore SILVERS APTS., BLDG		<u>3)</u>	Type of Facility (4) School (K-12)				
Street Address BUSCH CAMPUS		*	Subchapter 8 (other than Other (i.e. private & comm	nercial building	gs, homes, et	c.) <u>c.</u> 60+ years	
City (5) PISCATAWAY	MIDDLESEX	County Code (7) (State Use Only)	Current Use (prior if being			1000	
Name of Monitoring Firm Hired b	y Bldg. Owner (8)	ASCM No.	Name of Contractor (9)				-
ATC ASSOCIATES		0098	GREENWOOD ABATE	MENT CO	NSULTAN	ITS. INC.	
3 TERRI LANE		13	Street Address 268 MAIN STREET				
City, State, Zip Code			City State, ZipCode				337 - S
	3016		BUTLER, NJ 07405	2000 - 200 - 200			
Project Manager for Monitoring F BRIAN KEARNY		6-8800	Telephone Number	E.	License Num	ber	
Scheduled Start Date (10)	COUNTRY	Completion te (11)	973-492-0477 Name of OSHA Monitor		00840		
05/22/12	06/03/1		1				
Occupancy Status During Aba	ment (2h	one)	ENVIROVISION, INC. Street Address				12.07
□ Facility Closed/Vacated Dur □ Abatement Performed Outside	ing Entire Period of	f Abatement	20-21 WARGARAW R	DAD			
Describe ☑Other – Describe: Shift Ho Access as necessary)	ours: 8:00 AM	– 8:00 PM (24 Ho	Contraction engineering records			10	
			FAIRLAWN, NJ				
Scope of Work (Check all that ap	ply)		X F	ull Containm	ent with Neg	ative Pressure	
$\square \ge 3$ sf or ≥ 3 lf $\square \ge 160$ sf or ≥ 26	0	☑ Renova	ation	ni-Enclosure Blovebag Pro	cedure		
Location of Asbestos-Containing	Is Location Norm	ally Used Description	n of Asbestos Containing Material	n-Exempted Amount		-Friable Proced	lure
Material (ACM) in Facility (13)	Solely by Maint./ Staff? (12) YES NO	Custodial (ACM) (i.e	e. thermal systems insulation, surfacing ner miscell.)		SF	e Repair Encap	Enclose
Apts. 167 – 172, 175 – 180 (Dining Rms/Hallways, Kitchens, Storage Rms & Bathrooms)	X	VAT & I	inoleum	3648 S	F X		
Name of Reg. Waste Hauler	N.IDEP.W	aste Hauler ID #	0.11. W	- 04	Nome of D	1 1 100	
See Hauler Below #1 & 2	See Belo	w	Cubic Yards of Waste: 18			stered Landfill . North Land	fill
Hauler #1) Greenwood Abateme NJDEP # 12561 Hauler #2) Newark Carting, Inc. NJ DEP # 4509				6/03/2012		City, State 100 New Ford Morrisville 19067 215-736-1700	Mill , Pa
Completed by (Print or Type) RAYMOND C. PEDALING	O SENIOR I MANAGE		Signature /		May 8,	2012	
			111				-

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attan: Brian Kearney -Ch:

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

GAC Project # 060-12

Client Project #													
	00 0046				Name of Building Owner/Operator (2)								
	03, 2012				RUTGERS, THE STA	ATE UNI	VERS	ITY C	F NJ	-20-00-00-0	Ladina		
⊠ EPA	Le of Notification (1) June 03, 2012 Notification (1) Nume of Building C RUTGERS, TY Street Address Street Address ENVIRONMEN Sume of Sactification Dot Depth Not Longer REQUIRED Dot Depth Not Longer REQUIRED Depth Not Longer Required Register	Street Address ENVIRONMENTAL H 27 ROAD 1, BLDG 40	EALTH	& SA	FETY	DEPT.							
X DOL	IDED	□ Emer	gency	(including	City, State, Zip Code PISCATAWAY, NJ 08	1 41:			-,,				
IN DOH	Size of Notification (1) June 03, 2012 Gencies Notified Gencie		4 1-1	_	nhone M	dumher	1	Section 2					
	tie of Notification (1) June 03, 2012 Incides Notified IEPA DCA DCA DDOL DEP-No Longer REQUIRED DOL DEP-Waste Jack DOL DEP-Waste Jack DOL DEP-Waste Hauler DOL DEP-Waste Hauler ID # See Below DOL DEP-Waste Hauler ID # See Below DOL DEP-Waste Hauler ID # See Below NJDEP # 4569 NO NO DEP-Waste Hauler Sellor PROJECT Title SENIOR PROJECT Signature Signature Signature Signature Signature Sellor Yards of Waste S				, Sitterio			- 5					
Name of Facility Where Abate SILVERS APTS., BLD	ment is Ta OG# 381	aking Place (3) 2							d -d _e				
Street Address BUSCH CAMPUS					Subchapter 8 (other than Other (i.e. private & comm	ercial build	ings, ho	mes, et	c.)				
City (5)	County (6	3)	Coun	tr Code (7)	Sq. Feet: N/A # of	Floors: 4	Bld	g. Age	60+	/ears			
PISCATAWAY					Current Use (prior if being d	emolished): AC/	ADEMIC	3				
Name of Monitoring Firm Hire ATC ASSOCIATES	d by Bldg.	Owner (8)			Name of Contractor (9)		-						
		7	000		GREENWOOD ABATE	MENT C	ONSU	ΙΤΔΝ	TS IN				
					Street Address		01100		10, 114	<u>, </u>	- 51		
					268 MAIN STREET								
BURLINGTON, NJ					City State, ZipCode BUTLER, NJ 07405								
RRIAN KEADNY	Firm				Telephone Number	Number License Number							
DIVINIA MENKINI		609-386	-8800		972 492 0477			_					
Scheduled Start Date (10)		Scheduled (Completi	on Date (11)			0084	0					
05/22/12		06/08/12			1				,				
Occupancy Status During Ab	atement (Check only o	ne)										
Facility Closed/Vacated D	uring Entir	re Period of A	bateme	ent	Street Address								
■Abatement Performed Out	side of No	mal Facility	Hours -		20-21 WARGARAW RO	AD							
					City, State, Zip Code								
Access as necessary	Hours: 8	8:00 AM -	8:00 F	PM (24 Hour	FAIRLAWN, NJ								
Scope of Work (Check all that	apply)	-			L								
				III	⊠ Fu	II Containr	nent wi	th Nega	tive Pre	ssure			
	260				□ GI	i-Enclosur ovebag Pr	ocedur						
Location of Asbestos-Containin	g Is Loc	cation Normall	v Used	Description of Asi	Nor	n-Exempte	d (*) an				ıre		
Material (ACM) in Facility (13)	Solel	y by Maint./Cu	stodial	(ACM) (i.e. therm	nal systems insulation, surfacing.	Amount (Specifi	Same and the same of the same	Abaten	ent Type	2			
			NA	VAT, or other mis	cell.)	or LF)		Remove	Repair I	Encap E	Enclose		
Apts. 167 – 172, 175 – 180 (Dining Rms/Hallways, Kitchens, Storage Rms & Bathrooms)		X		VAT & Linole	eum	3648	SF	X					
						1			-				
			-					-	1		41.00		
Name of Reg. Waste Hauler See Hauler Below #1 & 2			e Hauler	ID#	Cubic Yards of Waste: 15	CY			L tered Lar North L		L		
Hauler #1) Greenwood Abaten	ent Consu	Itants, Inc	Butler, N	NJ 07405	Los	nosal Det							
NJDEP # 12561 Hauler #2) Newark Carting, In			Juner, 1	10 07403		posal Date /08/2012		1 F 1	Oity, State 00 New Rd. Morri 9067 15-736-1	Ford M sville,			
Completed by (Print or Type) RAYMOND C. PEDALII	NO S	ENIOR PR	OJEC	T .	Signature		Date Ju		3, 2012				
	M	ANAGER			11/	//		00	, 2012	>			

