CK#1012

Date of Notification (1)		11	Jame of	Building C)wner/(nerator	(2)				seluju ega 16. "S	Strade	100	704
3-21-2012				Akdemir	, will (1)	porator	(-)	-	F G) FP	O Do		-	
Agencies Notified Type Notification			Street Ac				-			, 	11 W	F	(P)	-
FPA Notified Notif		017		eeder R	oad			11:45	**************************************		- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-	123		
DEP Amended		100	53375	te, Zip Coo				71 LI	MA	R 23	2010			
X DOL Amendment Emergency		20030		us, NJ (1/652						50000	- 1	romeron /	
DOH justification)			name of Robil	Contact				[L	Sale of the	ephone N		_		
Cancellation	W		e socative extra	ITY INFO	RMAT	ION	2001/22	+		STOS CO LICENSII				
Name of Facility Where Abatement is Takin	g Place (3)		IAGI		NIMA	OIL	Туре	of Facility (4	1)	Mary Street, mary mary mary and	profession and resident	entre mentre de	***************************************	
Unoccupied house scheduled for a	demolitio	n					П	School (K-12	2)	te confugites a situate	in a rolling	April 1975		,
Street Address								Subchapter	8 (Othe			1.11		, ,
741 Reeder Road							1.7.7	Other (i.e. pretc.)	rivate 8	s comme	rciai bui	iaings	, nome	es,
City (5)							200	re Feet		Floors	1	3ldg.	Age	
Paramus							200		2			50+		
County (6)				Code (7) ISE ONLY)			23/25/25/34/2000	ent Use (Prio						
Bergen	- (2)							occupied F			eduled	tor L	emo	1
Name of Monitoring Firm Hired by Building n/a	Owner (8)		ASCM n/a	No.		10 00 00		tement Con ntracting,		(9)				
Street Address			II/a				Addre	-	LLU					
n/a							roy L							
City, State, Zip Code				neocono de la constanta de la				ip Code			- 24	12000		
n/a	a							rk, NJ 070	35					
Project Manager for Monitoring Firm							none N			License				
n/a		- A	~			973-	-706-7	7950		01088	3			
Start Date (10)	Schedule		pletion (Date (11)		100000000		HA Monitor						
3-31-2012	4-3-20							ntracting,	LLC					
Occupancy Status During Abatement (Chec	k Only On	e)					Addre							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr			ent				roy L			_				
X Other – Describe: 9am - 5pm	iai raciity	nours				100000000000000000000000000000000000000		ip Code ark, NJ 07	7035					
Scope of Work (Check All That Apply)						Line	,01111	ark, 140 07	000					
	Пь	enovat	ion			Г	7	II Containme	nt with	Mogativ	o Proce	Iro		
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		emoliti						ni-Enclosure		i iveyauv	e Fiess	лe		
**************************************						5		ovebag Proc n-Exempted		d Non-Er	iable Dr	ncedi	ro	
	Τ.		0004				1 140	ri-Exempled	() an	u NOII-i i	lable Fi		emen	t
		Location Loc			6								ype	
Location of Asbestos-Containing Material (ACM)		d Solel		Asbest	os Con	scriptior taining N	Materia	I (ACM)	Α	mount			m	
TO BE ABATED In Facility	2.0000000000000000000000000000000000000	ntenar odial S		(i.e.		I system		ation,		Specify or LF)	Ren	Re	nca	encl
(13)		(12)				miscella			0.	OI LI)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A										ate	-G
Basement		22-0/n	X		VAT	(no ma	astic)		4(00 SF	×			
Exterior, lower half of home			X	Asbe	estos	Transit	e Shii	ngles	1,0	000 SF	X			

					VIII 20000001112			ve subjection						
Name of Registered Waste Hauler		1,55519	JDEP W	200	Cubic of Wa	Yards		Name of F	Registe	red Land	fill			
Jadar Contracting, LLC		100000	auler ID 033137		TBD			G.R.O.\	W.S.	Landfill				
City, State					(2	sal Date		City, State						
Lincoln Park, NJ	u* 00000				TBD			Morrisv	ille, P	A 1906	57			
Completed by	Title				5	Signature	e	P		A	Date	204		
Lillie Lazarevich Secretary						Jul	lie	Jazar	-u		3-21-	2011		

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

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KI			~~~			
	MAR	2	3	2012)	U

Date of Notification (1)/	· · · · · · · · · · · · · · · · · · ·	_	1,	Vame o	f Building	Owne	er/Operator (2	2)	and the second s			+		h
3 1	15/12			varrie o		_X		igns	ASEESTOS C	ONTRO	L&			
Agencies Notified	Type Notification	•		Street A	201	- (whit	Cond	Aug	d water the se		-	-	3
□ 6PA □ D6P	Amended		1	City, St	ate, Zip Co		1					-	- 91	7
□ DOL	Amendment # Emergency (inc.	luding				1+	ley	, N.	>					_]
□ DOH □ DCA	justification)		- 1		Contact CAL		00	isez	Tolonhona Ali	imhor		-		
				_	LITY INFO			1 300	-				_	\neg
Name of Facility Where	Abatement is Taking	Place	(3)	FACI	LITTINE	ACIOLA	T	Type of Facility	(4)					\dashv
R	eside	ru c	É					School (K-12		(-12\				
Street Address 201 Wh	it-ford A	مر						Other (i.e., p	rivate & comme		ouildi	ngs,	5024	
City (5) utley	1. NJ							Square Feet	# of Floors			g. Ag	е	
County (6) ES	SEK				y Code (7 ONLY)) (\$7	ATE	Current Use (Pr	esta					
Name of Monitoring Firm	n Hired by Building O	wner	= 7	ASCM N	No.	12020000		ent Contractor (9)					
(8) EM	<u> </u>					F	Gais	6245	<u></u>					=
Street Address	1738H	5	+				et Address - (3 と	32~1	ST					
City, State, Zip Code	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			-		City.	State, Zip C	ode	Γ				10000	7
Project Manager for Mo) <u>y</u>		Tolo	phone I			phone No.	in N	License No			==		\dashv
	5 A MANAGAR TAN TA N BENJAWA 1880 A MA							52222	90L 08		2	. \		
Start Date (10)	Sched	uled C	omple			-	ne of OSHA N		^					=
3127/11		122		(2					ymp					_
Occupancy Status Dur						Stre	et Address							
☐ Facility Closed/Vaca						City	State, Zip C	ode						ᅱ
Other - Describe:	()					,								_
Scope of Work (Check	all that apply)						[] E. # Car	ntainment with Ne	antius Brocour					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf.	and the second	Ré De	novati molito				Mini-End			•	ю			
		ls L	ocatio	n			- TANIFE AND THE SECOND	empled () and it	GIFT HADRE T TO	Ī		bater		
Location	of		Soleh				Description of	•				Тур	e ,	
Asbestos-Containing TO BE ABA	Material (ACM)		itenan istodia			tos Co	ontaining Mat nal systems i	terial (ACM)	Amount (Specify		70		g	ш
IN Facili	ty	5	Staff?		(1.6.,	sur	facing, VAT,	or	SF or LF)		Removal	Repair	22	Enclosure
(13)			(12)			othe	r miscellaneo	ous)			va.	₹.	ncapsulate	9 m
Recen	, :-	Yes	No	N/A	· · · · · · · · · · · · · · · · · · ·	→ Ţ	OÓR "	Tile	2205	50		-	-	
Base Ment							30,0	1100	220	=		\dashv	-	
										-				
Name of Registered W				UDEP V			oic Yards Vaste	Name of Reg	stered Landfill	Λ	0			
Enstern	- Vorte			660				Ince	rock lo	<u>inl</u>	6.	<u> </u>		_
City, State	ld NT	20				Dist 3	oosal Date	City, State	erial +	PA				
Completed By								71/7	Dai	te 3	115	7	10	
mant 6	nuce	Yn	ese	مرويد				1			11-		$\stackrel{\sim}{=}$	_