Date of Notification (1) June 4, 2012					Building Owner/0	Operator	(2)		Check # 4	758	731		June 1
	Type Notification			Street Add	dress asant Valley	Road			ASBESTO	S CONT ENSIN		8.	2
EPA DEP DOL	Initial Amended Amendment				e, Zip Code town, NJ 080)57		Law extremes	PACE PAR SAPERED AND AND AND AND AND AND AND AND AND AN		or come and the tree	- N. V. YLAN	
Ĭ DOH DCA	justification) Cancellation		1.00	Name of O	Contact Weinstein			Те	lephone Nur	nher	*		
Name of Facility Where A Residence	batement is Takin	g Place (3)		FACIL	ITY INFORMAT	ION	Type of Fa						
Street Address 141 Pleasant Valley	Road						Subc	ol (K-12) hapter 8 (Oth r (i.e. private			ings,	home	s,
City (5) Moorestown							Square Fe 2800	et # 0 2	of Floors	BI 75	dg. A	ge	
County (6) Burlington				County C	ode (7) SE ONLY)		Current Us Residen	se (Prior if be	ing demolish	ned)			
Name of Monitoring Firm MECS	Hired by Building	Owner (8)		ASCM	No.			ent Contracto nmental, L					
Street Address PO Box 341						170700000000000000000000000000000000000	Address Lippinco	ott Ave			************		
City, State, Zip Code Chesterfield, NJ 085	515						State, Zip Co le Shade,	ode NJ 08052	2				
Project Manager for Moni Bill Weisgarber	itoring Firm		100	Felephon	e No. 8-4070		hone No. 755-0099		License N 00842	0.	7/27/2		
Start Date (10) June 16, 2012		Scheduled June 25			ate (11)	Name	of OSHA M SL	Ionitor					
Occupancy Status During	-0.11			ont			Address Haddon A	\ve					
Facility Closed/Vaca Abatement Performe Other – Describe:	ed Outside of Norr	mal Facility	Hours	ent		1	State, Zip Co stmont, N	ode ew Jersey	08108				
Scope of Work (Check Al ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ll That Apply)	CONTRACTOR OF THE PARTY OF THE	enovat				Mini-En Gloveba	ntainment wit closure ag Procedure empted (*) a			cedur		
Location		H1 UNDER	_ocation	10000	n	escriptio	n of					pe	
Asbestos-Containing TO BE AB/ In Facili (13)	Material (ACM) ATED	Mai	Soleintenar odial S (12)	ice/	Asbestos Con (i.e. therma surf	ntaining l	Material (AC ns insulation AT, or	,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Baseme	ent	163	110	xxx	Asbes	stos Du	ictwork	2	216 LF	xxx			
Name of Registered Was	ste Hauler		Н	JDEP W auler ID		c Yards aste	1	ame of Regis		1			
City, State Mount Holly, New Je	27 08060		22	2253	Disp	osal Date		ty, State ullytown, F	PA.	********			
Completed by William Lynch		Title Owne	r			Signatur		Lyn		ate une 4	, 20	12	

Print Form

Check # 6512

Date of Notification (1) June 5, 20	112	Name of Building Owner / Operator (2) Bank of America												
Agencies Notified Type Noti	Market Street, Square or other party of the last of th	_	Address											
□EPA □DEP			aplewood	Avenue		JE GEN			4-1					
⊠DOH ☐ Å	itial mended mendment #		tate & Zip (wood, NJ		Comment	# 1918 7 T	147							
DCA C	ancellation	Name Dino I	of Contact Nappi			ASBESTOS CO	lepho	ne Nu	mbe	er				
		FA	CILITY IN	FORMATION	Same Manus Monatonati		1-year		-					
Name of Facility Where Abateme Bank of America	ent is Taking Place (3)			Type of Facil					13					
Street Address				Subcha	pter 8 (Other tha	n K-12)		et .						
161 Maplewood Avenue				Other (i.e., private & d	commercial buildings	s, hor	ne, e	tc.)					
	A CAMPAGE OF COMPANY			Square Feet	# of FI	oors Bldg	g. Age	9						
City (5) Maplewood	B			20,00	The state of the s	2		92						
1	10			Bank	(Prior if being de	molished)								
County (6) Essex	County Cod USE ONLY													
Name of Monitoring Firm Hired b Environmental Testing Consul			ASCM N	 Name of Aba Synatech, In 	itement Contract	or (9)	(9)							
Street Address One Mall Drive, Suite 404	5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			Street Addres 829 Radio R	785									
City, State & Zip Code Cherry Hill, NJ 08002				City, State & Little Egg Ha	Zip Code arbor, NJ 08087	7	1							
Project Manager for Monitoring F Howard Zenobi		elephone I 6-482-13		Telephone N 609-296-691		License Num		7						
Scheduled Start Date (10) June 16, 2012	Scheduled Complet	ion Date (e 24, 201)		Name of OSI Synatech, In										
Occupancy Status During Abater Facility Closed/Vacated	nent (Check only one)			Street Addres	SS									
Abatement Performed C weekends – June 16 &	outside of Normal Hour	s (on 2 co		City, State &					TA					
Other – Describe: Facility Occupied During	•			Little Egg Ha	arbor, NJ 08087	7			į	,				
Scope of Work (Check all that ap	ply)		0		·									
≥3 sf or ≥ 50 lf		Renovati	on	<u> </u>	Full Containme Mini-Enclosure	nt with Negative Press	ure							
≥160 sf or ≥260 lf	i i	Demolitio			Glovebag Proce									
_	1						ocedi	ire						
Location of		ion Norma		Descript	ion of	1	_		ent	Туре				
Asbestos-Containing Materi TO BE ABATED		y Mainter odial Staff		Asbestos-C Material		Amount (Specify								
IN Facility	Cusio		(12)	(i.e., therma		SF OF LF)	-			T				
(13)				insulation, sur			Z	711	Enc	m				
				or other misc	eliarieous)) mo	lepa	aps	clos				
	Yes	No	N/A				val	1	ulate	ure				
Customer Area			x	Wall Plaster Ve		4,000 SF		X						
							ĺ							
Name of Registered Waste Haule			Cubic Ya	rds of Waste	Name of Regis	L stered Landfill								
Synatech, Inc.	Hauler II	7 No. 7429	2		Grows Landfi	11								
City, State		Disposal	Date											
Little Egg Harbor, NJ 08087			lun- 25	2012	86					11				
Completed By	Title	- 11	June 25, Signature		Morrisville, PA	Date								
Diane Aloia	Executive Admini	ntest -		ine alora	*									
	Executive Admini	au diOl	1 1000	and willie	-	June 5, 2012	egative Pressure on-Friable Procedure unt (Specify F or LF) Removal Abatement Type Enclosure Removal Abatement Type Abatement Type Removal							

Sints of Now Jorday MOTIFICATION OF ASSESTED ABATEMENT Present to NAC 8-50 and 12-120

Date of Motification (1)	Front tres	Name	of Building Owner	(Cperator (2)	- 00		1	2.5 87		-	- 7-
5-31-12	de cons	P. 1	BONFIGLIO			1	14.534		i	2.22	
Agencies Notified Type Notification		Street	Address								十
O EPA III Initial			LRESCEN	OL AVE	NUE				_ :		
DEP Amended DOL Amendmen	ta		late, Zip Code						;	14 1	-
☐ Emergency	(including	LEGI	COMPCE ,	07605	· · · · · · · · ·	Teas.			roma.	-Caren-	
■ DOH . justification □ DCA □ Cancallation		1	BONFIGLIO			Telepho		11 :			1
		FA	CALITY IN CRAIM							_	
Name of Facility Where Abatement is Takin	g Place (3)				pe of Facility (9			- 1		+
P. BONFIGLIO	•				School (K-1)	20 .					
Street Address		•			Subchapter	8 (Other th	n K-1	2)			
334 CRESCENT MONES					Other (i.e. p	ENCERN & COL	-	ه م		i, non	300
Call (5)				S	uare Feet	# of Flo	ars .	-1	Bidg.	Age	- 1
LEONIN (8)					400	2:			83	W25	,
BERGEN		Count	y Code (7) EUSE ONLY)		ment Use (Pric		emolis	hed)			
Name of Monitoring Firm Hired by Building	Ottone (%)		M No.		ESIDENCE				-		;·
	- miles fol	ASI	on 192.		Removal						a di a
Street Address	-		~	Street Add		THC	-			-	_
			A.*		South R	iver	C+		į.		1
City, State, Zip Code					Zip Code	TAST	ال		·	<u> </u>	
					ensack	.N.J.	0	760	1		.]
Project Manager for Monitoring Firm		Telaph	one No.	Telephone	No.	Lie	see N	O.	-		-
Start Date (10)	Sebado La				29-7444		003	88		٠	
6-15-12	Scheduled C		1 Date (11)	Name of O	SHA Monitor Enviro		19				.
Occupancy Status During Abatement (Chec	6-16-	12		Street Add	_1	nwenre	41 1	<u>sér</u>	AT	es	_
D Facility Cinesel Manufact Produce Earlier	Sandard - 0 00	hmad			Huyler	St.			820	•	1.
Abditionent Performed Culaide of Norm Other—Describe:	al Facility Ho		AM-SPM	City, State,			1	-		Mark Property	
		0			Hacken.	sack .	N:	T_	076	106	1
Scope of Winds (Check All That Apply)		•	•	-							1.
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	III Reno			· D. F	ull Containmer	t with Nega	the P	FESSU	ES.		•••
	☐ Demo	SMERCHA .			lini-Enclosure lovebag Proce	dun.					
	T		7	D N	co-Exempled	") and Non	Filab	e Pro			į
	Is Loc									oment	
Location of Achestos-Containing Material (AChe	Used Sc	ably by	. De	scription of	:		-	-	- 1)	ps T	+
ID BE ARATED In Facility	Mainter Custodia	ance/	Asbestos Cord (i.e. thermal	Systems insu	al (ACM) tation.	Amount (Specific	1	23	_	E	100
(13)	(12		surfa	cing, VAT, or		SF or LF)	Removal	Ropair	- B	TO.
	Yes No	· N/A	CURT	niscellaneous				Ne.	4	Encepedate	Endosure
BASEMENT/ERAWL SPACE		- PGA							Ŀ	-	
	-	X	THERMAL	The Real Property lies and the least lies and the lies an	THE RESERVE THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NAMED I		LF	X			
BASEMENT	<u>.</u>	X	THEORINAL	INSULAR	10 10	4	4F			X	. -
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•											+
Name of Registered Waste Heuler		NUCEP W	taste Cubic		Name of Re	gistered La	ndilli				+
Best Removal Inc.		1710	No. of Was		1		•				. 1
Ay, Sale		1/10	9 (4) Dispos		Miner Cay, State	va En	ter	pr	ise	SI	nc.
Hackensack, NJ				6-12	Waynes		ÓΗ̈́	[,.	1		
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City, State, Zip Code							
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Removal	Repair	Encapsulate					
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Initial Notification - Non- Friable Check #: 4735

Date of Notification		2						er/operato	or (2)	CT 00 7 00 00 00		Nas Carre			- Juneary
Agencies Notified [7	ype Notifi	cation				ress						-	7.7	Ti	T
. (X) EPA			11.	04 C			l- D					eroni.	1 150		1
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[X] DEP	1							.=							18.0
[X] DOT	()Amende Notifi	d cation	11				7456			45			_1		
[X] DOH	[]Cancel	lation	Na	ame c	f Co	ntac	ξ			Tele	phone Numb	er			Account to
[]DCA	[]Cancer	racion	IIV	/arre	n C.	Mitch	nell			1	10.63	4 1914/9	en sentral	eral personners	i
			11_		ACIL	YTI	INFORM	NOITA		-					
Name of Facility Who	ere Abateme	nt is Ta	king	pla	ice (3)			Type o	of Facil	ity (4)				_
Classes C. Hawitt Inte		-61							1	X) Schoo	1 (K-12)				
Eleanor G. Hewitt Inte	rmediate Sc	chool		10000						Subcha	apter 8 (Ot (i.e., pri	her t vate	han & co	K-12 mmer	1
Seight Wartess									1	cial	buildings,	homes	. et	c.)	
266 Sloatsburg Road		-					# 10 B		-		# 01 F1001	, ,	.ug. 50		
CITY (5)		County	(6)				ode (7)	Curre	0,000 it Use (Prior if be	ing c			d)
Ringwood, NJ 07456		Passa	ic			1,2			School					. 5	
Name of Monitoring	Firm Hired			ASC	M No	, l –	Name	of Abate			r (9)				
Owner (8)							11_								
Omega Environmenta	Services			00	120		Fou	r Strong B	uilders,	Inc.					
Street Address							Stre	et Addres	S						
280 Huyler Street							180	Sargeant	Avenue						
City, State, Zip Co.	de						City	. State.	Zip Co	de					
South Hackensack, N	J 07606							on, NJ 070		35					
Project Manager for	Monitoring	Firm	Tele	phon	e Nun	nber	Tele	sphone Num	ber		Lice	nse t	lumpe	E	
Geiser Fajardo, SPM Scheduled Start Dat	e (10) Sc	hed.Com			8700 Date			-614-0377 e of OSHA		r	0080)7			
0 6 / 1 8 / 1 Month / Day / Occupancy Status Du	Year M	onth /	Day	- / "	Year			r Strong B		Inc.					
[X] Facility Close of Abatement [] Abatement Perf Hours - Descri	d/Vacated D	uring E	ntir	e Pe	riod		180 City	Sargeant y. State.	Avenue Zip Co	de					
[]Other - Descri							Clift	ton, NJ 070	013						
Scope of Work (Chec	k all that	apply)					110								-
[]Demoliti []>3 sf or [X]>160 sf	>3 1f		ĺΧ]Ren	ovat:	ion		[]Mini []Glov	-Enclo rebag P			e Pr	essu	re	
7			T	Is cati		Г						Aba	teme.	nt T	ype E
Locati Asbestos-C Material TO BE A in Faci	ontaining (ACM) BATED Lity		No S by te Cu St	rmal Used olel Mai nanc stod aff(y n-e/ial		Asb M (i.e. insula	Description estos-Cont aterial () thermal tion. surf other misc	taining ACM) system facing.	S VAT,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	N C A P S U L	N C I O S U R E
1st Floor			res	TX NO	N/A		and n	nastic			3,317 SF	X	1	<u> </u>	-
1st Floor - Heating U	nito :		-	$ \Diamond $	+-			Heating U	nite		180 SF	X	-	-	1
1st Floor - Heating O	11115		-		-	Ivias	illo Oli	Treating Or	11110		1000	+^	-	-	\vdash
			T-	1								1			
Name of Registered	Waste Haule	er			Was r ID			c Yards aste	Name	of Regis	stered Land	riii	1		
Four Strong Builders	, Inc.		1	260	9					D.W.S., I	nc				
City. State							Disp	osal Date	CIEY.	State					0-10185
Clifton N.I.									Tulke	town, PA					
Clifton, NJ Completed By (Print	or Type	Title						Signatur		OWII, FA		Th.	ate	-	
* 12.00 mass. 12.0	or Tibe,	N 61 5165						DY	H						
Bilyana Kulakovska		Office A	dmi	nistra	ator			100	a		2	5	5/23/	12	
ASB-41 JUN 95						111									K10000

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

Initial Notification - Friable Check #: 4735

Date of Notification (1	1		LINA	me of F	Aui La	ding Owner/Operat	or (3)					
0 1 5 1/1 2 3	(F)	121						* ************************************				
Agencies Notified Type				reet A		ard of Education	promotive report the				10.0	_
· (X)EPA											-	
	(Initi	al				dale Road						
(X) DEP	Notif	ication	Ci	ty. Sta	ite,	Zip Code	1 - 100-1	THE H	114			
]Amend	ed ication	11			J 07456	[13 kd]	JUN 7				
(X) DOH	1Cance	llation	Na	me of (Cont	act		ephone Numb	er			. 1
CX1DCA			w	arren C	C. Mi	tchell				este.		1
				FAC	ILIT	Y INFORMATION		and the second second second second		conce.		
Name of Facility Where	Abaten	ent is I	aking	Place	(3)		Type of Facil	ity (4)	-			
Eleanor G. Hewitt Interme	ediate 9	School					X1 Schoo	1 (K-12)				
Street Address	- Giato t	3011001					Other	apter 8 (Ot) (i.e., pri	vate	& 00	mmer	2) :-
OCC Clastabours Daniel							cial Square Feet	buildings,	nome:	lda.	Age	
266 Sloatsburg Road		Count	v (6)			County Code (7)	40,000	2	_	5	20	
		Judan	1 (4)			(STATE USE ONLY)	Current Use (Prior if be	ing o			ed)
Ringwood, NJ 07456		Pass		1 1 2 2 2 2 2			School	7.5				
Name of Monitoring Firm Owner (8)	Hirec	by Bull	aing	ASCM I	No.	Name of Abate	ement Contracto	r (9)				
Omega Environmental Se	ervices			00120		Four Strong B	uilders, Inc.					
Street Address						Street Addres	S					•
280 Huyler Street						180 Sargeant	Avenue					
City, State, Zip Code						City. State.	Zip Code		•			= 174.097
South Hackensack, NJ 0	7606					Clifton, NJ 070	013-1935					
Project Manager for Mon	rcorr					Telephone Num	nber	Lice	nse f	dumb	er	
Geiser Fajardo, SPM Scheduled Start Date (1	07 18	ched.Com	201-4	89-870	0	973-614-0377		0080	7			
0 6 / 1 8 / 1 2 Month / Day / Year	.1 1	0 61/I	3 0	1/11/	21	Four Strong B	uilders, Inc.				\$2	
Occupancy Status During	Abate	ment (Ch	eck o	nly one	e)	Street Addres	SS				-	
<pre>[X]Facility Closed/Va of Abatement []Abatement Performe Hours - Describe: []Other - Describe:</pre>		-				180 Sargeant	Avenue Zip Code					-
					-	Clifton, NJ 070	013					
Scope of Work (Check al	1 that	apply)				[]Full	Containment w	ith Negativ	e Pro	essu	re	
[]Demolition []>3 sf or ≥3 [X]∑160 sf or ≥	1f 260 1f	•	(X)	Renoval	tion	[X]Mini	-Enclosure vebag Procedure -Friable Proced					
			Loc	Is ation	T				Aba	teme	nt T	ype E
Location o Asbestos-Conta			Nor	mally sed		Description Asbestos-Cont		Amount	R	_	N	N
Material (AC TO BE ABATE	M)		30	lely Main-		Material (A	ACM)	(Specify	M	R	CA	C T.
in Facility			ten	ance/		(i.e., thermal insulation, surf	facing. VAT.	SF or LF)	V	P	P S	0 S U
(13)			Sta	ff(12)	_	or other misc	ellaneous)		A L	R	U L	R
Basement & Crawl Space			Yes	No N/		no Inquistion		75015		_	<u> </u>	E
Dasement & Crawi Space	-				Lit	pe Insulation		750 LF			-	-
				L								
Name of Registered Wast	e Haul	er		DEP Was		Cubic Yards	Name of Regis	tered Landf	111			
Four Otrono Dullalana I				uler II	J No	. of Waste	0.00000					
Four Strong Builders, Inc	•		112	2609		Disposal Date	G.R.O.W.S., Ir	nc.				
Clifton, NJ Completed By (Print or	Marin - 1	Terra				18:3-1	Tullytown, PA					
	TAbel	Title				Signature	61		D.	ate		
Bilyana Kulakovska		Office A	dmin	strator				3	5	/23/	12	
ASB-41 JUN 95								-		-		