ASB-41

**:	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Notification (1) Name of Building Owner/Operator (2)												
Date of Notification (1)	3/14/12		_		Owner/Operator	(2) Bark	La MAR 2:	3 2012			The state of the s		
Agency Notified	Type Notification	.7		Address	R+4	ا یا		-		Se.	Carrie and A		
□ EPA □ DEP	Initial Amended			ate, Zip (— ASDESTOS GO —	OHTROL &			1		
□ DOF	Amendment # Emergency (includi	na		0+0		72 0	1512				7		
□ DOH □ DCA	justification) Cancellation	119		of Contac	_	56.2	Telephone Numb	nor a ironia 4	rd on dig	-	7		
a bea					ORMATION	,	1			_			
Name of Facility Where A						Type of Facility (4)						
-	Lesiden	نع				School (K-12)							
Street Address	Crooks	ъДч	4				(Other than K-12) vate & commercial	buildings,					
City (5)	erson					Square Feet	# of Floors	Bldg. Ag	e				
County (6)	or if being demolis	hed)											
Name of Monitoring Firm	dence		-		\dashv								
(8) Ems		.	M No.		The state of the s	nent Contractor (9	Son	The					
Street Address		1			Street Address	•	ANY SECTION OF THE PROPERTY OF THE SECTION OF THE S		West (FSA)				
	37 ST				513 E	32 Nd	5+				\dashv		
City, State, Zip Code	ž.				Paters	. 1	12						
Project Manager for Moni	toring Firm	Teleph	ione No.		Telephone No.		License No.				7		
NA	\$2000 (T)						#00	02	1				
Start Date (10)	Scheduled Co				Name of OSHA	Monitor S	SAmo						
Occupancy Status During	Abatement (Check only	y one)			Street Address								
☐ Facility Closed/Vacated ☐ Abatement Performed ☐ Other – Describe:	d During Entire Period of Outside of Normal Facil	ity Hours			City, State, Zip (Code							
Scope of Work (Check all	that apply)			•	□ Full	Containment with	Negative Pressure	3					
 ⊇ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 lf 	8.		☐ Rend		☐ Mini-	Enclosure ebag Procedure	Non-Friable Proc						
		Is Loc	ntion		(a) NOT	-Exempted () and	711011-1110010-11100		Abate	emer	nt		
	,	Norm	ally		Description	of		F	T.,				
Locatio Asbestos-Containing	Material (ACM)	Used So Mainter	nance/	Asbes	stos Containing M , thermal systems	aterial (ACM)	Amount (Specify	1	D D	Enci	E		
TO BE AB		Custo Star		(1.8	surfacing, VA	T, or	SF or LF)		Repair	Encapsulate	Enclosure		
(13)		(12	2)		other miscellan	eous)		1		ate	6		
	-	Yes No	N/A		1	Cali	1640	5F)		\vdash	Н		
Exterior	Siding		1	رع	cterin	Siding	1 - 1		Ì				
										L	Ш		
	d cad611	1		1	Н								
Name of Registered Was	te Hauler	ID No.	Waste H	2.5	Cubic Yards of Waste	Name of Regis							
Easten	Daste	1	6P1		5041	TRRF City, State	L And	14.	$\frac{1}{1}$				
City, State	12. 03				Disposal Date	2 Tu	lytow	Date,	<u> ۱</u> ۲-	1			
Completed by Case Title Signature 3114/12													
TRANY UN	Do not	use this fo	orm for as	bestos lic	ensure exempted	activities.	<		-1-	-			