Date of Notification (1)		12			Name of B	NJAC 8:60 and uilding Owner/Opera	ator (2)	Ck 7	 0	22	81	_
Agencies Notified	Type Notific ⊠ Initial	ation			SIMON Street Addr	GROUP PROPER	RTY	Jily and				
☑ DOLWD 3438 ☑ DHSS5805	Amender Amendm			1	City, State,	ST WASHINGTO	N STREET	Land Action	Cácia:	Januar Januar		1 12
☐ DCA (NJAC 5:23-8)	☐ Emergen	cv (incl	uding		INDIANA	APOLIS, INDIANA	46204	Management of the second				
(NOAC 5.23-0)	justificati	on)			Name of Co	intact		Telephone I	Viimhe			_
	1		-			W ELICKER - O			vurribe	*1		
Name of Facility Where	Abatement is T	aking F	Place	(3)	FACILIT	Y INFORMATION						_
QUAKERBRIDGE I	MALL - OLD	NAVY		(0)	3.0		Type of Faci				-	_
Street Address							School (N	(-12) ter 8 (Other than F				
150 QUAKER BRID	GE MALL					AS LEED OF THE	Uner (I.e	Drivate and com	(-12) merci:	al bui	dina	
City (5) LAWRENCEVILLE,	N.I		2000				homes, e Square Feet			-		
County (6)								01110015		Bld	J. Ag	je
MERCER					ounty Cod	le (7)(STATE USE ONL	Y) Current Use	(Prior if being dem	nolishe	d)		_
Name of Monitoring Firm	Hired by Buildi	ng Owr	ner (8)	AS	CM No.	Name of Abota	1		in the same of the same of	:: 5 .5		
VERTEX						BRISTOLE	ment Contractor	(9)				-
Street Address	11/2					Street Address	NVIRONMENT	AL, INC.			_	
1102 BALTIMORE P	IKE						ER STREET				(11)	-
GLEN MILLS, PA 19	342					City, State, Zip						
roject Manager for Monit			75	Tolo-1		BRISTOL, F	PA 19007					
DON HEIM				elepho	ne No.	Telephone No.		License No.				_
tart Date (10)	Sci	neduler	Com	pletion	Date (11)	215-788-604		00509				
5 / 24 /	12	5	/	29	Date (11) /15	Name of OSHA						
ccupancy Status During	Abatement (Ch	eck onl	v one	,		Street All	NVIRONMENT	AL, INC.				
Facility Closed/Vacated	During Entire I	Period .	of Ahe	·		Street Address	D CTD===				100	-
Abatement Performed C Time of Abatement: 7:0	utside of Norm	al Faci	iin, L.			1123 BEAVE City, State, Zip C		E154500 1040, 54				
			PM	AI	М	BRISTOL, P.						-
cope of Work (Check all th	at apply)											_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-		lenova emoli			Gloveba	o Procedure					
Location of	2041		s Loc		T	E3 :0017-12X	pteu () and No	n-Friable Procedu	-			
Asbestos-Containing Mai	terial (ACM)	Us	Norm ed So	lely by	A-1-	Description of	of			paten	ent	1
TO BE ABATE IN Facility	D	Cus	ainten stodia	ance/	(i.e	estos Containing Ma e., thermal systems	insulation I	Amount	Removal	Repair	Enc	1
(13)			(12			surfacing, VAT	or	(Specify SF or LF)	lova	air	aps	
		Yes	No	N/A		other miscellane	ous)		-		Encapsulate	-
ACE 2102 - REAR STO			×		RESIDU	JAL MASTIC		450 SF	-	-	_	_
ACE 2101 - CENTER S			\boxtimes		Residua	al Mastic below (Ceramic Tile					
CE 2105 - REAR STO	RAGE		×		FLOOR		The life	1200 SF	\boxtimes			
CE 2114 - MISC.					RESIDU	AL MASTIC		500 SF	\boxtimes			
e of Registered Waste Ha			N	JDEP V	Vaste	Cubic Yards of	Name of Registe	1600 SF				1
RISTOL ENVIRONMEN	TAL INC		H	lauler ID 18706	No.	Waste	GROWS LA					-
State RISTOL, PA				.5.00		Disposal Date	City, State				_	_
pleted By (Print or Type)	Title						MORRISVIL	LE, PA				
TRICK T. DeCARO	1	timate	or			Signature	0.0	Date	e /	1	_	-

d			treet Addre							
10nt #4_A		1 -	ity Ctata 7	T WASHINGTON	STREET	Law SALS	Ja Ci	in in	1. b	
ICIN W 1-C	/23/12		ty, State, Z				i en	3		
ncy (incluion)	iding	Na	me of Con	POLIS, INDIANA	16204	To grand and season	10. L. L			
		1000			NEDS DED	Telephone N	umber			
					TERS REF.	_		_		
Taking P	lace (3))		III OITHIATION	Type of Engilit	. (4)				
NAVY										
					☐ Subchapte	8 (Other than K.	-12)			
					Other (i.e.,	Drivate and come	nercial	build	lings,	
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Name of Facility Where A	batement is T	aking Plac	e (3)				TON	Type of Facility	(4)				
QUAKERBRIDGE M			, ,		C = 0		2 100	School (K-1)					
Street Address			-				4	→ □ Subchapter	8 (Other than K-1	2)			
150 QUAKER BRIDG	SE MALL				+			Other (i.e., private and commercial buildings					
City (5)								homes, etc.					
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				1				NVIRONMENTA	L, INC.				
Street Address						1	eet Address						
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City, State, Zip Code						Cit	y, State, Zip C	ode					
GLEN MILLS, PA 19:						E	BRISTOL, PA	A 19007					
Project Manager for Monito	oring Firm		Te	lephone	No.	Tel	ephone No.		License No.				<u> </u>
DON HEIM						2	15-788-6040	D	00509				
Start Date (10)	Comments of the Comments of th	cheduled (Na	me of OSHA N	Monitor		-		-	
5/24/	12_	6		1_ /	12	E	BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During /	Abatement (C	heck only	one)			Str	eet Address			-			
☐ Facility Closed/Vacated	During Entire	e Period of	Abat	ement		1	123 BEAVE	R STREET					
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Time of Abatement:	JTIL	_PM/9:00	PM-	5:30 AM			RISTOL, PA		120 -				
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(13)		Van	(12 No		-		ner miscellane		SF or LF)	<u> </u>		Encapsulate	ьте
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			-	10	FLOOR	Ultita in		Ceramic Tile	1200 SF				
SPACE 2114 - MISC.	PACE 2105 - REAR STORAGE								500 SF				
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BRISTOL ENVIRONMENTAL INC				lauler II 18706	O No.	Was	ic Yards of te	Name of Regist					
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PATRICK T. DeCARO		Estimat	or				Day.	ka. Dea	10	1/2	d.	2	
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05 / 25	/	2		Vii	tua Mem	orial Hospital of	Burlington Co	ounty				
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	ended endment #	#		12 25 50	State, Zip				2.00	7		
□ DCA □ Em	ergency (i	ncludir	g			y, NJ 08060						Total Control
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City (5)							homes, etc.)				
Mount Holly							Square Feet # of Floors Bldg. Age					
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Burlington				Cou	inty Code (I)(STATE USE UNLY)		rior if being demo	lished)			
	e of Monitoring Firm Hired by Building Owner (8)				No.	Name of Abateme	Hospital	-4-15				
AET, Inc.	Dunung	O WITCH	(0)	/ COIVI	140.		VIRONMENTA		*			
Street Address						Street Address	VIRUNIVENTA	L, INC.				_
28 N. Penell Road						1123 BEAVE	PETPET					
City, State, Zip Code				-		City, State, Zip Co						
Media, PA 19063						BRISTOL, PA						
Project Manager for Monitoring Fire	m		Tele	phone	No	Telephone No.	19007	Linama Na				
Dave Turotsy					-0114	215-788-6040	3.10	License No. 00509				
Start Date (10)	Sched	duled (V					00309				
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O6 / O4 / 12 Occupancy Status During Abatem ☐ Facility Closed/Vacated During ☐ Abatement Performed Outside Time of Abatement: 7:00AM-3 Scope of Work (Check all that app ☐ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ent (Chec Entire Pe of Normal :30PM/_ ly) ACM) Shower	k only priod of I Facilities PP Is I Use Ma Cus Yes	complete (04 one) Abate y Hour M- enovatie molitic lateral (12) No	ment rs - Des AM on on on lly ely by nce/ Staff?	Asber (i.e. Floor til	Name of OSHA M BRISTOL EN' Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Cont Glovebag Non-Exer Description of stos Containing Mat thermal systems in surfacing, VAT, other miscellaned and mastic Cubic Yards of Waste 1 Disposal Date	Name of Regist Minerva La City, State	Amount (Specify SF or LF) 10 SF	Removal 🛛 🗆	Repair	Encapsulate	