State of New Jersey

1071			State of N	ew Jersey	The VIC	(P)	G I	NA I	J Page
0 1		Notific	ation of As	bestos Abatement		1 UI	E 11	17	
		(Pursuant	to NJAC	8:60-7 and 12:120-7)	11				41
Date of Notification (1) Man	ch 16, 2012			Name of Building Own New Meadowlands Ra		MAR	2 2	2012	
Agencies Notified [X] EPA	Type No	tification		Street Address 150 Route 120	int C	1817 11 1	<i>,</i> 0	LUIL	jihawa V
[] DEP	[] Init	ial tification		City, State, Zip Code East Rutherford NJ 076	-).	Asiri		hul &	- Trans
[X] DOF		rgency Notificati ustification	on	Name of Contact	APPL ARRIVATE SUSPENSION	Telepho	one Numb	er 	
[] DCA	[XX] A	mended ification #1		Walter Wallace, LP Cit	ninelli			7	
		cellation "				<u> </u>			
		FA	CILITY IN	FORMATION	S				
Name of Facility Where Abatemer	nt is Taking Pla	ice (3)			Type of Facili	ty (4)			
Meadowlands Racetrac	k Barns 7-	14 and Dori	ns 3-6		[] Sub [X] Oth	ool (K-12 chapter 8 (er (i.e., pri ildings, hon	Other than vate & cor		E
Street Address					Square Fee	t # of	Floors	Bldg.	Age
150 Route 120					300,000	2		35	
City (5) East Rutherford	County (6) Bergen			y Code (7) Use Only)	Current Use Meadowlar			demolis	ned)
Name of Monitoring Firm Hired by Owner (8)	Building	ASCM N	lo.	Name of Abatement Con					
Greentree Consulting, Inc.				Street Address					47.72
Street Address 163 Stockton Street				32 Williams Parkway					
City, State, Zip Code				City, State, Zip Code			-		
Hightstown NJ 08520				East Hanover, NJ 07					
Project Manager for Monitoring Fir	m	Telephone Num	ber	Telephone Number		License N	umber		
Debbie Hines		609-409-0400		973-884-8682			0086	60	
Scheduled Start Date (10) 3/12/12 Month / Day / Year	Sched, Com 3/30/12 Month / D	pletion Date (1) ay / Year	1)	Name of OSHA Monitor Zibby Dolanski			æ.		
Occupancy Status During Abatemen	nt (Check only	one)		Street Address	-		-	-	
[X] Facility Closed/Vacant During [] Abatement Performed Outside	Entire Period o of Normal Facil	f Abatement ity		32 Williams Parkway					
[] Occupied [] Hours – Describe:				City, State, Zip Code		***			
[] Other – Describe:				East Hanover NJ 0793	6				
Scope of Work (Check all that app	ly)		ПБ	ıll Containment with Negati	ive Pressure				
[X]Demolition [] ≥ 3 sf or ≥ 3 lf	[] Rei	novation	[] M [] G	tini-Enclosure love Bag Procedure & "Wra				(4	
$[X] \ge 160 \text{ sf or } \ge 260 \text{ lf}$		Is Location	[A]	Non-Friable Procedure			Abatem	ent Type	
Location of		Normally Used		Description of		R	n .	E	. N C
Asbestos-Containing		Solely		sbestos-Containing	Amount	E M	R E	C	L
Material (ACM) (13)		By Main- tenance/		Material (ACM) rmal systems, insulation,	(Specify SF or	O V A	P A I	A P S	s U
¥.		Custodial Staff (12) Yes No N/A	surf	acing, VAT, or other miscellaneous)	LF)	î	R	L L	R E
Dorm Roof		X	Roof Flash		3120 SF	X	-		
Dorm & Stable Roof		X	Roof Vent Fire Doors	The second secon	62.5 SF 26 Ea	X			-
Throughout Structures Throughout Structures		X	Stable Do		70 Ea	X			
Name of Registered Waste Hauler LVI Demolition Services, Inc.		NJDEP Waste 20859	Cubic Yar Of Waste	ds	Name of Reg Waste Mana			ania	
City, State		1.	Disposal I	Date /	City, State Morrisville,	Pa			1 10
Completed By (Print or Type)		Title (Signature	III	Date				
Ed King		President (Ki	WIG	March 16, 2	012			
ASB-41				/					

State of New Jersey

00	NO	TIEIC	ATION	OF ASBESTOS ABATEME	NT Francis Francis	Z.5.	prore genu	2770		
	NO				"IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		F 1	16		
Date of Notification (1)		(Pur		o NJAC 8: 60 and 12: 120-) me of Building Owner/Opera	tor (a)	(c) (c) (c)		1		
	2			ristine Cantilli			Γſ	Total Con-		
Agencies Notified Type of Notification		\dashv	Str	eet Address		MAR 2 3 2012				
[X] EPA			138	Oakwood Drive			į			
[] DEP [X] Initial			Cit	y, State, Zip Code	1	ISBESTOS CONTROL A	,1	100		
[X] DOL [] Amended Amendment #			Wa	yne, NJ 07470		FIGERALING :		-		
[] DOH [] Emergency (includin Justification)	g		Na	me of Contact	, , , , , , , , , , , , , , , , , , , ,	Telephone Nu	mber			
DCA [] Cancellation			Ch	ritine Cantilli	12-19-4		,	<u> </u>	cap-3	4*
			FACIL	ITY INFORMATION		8:28	*			
Name of Facility Where Abatement is Taking Place (3)					Type of Facility	(4)				
Residence					[]	School (K-12)				
Street Address					[]	Subchapter 8 (Other t				
138 Oakwood Drive					[X]	Other (i.e., private & c buildings, homes, etc.)	ommerci	11		
City (5) County (6)			Cou	nty Code (7)	Square Feet	# of Floors	В	ldg. A	ge	
- 10 7436			(ST.	ATE USE ONLY)	Current Use /B	rior if being demolished)				
Wayne Passaic					Current Ose (F)	rior ii being demonstied)				
Name of Monitoring Firm Hired by Building Owner (8)		ASC	M	Name of Abateme	nt Contractor (9)	11 11 11 11 11 11 11 11 11 11 11 11 11				
				llyn a						
Enviro Vision Consultants, Inc. Street Address		_		Street Address	& Environmental Co	onsulting, Inc.				
20-21 Wagaraw Road, Bldg. #34A				1141 Route 23						
20-21 Wagatan Kuau, Diug. #5-7/				City, State, Zip Co	ode					
Fairlawn NJ 07410				Wayne NJ 07470						
Project Manager for Monitoring Firm	Tele	phone	Numbe		er	License No.				
Willie Morales	973-	636-91	45	973 628-9500		00408	100			
Scheduled State Date (10) Scheduled Cor	npletion	Date (11)	Name of OSHA M	Ionitor					
0 3 2 9 / 1 2 0 Month / Day / Year Month	4 6	2 Day	, L	Enviro Vision Cor	nsultants, Inc.					
Occupancy Status During Abatement (Check only one)				Street Address	70.75					
[X] Facility Closed/Vacated During Entire Period	i			20-21 Wagaraw R	oad, Bldg. #34A					
of Abatement Abatement Performed Outside of Normal Fa	cility Ho	urs		City, State, Zip Co		West very service and the serv				
Other - Describe:			_	Fairlawn NJ 0741						
Scope of Work (Check all that apply)										
	(NA)	n		[]		nt With Negative Pressur	re			
$[X] \ge 3 \text{ sf or } \ge 3 \text{ lf}$	[X]		vation olition	[] [X						
[] ≥ 160 sf or ≥ 260 lf		47504750		<u> </u>	THE STREET WAS TRANSPORTED IN	and Non-Friable Proc	edure			
							A	baten	_	
	1	Is ocation		Description of			R		E N	E N
Location of	4.03.59	ormally		Asbestos-Containir		Amount	E	R	С	С
Asbestos - Containing Material (ACM)	20,000	Used lely by		Material (ACM) (i.e., thermal system		(Specify SF or LF)	M O	E P	A P	O
TO BE ABATED	10	ntenan		insulation, surfacing		Si di Eri	v	A	s	S
in Facility (13)		istodial		or other miscellan	ieous)		A	I	U	U
	Yes	No	N/A				L	R	L E	R E
Basement			·x	Pipe Insulation		80 Lf	x			
	-	-								-
*	-					ļ	X			
				70	7777					
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	+-	-				1	_	\vdash	\dashv	
	1		<u></u>	6 11 W 1	157	L		Ш	\perp	
Name of Registered Waste Hauler	77.0	EP Wa		Cubic Yards of Waste	Name of	Registered Landfill				
J.R. Contracting & Environmental Consulting, Inc.		1781			G.R.O.V	v.s	1-101 ATC			
City, State	-			Disposal Date	City, Sta	ite		W-500-5		3055
Wayne NJ 07470					Morrisv	The state of the s				
Completed by (Print or Type) Title				Signature		Date				
Jerry Bijelonic Project Manag	er			1/2			3/19	9/2012		
ASB-41				sharter transmisst				G4667		

ASB-41

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

Date of Notification (1)	3/20/	12	Name of B		Owner/Operator		Sewar	NE I			
Agency Notified	Type Notification		Street Add	dress	· C+	97.					
D EPA D DEP D DOL	Amended Amendment #		Name of C	Sontact	W N	3	AR 2 3 201	2	7		
□ DOH □ DCA	justification) Cancellation		Ton	~~	1c Cul				1		
			FACILIT	Y INFO	RMATION	94	Part -	The state of the s	·		
Name of Facility Where Street Address	l Sch	g Place (3)				Other (i.e. pri) (Other than K-12) vate & commercial	buildings	i,	20	
	coff	H JA				homes, etc.) Square Feet	# of Floors	Bldg. A	ge		
City (5)	sey,	NI	County Co	ode (7)	(STATE USE	Current Use (Pr	ior if being demolis	shed)			_
	Gen		ONLY)	4.50			2001				
Name of Monitoring Firm	Hired by Building	Owner ASC	M No.			nent Contractor (9)				
(8) Mc Carse	Environ	with C	0011	3		71582.	+ Som	m	<u>C</u>		\dashv
Street Address		Λ.	0		Street Address	32 Nd	5+				
City, State, Zip Code	Ey 13 100				City, State, Zip (Code					
Lyndhur	t, NJ	070	7 (Paters	con, N))		-50-0		
Project Manager for Mor	itoring Firm		none No.		Telephone No.	- 2027	License No.	~ 2	ı		
Jim 19	? wet	2010	138.48	39	Name of OSHA	5, 2222 Manitor	# 00	02			
Start Date (10) 12	4/	ed Completion I	Date (11)			<u> </u>	SAmo				
Occupancy Status Durin	g Abatement (Clied	k only one)		1	Street Address						
Facility Closed/Vacate Abatement Performed Other – Describe:	ed During Entire Pe I Outside of Normal	riod of Abateme Facility Hours	ent		City, State, Zip	Code					
Scope of Work (Check a ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 lf	il that apply)		Renov:		☐ Mini	-Enclosure	Negative Pressur				
		Is Loc	ation							ater Typ	nent e
Locati Asbestos-Containin TO BE A IN Fa	ng Material (ACM) BATED cility	Norr Used S Mainte Cust Sta	nally olely by nance/ odial off? 2)	Asbes (i.e	Description stos Containing N , thermal system surfacing, VA other miscellar	Material (ACM) s insulation, T. or	Amount (Specify SF or LF)	Removal	Repair	Enclosure
		Yes N	lo N/A	1.0	+ 1 M 10	stic	4005	SF.	X		1
Basement	Storage			UA	+ + MA	7112	7000				1
										-	+
Name of Registered Wa	aste Hauler	ID No	P Waste Ha		Cubic Yards of Waste		jistered Landfill	0 0			
Easten	Waste		rept 1	il	Diseased Date	City, State	- han	dC.	끈	Λ	
City, State	N. Q.1.	5			Disposal Date	Tu	lixtan	Date,	2	14	-
Completed by	Title	Ros.	1.5 20000000		Signature	X			20		12
11/2010		Do not use this	form for asbe	estos li	censure exempte	ed activities.					