Data of Matification (4)							A. 100	l# 22			1 1 2	
Date of Notification (1) 05 /	25 / 12					Owner/Operator (unty	1, 1,	The second second	1	
Agencies Notified	Type Notification	-		Street	Address	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
□ EPA				175	Madisor	1 Ave.	- J Ui-					
⊠ DOLWD	Amended	1 5/24	42	City, S	tate, Zip C	ode	T I					2
☑ DHSS □ DCA	Amendment #			Mo	unt Holly	, NJ 08060		-ASBESTOS CO	MIROL A			1
(NJAC 5:23-8)	justification)	Ciuuiiig		Name	of Contact			Telephone Nu	A Comment of the last of the last	200	1.00	
	☐ Cancellation			Dia	na Amey						3.5	2
				FAC	CILITY IN	FORMATION	par House she in the					
Name of Facility Where		T	108 26				Type of Facility	100				
Virtua Memorial Ho	ospital of Burling	ton C	ounty	1		34 237 550	School (K-12		12)			
Street Address							Other (i.e., p			ilding	IS,	
175 Madison Ave.							homes, etc.)			257	W.EV.	
City (5) Mount Holly							Square Feet	# of Floors	BI	dg. A	ge	
County (6)				Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	ior if being demo	olished)			
Burlington							Hospital					
Name of Monitoring Firm	Hired by Building (Owner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)				1000	
AET, Inc.						BRISTOL EN	VIRONMENTA	L, INC.				
Street Address						Street Address				- 83		
28 N. Penell Road						1123 BEAVE	R STREET					
City, State, Zip Code		****	-			City, State, Zip Co	ode					
Media, PA 19063						BRISTOL, PA	19007					
Project Manager for Mon	nitoring Firm		Tele	phone	No.	Telephone No.		License No.				
Davis Turateu			61	0-891	-0114	215-788-6040		00509				
Dave Turotsy						210 100 0010		00303				
Start Date (10)	The second secon			tion Da		Name of OSHA M	lonitor	T seemen				
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Start Date (10) 06	12 (Chec	06 / k only o	05 ne)			Name of OSHA N BRISTOL EN	lonitor VIRONMENTA	T seemen	N N			2212
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Start Date (10) 06 /04 / Occupancy Status During Second Facility Closed/Vacate Abatement Performed Time of Abatement: Scope of Work (Check at ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location Asbestos-Containing TO BE ABA IN Facility (13) Labor& Delivery - Ba	g Abatement (Checked During Entire Ped Outside of Normal AM-3:00PM/	k only criod of A Facility 11:45F	novation No	ment s - DesAN on ion lly lly by nce/ Staff?	cribe 1 Asber (i.e.	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA Full Cont Glovebat Non-Exe Description of stos Containing Mat, thermal systems surfacing, VAT other miscellane le and mastic ile and Mastic	R STREET ode 19007 tainment with Neglosure g Procedure mpted (*) and No if terial (ACM) insulation, or	gative Pressure n-Friable Proce Amount (Specify SF or LF)	A Removal	Repair		Enclosure
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Start Date (10)	g Abatement (Checked During Entire Ped Outside of Normal AM-3:00 PM/2 III that apply) In of Material (ACM) ATED iity athroom Shower Callevator Area Peria Hallway Ste Hauler ORT GROUP, IN/2	k only coriod of A Facility 11:45 F	novation No	ment s - DesAM on ion illy slly by nce/ Staff? N/A	Asber (i.e. Floor till Floor Till Ceiling	Name of OSHA M BRISTOL EN Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA Full Cont Glovebar Non-Exe Description of Stos Containing Ma., thermal systems surfacing, VAT other miscellane le and mastic ile and Mastic Plaster Cubic Yards of Waste 3	R STREET ode 19007 tainment with Neglosure g Procedure mpted (*) and No f terial (ACM) insulation, or ous) Name of Regis Minerva La	Amount (Specify SF or LF) 10 SF 150 SF 2 SF	A Removal	Repair		Enclosure
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Date of Notification (1)	Total Marian			Na	me of Build	ding Owner/Operator	(2)	OCT O	10	11	523	4
	_ / _	12				University-Office		Construction			5	1
☐ EPA 7403 ☐	e Notificati	ion		Stre	eet Addres	SS -		10	7	4010.		
	Amended Amendmer	. 4		City	, State, Zi	p Code		Application				-
	Emergency		inc			, NJ 08544	Le tancago	1. [1]				
	ustification)	ing		ne of Cont			Telephone N				71
	Cancellatio	n	100	R	obert Or	tega	الرائا معمد المهموم مديا	#INTERNATION OF THE PROPERTY O				a
N	one (Edit Maria	4. 1.		F	ACILITY	INFORMATION	-		OCCUPANT.		_	
Name of Facility Where Abate	ment is Tal	king Pla	ce (3)	1.11		Type of Facility	(4)				1
Princeton University-Fit Street Address	restone L	ibrary			A CONTRACTOR OF THE CONTRACTOR		School (K-12	2)				
Washington Rd							Subchapter	8 (Other than K-1 rivate and comme	2)	L	STANO	
City (5)							homes, etc.)	invate and comme	erciai	Duildii	ngs,	
Princeton							Square Feet	# of Floors	1	Bldg.	Age	-
County (6)												
MERCER		-2021/F-332		Co	unty Code	(7)(STATE USE ONLY)	Current Use (Pri	ior if being demol	ished)			
Name of Monitoring Firm Hired	by Buildin	g Owne	r (8)	ASCI	A No.	Name of Abateme						
ATC Associates Inc.							VIRONMENTAL					
Street Address					4	Street Address			-			
Three Terri Center						1123 BEAVE	R STREET					
City, State, Zip Code				1 = 2 = 2		City, State, Zip Co	ode					
Burlington, NJ 08016						BRISTOL, PA	19007					
Project Manager for Monitoring Michael Keehn	Firm			elephone		Telephone No.		License No.				
Start Date (10)	T Cal	- 1 1 - 1		609-38		215-788-6040		00509				
6 / 1 / 12	_ Scn			oletion D		Name of OSHA M BRISTOL ENV	onitor /IRONMENTAL	INC				
Occupancy Status During Abate	ement (Che	ck only	one)			Street Address						
☐ Facility Closed/Vacated Duri	ng Entire P	eriod o	f Aba	tement		1123 BEAVER	STREET					
Abatement Performed Outsid	de of Norm	al Facili	ty Ho	urs - De	scribe	City, State, Zip Co						
Time of Abatement: 7:00AM		///	_PM-	12:00A	VI -	BRISTOL, PA						
Scope of Work (Check all that a	pply)		1007-1					- 1				
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		⊠ Re				☐ Mini-Enck					1940	5 13
ii ii		200	Loc				- Free () and redit	- Hable Flocedul				
Location of Asbestos-Containing Materia	LACRA		Norm	ally dely by		Description of				atem		1
TO BE ABATED	I (ACIVI)	Ma	inter	nance/	Asbe	estos Containing Mate e., thermal systems in	erial (ACM)	Amount	Removal	Repair	Enc	Enclosure
IN Facility		Cus	todia (12	Staff?	(surfacing, VAT, of	or	(Specify SF or LF)	lova	ai.	apsi	losu
(13)		Yes	No			other miscellaneo	us) .	,	=		Encapsulate	9
West Fan Room					Pipe In:	sulation and fittin	as	575 LF				
Vest Fan Room					Valve P		-	60 SF				
Vest Fan Room		\boxtimes			Pipe Sa	ddles		30 Ea	Ø			
Vest Corridor A level		\boxtimes			Floor ti	le and mastic		160 SF			금	
lame of Registered Waste Haule			11	NJDEP V	Vaste	Cubic Yards of	Name of Registe				니	믜
BRISTOL ENVIRONMENTA	AL, INC.			Hauler ID 18706		Waste		NORTH LANDS	FILL			1
ity, State BRISTOL, PA 19007						Disposal Date	City, State	E DA 40005				\neg
ompleted By (Print or Type)	Title	3				Signatura	MORRISVILL	-E, PA 19067				
Brian Scafiro		stimat	or			Signature	Scolina	Date	e//	7/1	2	

(Pursuant to NJAC 8:60 and 5:16) (2# 229.7

Date of Notification (1)	17 /	12					Owner/Operator						
		12					versity-Office	of Design and	d Constructi	ion	TOTAL TOTAL TO	n e compos	
Agencies Notified EPA DOLWD	Type Notifica				et Address 0 Elm D						15 1/2 15 1/2 15 1/2 16		***************************************
☑ DOLWD	Amended Amendme	ent # <u>1-5/3</u> 1	/12	City,	State, Zip	Coc	de		77		,	1 11	1
⊠ DCA	☐ Emergend			Pr	inceton,	NJ	08544		1 - 6	7- 9mg		11	ė i
(NJAC 5:23-8)	justificatio	n)	9	Nam	e of Conta	act			Telephone	1 1000		-12	2
	Cancellati	on			bert Orl								1 11 1
Name of Engility Where	Abatan att =	1: 5:	(0)	FA	CILITY	INFO	ORMATION		10.75				1
Name of Facility Where Princeton Universi			e (3)					Type of Facility ☐ School (K-1					
Street Address		Library		<u> </u>				Subchapter	2) 8 (Other than	K-12)			
Washington Rd								Other (i.e., p	private and cor	mmercial	buildi	ngs,	
City (5)		(e)						homes, etc.	No.				
Princeton								Square Feet	# of Floors Bldg. Age				
County (6)	79 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A			10-		171 10:						-	
MERCER				Cou	inty Code	(1)(S	TATE USE ONLY)		rior if being de	molished)		
	Mand L. D. Hall		(0)					Library					
Name of Monitoring Firm ATC Associates In		ng Owner	(8)	ASCN	l No.	N		ent Contractor (9					
	с.						BRISTOL EN	VIRONMENTA	L, INC.				
Street Address						S	treet Address						
Three Terri Center				2254)			1123 BEAVE						
City, State, Zip Code Burlington, NJ 080	16					С	ity, State, Zip Co						-37
Project Manager for Mon			1-			1	BRISTOL, PA	19007					
Michael Keehn	itoring Firm		1 (elephone		11	elephone No.		License N	0.			
Start Date (10)	100	h = d . l = d O	Jan S	609-386			215-788-6040		00509				
6 / _8 /		heduled C		28_ /			ame of OSHA M	lonitor VIRONMENTA	LING				
Occupancy Status During	W					-		VIRCINIVIENTA	L, INC.				
☐ Facility Closed/Vacate				oment	8	1	treet Address						
☐ Abatement Performed	Outside of Nor	mal Facility	, Ho	ure - Dec	cribe		1123 BEAVER				William William		
Time of Abatement: 7	MA <u>00:</u>	PM/	PM-	12:00A	M		ty, State, Zip Co BRISTOL, PA						
Scope of Work (Check all	that apply)		-	9 10 0							-		
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	*	⊠ Re	nova moli	000000000000000000000000000000000000000			☐ Mini-Encl	ainment with Neglosure Procedure Opted (*) and No					
		1 4 7000		ation							baten	nent T	Typa
Location Ashestos Containing			lorm	ally lely by			Description of			1	1	T	1
Asbestos-Containing I TO BE ABA	TED	Mai	nten	ance/	Asb	estos	Containing Mat ermal systems i	terial (ACM)	Amount		Repair	nca	Enclosure
IN Facilit	y	Cust		Staff?	(,,		surfacing, VAT,		(Specify SF or LF)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\	Sde	uso
(13)		Yes	(12 No				ther miscellaned			′ -		Encapsulate	6
West Fan Room		\boxtimes			Pipe In	sula	ation and fittir	ngs	575 LF		1		
West Fan Room					Valve I	-		.5-	60 SF			片	
West Fan Room					Pipe Sa	-			30 Ea		-		
West Corridor A level		\boxtimes	$\frac{-}{\Box}$	15			nd mastic		160 SF		-		+
Name of Registered Wast	e Hauler			NJDEP V			bic Yards of	Name of Regis				ΙП	
BRISTOL ENVIRONI				Hauler IC 18706	No.	965.68	aste		NORTH LA	NDFILL			
City, State BRISTOL, PA 19007						Dis	sposal Date	City, State	1F D4 44-		31110		
Completed By (Print or Ty		itle					Тъ.		LE, PA 190	0/			
Brian Scafiro	pc) 1	Estimate	-				Signature	Q 1-1	.0	Date /	/		
SB-41		Louinal	JI.				Mun,	Scefere /	u	5/3	1/1	2	

ASB-41 MAY 11 B 512052

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

Date of Notification (1)			Name of	Building	Owner/O	perator (2)				V.1.	
May 30, 2012			amadev	elopme	ent							
Agencies Notified Type Notification	30.1	J. T.	Street Ad	ddress	Electric i							
EPA Initial		- 31	400 Inte	rpace F	Parkway				7.7		1 //	
DEP Amended	311		City, Sta	te, Zip Co	ode			4 1 2 2 1 1 1 1	17,			
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DOH justification			Name of	Contact	94 T - F			Telephone	Number			
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Contraction of the Contraction o	ig Flace (3	2)					Type of Facility (2
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1_200 0000 0000				ISE ONLY)		Current Use (Pri	21.527 S209 SX		20		
Bergen Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No		Namo	of Abatement Cor	Buildin	g			
	Г											
AET Street Address	eet Address					Street A	ACK Group, L	LC				
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Bridgewater, NJ 08807 . Project Manager for Monitoring Firm		1	Telephor	ne No		Telepho	Hill, NJ 0803	Licens	a No			
Eric Houseknecht			(908) 21		, ,		59 - 5000	00781	e No.			
Start Date (10)	Schedul		mpletion [of OSHA Monitor	00761	···			
6/19/2012			7/10/201				ACK Group, L	I.C.				
Occupancy Status During Abatement (Che	ck Only Or		1110120	12		Street /	And the second s	LO.			-1007	
Facility ClosedNacated During Entire			mont			1500 K	ings HWY N,	STF 209				
Abatement Performed Outside of Nor					t		ate, Zip Code	0.220				
Other - Describe:							Hill, NJ 0803	4				
Scope of Work (Check All That Apply)					I						-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renov Demol				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure						
	I						Non-Exempted	on-Exempted (*) and Non-Friable			temen	
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Name of Registered Waste Haufer			Hauler ID		of Was		Name of	Registered Lan	ann			
Newark Carting / Rovic			450)9		87.8	Cumber	and County	Landfill			
City, State					Dispos	isposal Date City, State						
Newark / Riverdale, NJ	March 1997			7/10/2012								
Completed by	Title				Şi	gnature	10/0		Date			
Mike Cooper President						112-11	1		5/30/12			

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

State of New Jersey on OF ASSESTOS ABATEMENT on to NJAC 8:00 and 12-120)