							ABATEMENT d 12:120-7)	* 15 - oktober 164	front of patients, the second of	(Angl), i.e.			
Date of Notification	n (1)			Name of	E Buildi	ing Owne	er/Operator	(2)	ER	- A D.	- District	10411		
3/19/12				Ma	rgare	t Tho	mpson	IUL	Lo (10) *	= 1 W E	2 17	7		
Agencies Notified	Type Notif	icatio	n	Street	Address	3	<u>i</u>	1111			-#	11		-
[]EPA	[X]Initi	al		310) Val	ley R	load	IJШ	MAD .	2 3 2012	411			
[]DEP	Noti	ficatio	on	City, S	State, 2	Zip Code		1	<i>air</i> 111 ,	2012	11	1		
[X]DOL	[]Amend	ed					J 07042	2 1	The State of		- Alman			
	Noti	ficatio					- /		ASBESTOS		1			
[X] DOH	[]EMERG	ENCY		PROGRAMME CONTRACT	Contac		ompson	Andready a respectively to the state of the same	Telephor	ne Number	-			
[]DCA	[]Cance	llation	1	Ma	aryar	et III	noeqmo			Salaka Sign	<i></i>			
	1				FACILIT	TY INFOR	NOITAM		<u> </u>			100		
Name of Facility Who	ere Abateme	nt is	Takin	ng Plac	e (3)			Туре	of Facil	ity (4)		N.		
Private								[[]School	(K-12)				
Street Address								Professional Contraction		ter 8 (Othe				
310 Valley R	oad							[x.		i.e., priva uildings, h				
								Square	e Feet	# of Floo			Age	a a a a a a a a a a a a a a a a a a a
City (5)		Cour	aty ((6)		Process of the second	Code (7)	-	100	2		75	00 	
Montclair]]	Ess	ex		(STATE	USE ONLY)	Curren	nt Use (Prior if be	ing de	mol:	shed	1)
								Res	sidend	ce				
Name of Monitoring I	Firm hired	by Bui	lding	ASCM	No.		e of Abate							
Owner (8) N/A				67		A	ZTECH M	IANAG	EMENT	, Inc.				
Street Address			-			Str	eet Addres	s						
					8	6 Chris	toph	er St						
City, State, Zip Coo	ie		-			Cit	y, State,	Zip Coo	ie					
						M	ontclai	r, N	J 070	42				
Project Manager for	Monitoring	Firm	Tel	ephone	Number	Tel	ephone Num	ber .			Licens	e Nu	ber	
			N/	A		(973) 744	-880	0		003	71		
Scheduled Start Date	(10) S	ched. (Compl	etion I	Date (11	l) Name	e of OSHA	Monitor	<u> </u>					
3/29/12		3/30	/12			N/	A							
	ear	Month		ay	Year									
Occupancy Status Dur [X]Facility Clo						Str	eet Addres	s						
of Abatemen	17		c		- : • · ·									
[]Abatement Pe Hours - Desc					CITITY	City	y, State,	Zip Cod	ie					
[]other - Desc	ribe: «Other	Occup	ancy	Descri	pt»									
Scope of Work (Check	all that	apply)						25 - 30						
[X]>3 sf or	>3 1f		ſχ	[] Renov	ation		[]Full []Mini-			th Negative	Pres	sure		
[]>160 sf			-]Demol:			[X]Glove							
				Is			[]Non-F	riable	Procedu	re	122			m
Location	n of			ocation			Descriptio	n of			AC	aten	ent '	E
Asbestos-Cor				ormally Used			oestos-Con		ī	Amount	R	K	C	C
Material TO BE AB	77	1		Solely y Main-			Material (., thermal		me	(Specify	M	P	A	L
In Facil			te	enance/			tion, surfa	The state of the s		LF)	V	A	S	S
(13)			Sta	aff (12)	or of	ther miscel	llaneou	ıs)		I.	D	U	UR
Basement			Yes	No X	N/A	ino 1	Insulat	ion		160 lf	x	+	+•	E
- Basement			^		The 1	Insurat	1011		100 11		+	-	\vdash	
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		100	-									-		-
War of Davishand F	T1		h7.77	DED Man		Cubic V	familia.	Momo	of Doci	atanad Tand	£:11			_
Name of Registered W AZTECH MANAG			Har	DEP Was uler ID		Cubic Y of Wast	ards te 2.0		OF Regi	stered Land S	1111			
				7040										-
City, State	07040					Disposa		77.00	State	מת מו	100	67		
Montclair, NJ	0/042					4/2/	14	mor:	risvi.	lle, PA	TA0	0 /		
Completed By (Print	or Type)	Title				I	Signature			+/-	Date	1		
Constantine V		Pres:	ide	nt			1	1	/	//	3/19			
							10m	Vhus	Lun 1	1116-				

CHECK#

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

Date of Notification ()		· ·	Name	of Bulldir	Owner/Operato	(2)		LVEIN
The second secon	21/12					HANDE	XCAUDTIO	06
Agencies Noufied BA	Type Notification initial	1	Street	Address	, 130×19	, g . III l	MAR 23	2012
□ 00r □ 0æ	Amended Amendment		City, S	AA	Code = May (COURT H	OUSE	A Marian diameter
Прон	Emergency (justification)	including		of Contac			Telephone Number	11/201 5
	Cancellation		. Name	31V	500	ty	Tack of Kindle	-
•	., ,,		FAC	ואו צדעו:	ORMATION			
riame of Facility Where	e Abatement is Takir リカビルCモ	ng Place (3)				Type of Facility (School (K-12		
Street Address	11/2 10 00					Subchapter 8	(Other than K-12)	
222	56TH	571.				homes, etc.)	ivale & commercia	F
Ciry (5)	ALON					Square Feet	of Floors	40 T
County (6)			Coun	ry Code (7) (STATE		or If being demous	ned)
CAPE	MAY		USE	ONLY)		between the same of the same o	LONT	
Name of Monitoring Fin	m Hired by Building	Owner	ASCM	No.	Name of Abater	ment Convacor (9)	c,	1
Street Address	//		1.===		Sueel Address	2 6 0.	- 11	,
					City, State, Zip	S. SPRUC	LE AVC.	
City, State, Zip C∞de					MA	PLE SHAT	E, NJC	1805 -
Project Manager for Mi	onitoring Firm	, , , Ť	elephone	No.	Telephone No.	79-0472	License No	14
Sian Date (10)	T Sch	duled Comy	pletion Da	le (11)	Name of OSHA	Monitor .		-
4/1/1/			112		JOSE	PKALEM	M	
Occupancy Status Dur	nng Abatement (Che	eck only one	e)		Sueel Address	SPILUCE	EAUE,	V (6
Facility Closed/Vac	aled During Entire P	al Facility H	ours		0: 0: 77	Code		
Other - Describe	ę 003iec e. 11e				MAP	LE SHAD	<u>E, N, J, </u>	03052
Scope of Work (Check	k all that apply)				□ Full C	ontainment with Ne	gative Pressure	
23 st or 23 H		Renov Demo			☐ Mini-E	nclosure bag Procedure xempled (*) and No		of e
		Is Loc	ation		1,1,,-			Acatemer TES
		Norm Used Sc			Description	of		
Locatio Aspesios-Containin	n of n Matenal (ACM)	Mainter	nance/	Asbe	sios Containing M	(aterial (ACM)	(Specify	R + 2 17
TO BE AS	SATED	Custo		(1.6	surfacing, VA	T, or	SF & LF)	Removal
IN Fac (13)		(1)			other myscellar	neous)		\$ E
		Yes	N/A					
512/1	No				TRANSI	To	1300中	×
		1						1
				1	Cubic Yards	I Name of Re	pistered Landfill	
Name of Registered V	Waste Hauler		NJOEP Hauler	D No.	Of Waste	C,M	, C, M, C	1, 15.
	O INC.		1, 5,	24_	Daposal Date	0 0		
MAPLE SI	JADE, N.	5,08	052			Woo	DBINE,	, ,
Compresed By	Ĭ	ide	NER	_	Signatur	osiph / Se	Oate 3	121/12
10SEPH C	LEMM!	00	10010					

Date of Notification (1)	Date of Notification (1) 3/20/12					g Owner/Operator	Janice Stor	ms			The state of the s	To a service
Agencies Notified	Type Notificatio	n		Stree	t Address		(16.04)	WAR Z	: 2 (112	i	aca said
EPA DEP	Initial Amended			C'4 :	State, Zip (and a	616 8th Ave		Contract of	11.702/104	1	_
⊠ DOL	Amendment		_	City,	State, Zip C	Ash	ourv Park. N.	107712 UCCS	h. .l.O	4 &		
⊠ DOH	Emergency (justification)		g	Name	e of Contac		7.2.3.3.3.4	Telephone Num			-	
☐ DCA	☐ Cancellation				J	anice Stoms	5.					THE PLAN
				FA	CILITY INF	ORMATION					2.5	
Name of Facility Where							Type of Facility					200000000000000000000000000000000000000
Street Address	Ke	sidenc	<u>e</u>			10.00		8 (Other than K-12				
Street Address	616 8	th Av	enue				Other (i.e.,)	private & commerci	al bui	ldings	,	
City (5)			1				Square Feet	# of Floors	В	ldg. A	\ge	
	Asb	ury Pa	ark	T Cou	nty Codo (7) (STATE	Current Lise (P	rior if being demolis				_
County (6) Mo	nmouth				ONLY)	I) (STATE	Current Ose (P	Residence	sileu)			
Name of Monitoring Firm		Owner	\neg	ASCM	No.		nent Contractor (10.50				
	MECS						ens Environ	mental Service	es, li	nc.		
Street Address	P.O. Box 3	41				Street Address	PO 1	Box 322				
City, State, Zip Code	1.0. Box 5					City, State, Zip C	ode					_
	osswicks, NJ	0851	5 1 2 1 1 2 5 5 5				Allentow	n, NJ 08501				
Project Manager for Mor	nitoring Firm eisgarber Jr.			phone	No. 8-4070	Telephone No. (609) 25	59-9688	License No.	049	3		
Start Date (10)		eduled C	1			Name of OSHA			012			
3/29/12			3/30/				M	IECS				
Occupancy Status Durin						Street Address	n.o.	D 241				
☐ Facility Closed/Vacate						Oit Otata Zia O		Box 341				
☐ Abatement Performed Other - Describe: 8			ty Hou	5		City, State, Zip C		ks, NJ 08515				
Scope of Work (Check a	Il that apply)					☐ Full Cor	ntainment with Ne	egative Pressure				
≥3 sf or ≥3 lf			enovati emolitio			Mini-End		•				
≥160 sf or ≥260 lf			emoillio	(1	,			on-Friable Procedur	е			
			Location ormally				4		<i> </i>	bate. Typ		
Location		Used	Solely	by by	Ashaal	Description of		Amount				
Asbestos-Containing N TO BE ABAT		C	ustodia			os Containing Mat thermal systems i	nsulation,	(Specify	Ren	Repair	Enc	Enclosure
IN Facility (13)		1	Staff? (12)			surfacing, VAT, other miscellaned		SF or LF)	Removal	air	Encapsulate	osur
		Yes	No	N/A							ate	Φ.
basement						pipe insulati	on	210 LF	×			
				1000		C. I. S. V.	Name of Regi	stand Landfill				_
Name of Registered Was		T	lн	JDEP V auler ID	No.	Cubic Yards of Waste	/ /	Landa and the control of the control	n 11	:11		
Stevens Environmental Services, Inc.					292	2 CU Disposal Date	City, State	R.R.F., Inc. La	IDII	111	_	=
Allentown, NJ						3/30/12/	11/	Tullytown, F	A			
Completed By Title						Signature	' V	Date		/1.0		一
Mahlon E. Ste	oject	Man	ager		1		3/20	/12		$=$ \rfloor		

ASB-41 MAR 00

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

. Of # 2247

Date of Notification (1)							Owner / Operato				472 × 1, - 1		- 1	
3/16/12 Agencies Notified Type Notified							vnship Board o	of Educati	on-		-	-		
Agencies Notified Type Notified EPA	ication		Stree				dministration	Pida Cou	Intu Bo	uto 546	In	11		
☐ DEP ☐ Init	ial	-				& Zip (Diug, Cou	inty Ko	ute 516	emil	11	-	
	nended		0.700			NJ 0			1/4D =	0 0-11				
	nergency					ontact		150 1	MAN Z	3 2012 T	eleph	one I	lumb	er
☐ DCA ☐ Ca	ncellation		Mr.	Fra	ınk	Frazz	zitta							125-86
	/*2		FA	ACI	LIT	Y INF	ORMATION	i A	SEC 175	Committeel &		i i		
Name of Facility Where Abate		lace (3)	TATES OF			Type of Facil	ity-(4)	F (1) (1)	OHO		J	ā	
Grade Nine Center - Cabir Street Address	<u> </u>						School (K-12) NON	SUB-CH	IAPTER 8	40 22		250	
4209 Route 516								oter 8 (Othe				- 1		
4209 Roule 516						- 13	Square Feet		Floors	cial building	dg. Ag		etc.)	
City (5)	County (6)	Co	unty	Co	de ((7)	28,000		2		ug. A	40-	69	
Matawan	Middlesex			-	, 00	.,	Current Use			ished)		40	S	
	i i i i i i i i i i i i i i i i i i i						School	(1 1101 11 2011	ig domoi	ionouj				
Name of Monitoring Firm Hired	by Building Owr	ner (8)		T	ASC	M No		tement Con	tractor (9)				
Environmental Connection							Bristol Env					2		
Street Address							Street Addres		*					
City State & Zin Code	ity, State & Zip Code							r Street		*				
Trenton, NJ 08010					City, State & . Bristol, PA									
Project Manager for Monitoring	Firm	phone	e N	umh	ner .	Telephone No			License Nu	mher		1100		
Brian Holbig										00509	moci			
Scheduled Start Date (10)	Scheduled Cor	npletio	on Da	ate	(11))	(215)788-60 Name of OSH						200	
4/9/12		4/11					Bristol Envi	ironmenta	il Inc.					
Occupancy Status During Abat Facility Closed/Vacated	ement (Check or	nly one	e)				Street Addres							
Facility Closed/Vacated Abatement Performed							1123 Beave				S. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		-	
	to 3:30 PM	ai nui	uis –	· /a	III IC	o opini	City, State & 2 Bristol, PA							
Facility Occupied Durin							Distoi, I A	13007						
Scope of Work (Check all that	apply)		S.000								-	0		
≥3 sf or ≥3 if			-	22.150000						nent with Ne	gative	Pre	ssure)
≥3 sf or ≥3 lf ≥160 sf ≥260 lf					atio litior			77777	Enclosu					
2100 31 2200 11			De	ПО	itiOi					ocedures ed and Non-l	Eriable	o Dro	codi	ıro
Location of		ls l	Loca	tion			Description	Process of the Party of the Par			Ab			
Asbestos-Contain		Norn	nally	Use			Asbestos-Conf	taining		(Specify	710	Г	I	T
Material (ACM) TO BE ABATED			olely				Material (AC			SF or LF)	71		ᄪ	m
in Facility	1	Main					i.e., thermal sy insulation, surfac				Remova	Repair	cap	ncls
(13)		0 0.010	(12)				or other miscella				oval	a.	Encapsulate	Enclsoure
-		Yes	No	N	I/A								6	
Cabin							Cove Base &	Mastic	-	110 SF				
			닏											
			H	Ļ	4						10			
		-	井	1 F	4							H		님
Name of Registered Waste Har	uler		N	IDE	P W	Vasto	Cubic Yards	Name of R	enistere	d Landfill			Ш	
							of Waste	Name of N	cylatere	a candilli				
Service Transport Inc.			20	99	0	-	1/2 Cu Yd	Minerva I	Landfill					
City, State	W 1 2000						Disposal Date	City, State						
New Castle, DE							4/11/12	Waynesb	urg, Oh	nio				
Completed By (Print or Type)			Tit	le oje			Signature	2 .	1	1 0	Date			
Gino Pizzigoni	ino Pizzigoni						Lino K	ussam	u. /_	d	3/16	/12		
	IAI	ana	age	r	10000	11/10	1/1							