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At among major crossics		•		•		tate, Zip Code				•	-	_	
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06 / 06 /	12		Mont	lair Boar	Owner/Operator (2 d of Education		# 2103 \$200	∠ Time		53	
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Watchung School						School (K-12) Subchapter 8 (Other than K-12)					
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14 Garden Street						homes, etc.					
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City (5) Montclair, New Jersey 07042						10,000	2	5	5+		
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Detail Associates Inc.				Lilich Corpor	ation					_	
Street Address			1	Street Address							
300 Grand Avenue				606 McBride	Avenue			30		_	
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Englewood, New Jersey 08631				Woodland Pa	ark, New Jers	ey 07042					
Project Manager for Monitoring Firm		Tole	phone N	In I	Telephone No.		Ucense No.	~	•		
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Date of Notification (1)	Teach and		Name of Building Owner/Operator (2)										nior S			
6/4/2012							LIATES, L.L.	C.,	Free	V.C	a t	bor	201			
Agencies Notified Type Notification EPA Inklai			treet Ad 1680 R	dress OUTE 23	1412	Date:	66		(Balleta)	ne: 10						
DEP Amended Amendment *				в. Zip Code E, NJ 074		S COMERA END ^{EC}	NIME &									
Envergency (I	ncluding		Name of			SUM.	Total Control	14	one Nie	har						
DCA Cancellation				IARDI, JR.			•	-	-							
Name of Facility Where Abelement is Taking	Plans /3		FACIL	MY INFOR	MATION	TT	rpe of Facility (4	, -								
GREENTREE SQUARE SHOPPIN			FORM	ER RITE	AID	1.	School (K-12		es of the							
Street Address							Subchapter	6 (Other li	an K-12)						
928 ROUTE 73 NORTH						E	Other (i.e. pr	ivate & co	mmercle	l) build	ngs, i	homee				
City (5)						St	quare Faet	# of Flo	ora	BI	g. A	3 9	\neg			
MARLTON, NJ 08053	39															
County (6)			County C	ode (7)		C	urrent Use (Prio	r if being o	iemolish	(be						
BURLINGTON						L,		to - (D)					_			
Name of Monitoring Firm Himd by Building C WHITMAN COMPANIES	Wner (8)		ASCM	No.	TW	ame of Abatement Contractor (9) TWO BROTHERS CONTRACTING										
Street Address 7 PLEASANT HILL ROAD					1		ITHEREORI dress	n RI VD					1			
City, State, Zip Code						250 RUTHERFORD BLVD.							\dashv			
CRANBURY, NJ 08512						CLIFTON, NJ 07014										
Project Manager for Monitoring Firm		Т.					Telephone No. License N									
KEVIN LOVELY			732-390-5858				973-956-8700 00494									
Start Date (10) 6/6/2012	Schedule 6/13/20						Name of OSHA Monitor SAME AS (9) ABOVE									
Occupancy Status During Abatement (Cited		5														
						Street Address										
Facility Closed/Nacated During Entire F Absternant Performed Outside of Norm Other - Describe:	ai Facility	Hours	City, State, Zip Code													
Scope of Work (Check All That Apply)								1945								
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≥160 af or ≥260 If		liome	lon				Mini-Enclosure Glovebag Prod									
									and Non-Friable Procedure							
	le	Locati	an								Abale	ement eq				
Location of		Normal d-Sole	**		Description					-	1,7	1	\dashv			
Aabastos-Containing Material (ACM) TO BE ABATED	Ma	intena	nce/		e Conizining			Amo (Spe	100000	27		B.	g			
In Facility	Cris	todial S (12)	Staff?	********	auriscing, V	AT,	or	SF'o		Remova	Repair	aps	Exclosure			
(13)		(,0)			other miscell	anec	oua)			<u>a</u>	4	Encapsulate	8			
	Yes	No	N/A							4	_	-	_			
THROUGHOUT FACILITY		X	-		MAST	1C		7,00	7,000 SF				4			
	-		-	-						+	-		-			
· ·	1	-					-									
Name of Registered Weets Hauler	••		LOEP W	307.00	Cubic Yards		Name of	Registere	d Landfi	11						
TWO BROTHERS CONTRACTING	3	m (25)(t)	euler ID 8743	No.	of Waste 8	/aste WASTE MANAGEN				MENT G.R.O.W.S.						
City, State					Disposal Da 8/13/2012		City, Sta	ate RISVILLE, PA								
CLIFTON, NJ	TIUe			1	4	4	INIOR	PAILLE		nte						
Completed by VIVECA RAMOS	RET	RETARY				Unative Date 8/4/201					12					

Date of Notification (1) 6/4/2012		Name of Building Owner/Operator (2) GREENTREE SQUARE AFFILIATES, L.L.C.															
Agencies Notified						23 NO	RTH	SUITE	330	411				111			
EPA DEP DOL	Initial Amended Amendment	No. of Concession, Name of Street, or other Persons, Name of Street, or other Persons, Name of Street, Name of	City, State, Zip Code WAYNE, NJ 07470														
DOH DCA	Emergency (in justification) Cancellation	ncluding		Name of Contact RICHARD MAINARDI, JR.													
			FACI	LITY INFO	ORMATI	ON			100								
Name of Facility Where				- FORI	MER RI	TE AID		Sc	Facility (4 chool (K-12	2)							
Street Address 926 ROUTE 73 No					(5)	Ot etc	her (i.e. pr c.)	rivate	er than K-1 & commerc	ial buil			es,				
City (5) MARLTON, NJ 08053									are Feet # of Floors			Bldg. Age					
County (6) BURLINGTON		County (Code (7) USE ONLY		_				ing demolis	hed)							
Name of Monitoring Fire WHITMAN COMP		wner (8)		ASCN	No.				ment Con THERS		(9) TRACTII	٧G					
Street Address 7 PLEASANT HIL	L ROAD					•		Address	ERFORI	D BL	/D.		-				
City, State, Zip Code CRANBURY, NJ (08512						100	ty, State, Zip Code CLIFTON, NJ 07014									
Project Manager for Mo	T	Telepho	ne No. 90-5858		Telephone No. License No. 973-956-8700 00494					1							
Start Date (10) 6/6/2012		Scheduled		Season Branch and control of the Con				ame of OSHA Monitor SAME AS (9) ABOVE									
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Facility Closed/Va	cated During Entire Po med Outside of Norma	eriod of Ab	oater				City, S	State, Zip	Code								
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Location	on of	No	orma	lly		Des	scription	of.					Туре				
Asbestos-Containin TO BE AB In Fac	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Used So Mainter Custodia (12) Yes No					tos Cont thermal surfac	aining N	Material (ACM) ns insulation, AT, or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure		
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		-															
Name of Registered Wa	aste Hauler			JDEP W	aste	Cubic	Yards		Name of F	Reaiste	ered Landfi		i .				
TWO BROTHERS			1	lauler ID 8743		of Was				V0170700			S.R.C	R.O.W.S.			
City, State CLIFTON, NJ						10.000000000000000000000000000000000000	al Date										
Completed by VIVECA RAMOS	RETA	ARY		S	ignature												

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Date of Notification (1) 8-4-2012			ullding Ov Selleville	wner/Operato		RAN	Of Health (Signal) erv	CBS						
Agencies Notified	Type Notification		0.000	trees Add				Da	ete: Lo	4/12	Time:	32	SPh	1		
CI EPA	Infini				llinois S				100	ASSEST	00 cm	7101	7	1:		
DEP DOL	Amended Amendment		1	ity, State, Belleville	, Zip Çode 8, NJ	8		-	W Difference of the co	THE PARTY OF THE P	PEASIS	il Li Service des				
E DOH	Emergency (justification) Cancellation			lame of C Joe	ontect				7-1	mbuuta tii						
				FACILI	IA MEOL	RMATION	17	× = - : : : : . / :	^							
Name of Facility Where	Absternent le Takin	g Placa (3)					20000	of Facility (4	1965() 806(197)					139		
House for Demo							- 남 :	School (K-1) Subchapter	2) 8 (Othi	er than K-1	2)					
Street Address	20.00						()	Other (i.e. p	rivate 8	commen	ial build	ings, I	home	6,		
74 Harrison Stree	A.		-	1			- 2	etc.) ne Feet	# ai	Floors	Bk	dg. Aş		•		
City (5)						2		JOWN	2	LIDOG		0+				
Bellevilla			7	County Co	de (7)			nt Use (Pri	or if bed	ng demala						
County (6)				STATE US				se for De		3	,					
Essex	(Has d by Dudding	Oumar (9)	_1_	ASCM I	No	Nan	1	tement Cor		(9)						
Name of Monitoring Fit	m Hired by isunding	Castion (e)		n/a	NO.	5 P. W. C.		rtracting,								
				1.00			et Addres									
Street Address						,	Troy L	1000								
	2						State, Z	2000 (AVC)								
City, State, Zip Code							Lincoln Park, NJ 07035									
Project Meneger for M	anilwing Firm			Felephone	e No.		phone N		License No.							
п/а	minorald a dist			n/a			973-706-7950			01088						
Start Date (10)		Schedule		Completion Date (11) Nan				Name of OSHA Monitor								
SIGNE CHESTO (10)			p													
8-5-2012		6-30-2	012	- 67												
6-5-2012 Occupancy Status Dur	ring Abatement (Che					Stre	et Addra	ex.		70 - 2002 C						
Occupancy Status Dur	acated During Entire med Outside of Nor	ck Only On Period of A	e) batem	ent			et Addre	p Code								
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Cocupancy Status Dur Facility Closed/V: Abetament Perfor Other – Describe Scope of Work (Check 23 sf or ≥3 lf ≥180 sf or ≥260 li Locat Asbestos-Contain TO 86 / In Fe (1) Entire S	ecated During Entire med Outside of Nor c All Thet Apply) f fion of ing Material (ACM) ABATED actify 3)	Period of Amad Pacifity R Is Is Use Ma Cust	enova enova emoria lomnal done internal (12)	on by by heal staff?	(i.e.	Description Containing thermal systematical systematical systematical with the containing other miscendisconditions with the containing the c	State, 2 PL Fu Mi Gi Gi No Table Fu Mi And Fu	IP Code IF A SE SE II Containm ni-Enclosur ovebag Pro	nent with the second control of the second c	n Negative ad Non-Fri Amount Specify F or LF)	Pressul Removal	cedur Abah	e emen	i T		
Pacility Closed/Vi Abetament Perfor Other - Describe Scope of Work (Check 23 sf or \$3 if 2180 sf or \$260 in Locat Asbestos-Contain TO 8E / In Fe (1) Entire S Name of Registered V Yannuzzi & Sons	ecated During Entire med Outside of Nor c All Thet Apply) f fion of ing Material (ACM) ABATED actify 3)	Period of Amad Pacifity R Is Is Use Ma Cust	enova enova emoria lomnal done internal (12)	on by by head staff?	(i.e.	Description Containing thermal systematical systematical systematical was allowed by the containing the contain	State, 2 PI Fu Mi Gi No Wateria Insulation Fu Materia Insulation Insulat	Ip Code IF ARE RE III Contains ni-Enclosur ovebag Pro	rent with respect to the rent with r	n Negative ad Non-Fri Amount Specify F or LF)	Pressul Removal	cedur Abah	e emen	i T		
Cocupancy Status Dur Facility Closed/Vi Abetament Perfor Other – Describe Scope of Work (Check 23 af or 23 if 2180 af or 2260 in Locat Asbestos-Containin TO 86 / In Fe (1) Entire S Name of Registered V Yannuzzi & Sons City, State	ecated During Entire med Outside of Nor c All Thet Apply) f fion of ing Material (ACM) ABATED actify 3)	Period of Amad Pacifity R Is Is Use Ma Cust	enova enova emoria lomnal done internal (12)	on by by heal staff?	(i.e.	Description Containing thermal systematical systematical systematical with the containing other miscendisconditions with the containing the c	State, 2 PI Fu Mi Gi No Wateria Insulation Fu Materia Insulation Insulat	IPASE BE III Containm ni-Enclosur ovebag Pro ve-Exemple III (ACM) lation, Destos	rent with respect to the control of	n Negative and Non-Fri Amount Specify For LF)	Pressul Removal	cedur Abah	e emen	i		
Scope of Work (Check Asbestos-Contain TO BE / In Fe (1) Name of Registered V Yannuzzi & Sons	ecated During Entire med Outside of Nor c All Thet Apply) f fion of ing Material (ACM) ABATED actify 3)	Period of Amad Pacifity R Is Is Use Ma Cust	enova enova emoria lomnal done internal (12)	on by by heal staff?	(i.e.	Description Containing thermal systematics and the misce where the containing the	State, 2 Fu Fu Mi GN No No Interest State S	IPASE BE III Containm ni-Enclosur ovebag Pro ve-Exemple II (ACM) lation, Destos IESI City, Sta	rent with respect to the control of	n Negative and Non-Fri Amount Specify For LF)	Pressul Removal	Cedur T)	e emen			