Date of Notification							Owner / Operato		and the same of th		- Con-	101		
Associate Notified	3/16/12	ation					nship Board o	of Edu	cation	HW B		9.3		_
Agencies Notified EPA	Type Notifica	ation	1000	Street			lministration	Dida		140 E46	_// ///	2.5		
□ DEP						& Zip C		Diuy,	County Rot	ite 510	17 1 1 1			
DOL DOL	Amer					NJ 07			MAR 23	3 2012				
☑ DOH	_	gency	_			ntact	141		- WF111 / 1	7012	-lanha	ne Nu	mhe	er
DCA		ellation	6333			Frazz	itta	1						
							ORMATION		1.5.15.15.15.15.1	13 = 02	3	<i>X</i>		
Name of Facility Wh	nere Ahateme	ent is Taking Pla	ace (3		/ILII	1 IIVE	Type of Facili	ity (4)		Control of the second s		- 3	-	-
Cooper ES	icie Abateme	Sit is Taking I it	U) 200	,					ON SUB-CH	APTER 8	et in a light of	100		
Street Address			-					1.7	Other than K-		ys-9			
160 Birchwood D)rive							2.5	te & commerc		s. home	es. etc	c.)	
100 5							Square Feet		# of Floors		ldg. Age			- 17
City (5)		County (6)	Cou	unty C	ode	(7)	50000		1	1	-	40+		
Cliffwood Beach		Middlesex				. ,			being demoli	ished)				
Ominiood Bodon		illiaa.ooox					School		9					
Name of Monitoring	Firm Hired b	v Building Own	er (8)		ASC	CM No.	Name of Aba	tement	Contractor (9	9)				_
Environmental C		,	,				Bristol Env			,				
Street Address					-		Street Addres	SS						
120 North Warre	n Street						1123 Beave	r Stre	et					
City, State & Zip Co							City, State & 2							
Trenton, NJ 0801							Bristol, PA							
Project Manager for	Monitoring F		Telep			per	Telephone Nu			License No	umber			
Brian Holbig	(- (40) I		609-3				(215)788-60		7	00509				1118
Scheduled Start Da 4/11/12		Scheduled Com	10 4/13/		e (11))	Name of OSH Bristol Envi							
Occupancy Status I		ment (Check on	- Thater services	STREET, STREET			Street Address		entar mo.					_
		During Entire Pe			teme	nt	1123 Beave	NAME OF THE OWNER OWNER OF THE OWNER OWNE	et					
		utside of Norma					City, State & 2							-
	7:00 AM to						Bristol, PA							
	upied During													
Scope of Work (Che	eck all that ap	oply)					•		one wholes to a	- 000 A SECOND		11		
				Wes	192				Full Containm		egative	Press	ure	
≥3 sf or ≥3 l			\boxtimes		ovatio				Mini-Enclosur					
≥160 sf ≥26	O If		Ш	Dem	olitio	n		A CONTRACTOR	Glove Bag Pr		e ·	_		
							D		Non-Exempte					
	ocation of tos-Containin			ocation			Description Asbestos-Conf			Amount (Specify	Aba	temer	IL IS	pe
	erial (ACM)	9		olely b			Material (AC			SF or LF)			ш	m
	BE ABATED		Maint				(i.e., thermal sy				Re	₽ P	nca	nc
ir	n Facility		Custo		taff?		nsulation, surfac				Remova	Repair	Encapsulate	Enclsoure
	(13)			(12)	N/A	-	or other miscella	aneous	5)		<u>a</u>	7	late	Ге
			Yes	No	IVA					400 OF		<u> </u>	-	
Portable Trailer			\Box		\vdash		Floor Tile & I	Viastic		403 SF			4	뷔
			니		닏						ᆜH	井뷰	4	님
											ᆛ井	님님	4	님
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	-	뭐	Η		1					井井	4	H		
Name of Desisters	I Monto I In	or		NUT		Macta	Cubic Yards	Nama	of Registere	d Landfill				Ш
Name of Registered	i vvaste Haul	er					of Waste	Ivallie	of Registered	u Lanuiiii				
Service Transpor	rt Inc.			100000	990		1/2 Cu Yd	Mine	rva Landfill					
City, State							Disposal Date	City, S				-		
New Castle, DE							4/13/12		nesburg, Oh	io -				5
Completed By (Print	t or Type)	-		Title	Э		Signature				Date	500		
Gino Pizzigon				10000000	oject		-	0.	zegoni /	.1	3/16/	12		
	8/			Ma	nage	er	Line	1 mg	regone /	A				