Date of Notification (1) June 5, 2012					Name of Building Owner / Operator (2) Church of Saint Gregory the Great											
Agencies Notified	Type Notification	on		_	Address		107		W 1		M	1				
□EPA □DEP				4620 N	lottingha	m Way		108	400							
⊠ DOL	Initial			City, S	tate & Zip	Code	- 135			. 1						
4	Amend	No. of the last of		100000000000000000000000000000000000000	A CONTRACTOR OF THE	re, NJ 08690										
⊠DOH □DCA	Amend Cancel	ment #	-	Name	of Contac	4		ASPECTAC PANEL	enhone	e Nu	mhei	r				
	Cancer	iation		Tom R	STORES THE STATE	7-5	li- sieni	UCENSIAN	риоги	ne Number						
				FA	CILITY	INFORMATION										
Name of Facility Where Abatement is Taking Place (3) St. Gregory School						Type of Facili										
Street Address					-		oter 8 (Other than	n K-12)								
4680 Nottingham Wa	зу					Other (i.e., private & c	ommercial buildings	, hom	e, e	tc.)					
						Square Feet	# of Flo		. Age							
City (5) Hamilton Square						Current Use (Prior if being der	nolished)		50	-					
County (6) Mercer			nty Code			Concor										
			-													
Name of Monitoring F PARS Environmenta		lding Owne	er (8)		ASCM	경기가 하는 그 내 없어가게 얼마가 있었다.	Name of Abatement Contractor (9)									
Street Address	ii iiic.						Synatech, Inc. Street Address									
500 Horizon Drive, S		***					829 Radio Road									
City, State & Zip Code Robbinsville, NJ 08							City, State & Zip Code Little Egg Harbor, NJ 08087									
Project Manager for M			Te	lephone N	Number		Telephone Number License Number									
Firoz Jan	(40)	-11-11		5-435-367	-		609-296-6916 00817									
Scheduled Start Date June 16, 20		cheduled (on Date (16, 2012			Name of OSHA Monitor Synatech, Inc.									
Occupancy Status Du Facility Close	ring Abatement ed/Vacated Durir		ly one)			Street Addres	SS			-0						
Abatement P	erformed Outsid	le of Norma	al Hours			City, State &	Zip Code									
Other – Desc	cribe: pied During Aba	tement				Little Egg Ha	arbor, NJ 08087									
Scope of Work (Chec	·			**						-						
≥10 LF or ≥ 25			\boxtimes	Renovation				nt with Negative Pressu	ıre							
☐ ≥160 sf or ≥26				Demolitio		H	Mini-Enclosure Glovebag Proce	odura								
								(*) and Non-Friable Pro	cedur	e						
	ation of				Illy Used	Descript	ion of				ent 7	уре				
Asbestos-Contai	ning Material (A0 : ABATED	CM)		y Mainter dial Staff		Asbestos-C Material (Amount (Specify SF or LF)								
IN	Facility				(,	(i.e., thermal	systems				m					
	(13)					insulation, surf or other misc			Re	R	Encapsulate	Enclosure				
						=	,		Remova	Repair	psu	losu				
			Yes	No	N/A	2			<u>n</u>	-	ate	ē				
K-C and K-B					Х	Ebonite Win	dow Sills	36 SF	X			Т				
Name of Registered V	Vaste Hauler	100	NJDEP V Hauler ID		Cubic Y	'ards of Waste	Name of Registered Landfill									
Synatech, Inc.				429	.5		Grows Landfil	dfill								
City, State					Disposa	al Date	City, State									
Little Egg Harbor, N.	08087				June 1	8, 2012	Morrisville, PA	at one								
Completed By		Title			Cianat	ro :	·	Date								
Diane Aloia	l _i	Executive Administrator					ni alore June 5, 2012									

2094

Date of Notification (1) 06/01/12 Ck# 2094			Building (
Agencies Notified	A10 2	Street Ac				110		10.1.1		1 1 1		-				
EPA DEP DOL	Initial Amended Amendment	t #		City, Stat	te, Zip Co	de	sey 07666									
⊠ DOH DCA	Emergency justification) Cancellation			Name of			Telephone Number									
No. of Falls Miles		DI 10		FACIL	ITY INFO	PRMATIO	N	T ()		4)						
Name of Facility Where A Fairleigh Dickinson Street Address				, Librar	у	As No.	1		ool (K-1	2)	er than K-12	2)				
285 Madison Avenu		4.					er (i.e. p		& commerci		dings,	home	s,			
City (5) Madison, New Jerse						Square F 20,000		# of 2	Floors		ldg. A 5+	lg. Age +				
County (6) Morris		County C (STATE U	Code (7) ISE ONLY)		_	Current U Library		or if bei	ng demolist	ned)		1				
Name of Monitoring Firm Environmental Desi		Owner (8)		ASCM	No.			of Abatem Corpor		tractor	(9)			(2)		
Street Address 5434 Kings Avenue	Suite 101							Address McBride	Avenu	ie				21		
City, State, Zip Code Pennsauken, New	Jersey 08109				City, State, Zip Code Woodland Park, New Jersey 074						sey 0742	24				
Project Manager for Mon Tom Pruno		Telephor 856-61	ne No. 6-9516		Telephone No. License No. 973-225-8400 01104											
Start Date (10) 06/11/12		Schedule 06/12/1		npletion [Date (11)		Name of OSHA Monitor J&S Environmental Labs, LLC									
Occupancy Status During								Address Route 2	22 Wes	st						
Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Nor						City, State, Zip Code Union, New Jersey 07083									
Scope of Work (Check A	ll That Apply)													7	-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		promotors	Renova Demoli				×	Mini-E Glove	nclosure bag Prod	edure	n Negative F			e		
		Is	Locat	ion		* ,	E	J NOTE:	xemple	a () an	d Non-i nat		Abate	ement		
Location Asbestos-Containing		Use	Norma d Sole	ely by	Ashes		cription	n of Material (ACM)		Δ	Amount		Туре			
TO BE AB. In Facil (13)	ATED ity		intena todial (12)		(i.e.	thermal s	system: ing, VA	s insulatio T, or	n,	M) Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure	
Old Pallan	D	Yes	No	N/A		Vist Inci	dation	o pining		1	00 SF	-	X	(0		
Old Boiler	Room	X			L	ouct inst	Jiatioi	n piping			JU SF	+	^			
						T 0 11 1	,		1	Daniak						
Name of Registered Was Lilich Corporation	ste Hauler		H	NJDEP W Hauler ID 8724		of Was				of Registered Landfill O.W.S Landfill						
City, State Woodland Park, Nev	w Jersey 0742	4					Disposal Date City, State 06/14/12 Morrisville, Pennsylvania									
Completed by Tatiana Kalenikova Title Vice President						Si	Signature Date 06/01/12									