Date of Notification (1)				NO. 2012 CO.		Owner/Operator (2	- 7	TOTAL STATE]			Neman
03/	19 /	12		Cam	den Rec	levelopment Ag	ency	? TOY MUQ 881	31974			
Agencies Notified	Type Notificati	on		Street A	Address					1		
⊠ EPA	☑ Initial			520	Market S	Street	f_{C_1}	1 2 3 2012	AAM	1		
□ DEP	☐ Amended			City, St	ate, Zip C	ode	11116					
□ DCA (NJAC 5:16) □ DHSS	Amendmen Emergency		,	Cam	den, NJ	08101				/اـــ	7	
☑ DCA	justification		4	Name	of Contact	:		Telephone Numb	er	1 5	UI	
(NJAC 5:23-8)	☐ Cancellatio	n		Dwa	ine Willi	ams	Comment of the Commen			-11	encond .	Ĺ
				FAC	ILITY IN	FORMATION		an emile a men an annihitati	or the section Laws	an depart		-
Name of Facility Where A	Abatement is Ta	king Place	(3)				Type of Facility (4				10	r ye : At
Residential							☐ School (K-12)					
Street Address			-				☐ Subchapter 8	(Other than K-12)				
587-89 Pine Street							Other (i.e., printed homes, etc.)	vate & commercia	ii bullal	ngs,		
City (5)							Square Feet	# of Floors	Bld	g. Ag	e	- 1/7
Camden							2,000	3	5	0+		
County (6)		Control (Service)		Count	ty Code (7)(STATE USE ONLY)	Current Use (Price	or if being demolis	hed)			
Camden				Coun	, occe (.	/(o = co= o/	Residential					
Name of Monitoring Firm	Hirad by Buildi	na Owner	(8)	ASCM I	No	Name of Abateme	ent Contractor (9)				-	
Health & Safety Se		ing Owner	(0)	AGOINT	v o.		ntbach Constru	ction Corporat	ion			
Street Address	VICES					Street Address		•		_		
318 12 th Street						500 East Luz	erne Street					
						City, State, Zip Co				71		
City, State, Zip Code	0027					Philadelphia,						
Hammonton, NJ 08			Tol	ephone I	No	Telephone No.	,	License No.			-	
Project Manager for Mon	ittoring riffi			09-704		215-739-8166		00646				
Jim Proctor	15.	cheduled (Name of OSHA N			-		-	-
Start Date (10) 04 / 02 /	2 2000000			0 /		SAME AS AE						
Occupancy Status Durin						Street Address						-
☐ Facility Closed/Vacat				ement		Other Hadises						
☐ Abatement Performe					cribe	City, State, Zip C	ode				-	-
Time of Abatement:						Oity, State, E.P.						
Scope of Work (Check a	Il that apply)										7.5356	
	10.00 00.00 00.00						tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			enova emolit			☐ Mini-End	a Procedure					
△ ≥100 si di ≥200 li						☐ Non-Exe	empted (*) and Nor	n-Friable Procedu				
			Is Loc						Ab	ateme	ent T	уре
Location		116	Norm	ally lely by		Description		Amount	Z,	Z.	Щ	Щ
Asbestos-Containing		1 222		ance/		estos Containing Ma ermal systems insul		(Specify	Removal	Repair	cap	Co
TO BE AB IN Faci		Cu		I Staff?	(1.6., 111	VAT, or		SF or LF)	val	-	Encapsulate	Enclosure
(13)			(12	-		other miscelland	eous)				ate	C)
11	8	Yes	s No	N/A					-	_		_
Exterior Siding	**		\boxtimes		Transi	te Siding		688 SF			Ц	
						1 2 2 3		22				
	10											
Name of Registered Wa	ste Hauler			NJDEP		Cubic Yards of	Name of Regis	tered Landfill	1111			
Diamond Huntbac		on		Hauler I 1968		Waste n/a	Minerva					
City, State				1500		Disposal Date	City, State					
Philadelphia, PA 1	9124					n/a	Waynesbu	rg, OH 44688				
Completed By (Print or		Title	-			Signature	2		ate .	,		
Charles Imbimbo	· 1PC/	The second second	ct Ma	nager		1///	11/1	1/1	13/1	91	12	٦
CHAILES IIIDIIIDO		rioje	ot Ivia	agei		(the	1 popul	1/1				200

ASB-41 JUL 01

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

Date of Notification (1) Name of Building Owner/Operator (2) New Jersey Turnpike Authority													
03/	16 /	12		New	Jersey	Turnpike Author					The beat read		
Agencies Notified	Type Notificati	on		Street	Address		11111	32200		1 1	4		
⊠ EPA	☐ Initial			581	Main Str	eet		MAR 2 3 2012	.	1	Page 1		
☑ DEP		V. 6.3-0•	Ì	City, S	tate, Zip C	ode	1		1		1		
☑ DCA (NJAC 5:16) ☑ DHSS	Amendmen			Woo	dbridge	, NJ 08863		The second of th			-		
□ DCA	☐ Emergency justification		ŀ	7505-010-0	of Contact		1 - 1	Telephone Number	er er	TI.	1		
(NJAC 5:23-8)	☐ Cancellatio			Lea	Voltura		L			*****)		
						FORMATION		-	V-4			8	
Name of Facility Where A	Abatement is Ta	king Place	(3)				Type of Facility	(4)		-100	PART .		
Toll Booths	toatement is Tu	King i idoo	(0)		,		☐ School (K-12	7000					
Street Address								(Other than K-12)					
Exit 7A								rivate & commercial	build	ings,			
and the second s							homes, etc.) Square Feet	# of Floors	Ble	lg. Ag	10		
City (5)							7,000	1		19. A. 20+	jc		
Robinsville Townsh	nip, 08501			T		VATATE (/O/F OL/) A							
County (6)				Coun	ty Code (7)(STATE USE ONLY)	100	ior if being demolish					
Mercer	Mercer Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)												
		ng Owner (3)	ASCM	No.								
USA Environmental Diamond Huntbach Construction Corporation Street Address Street Address													
Street Address Street Address													
344 West State Street 500 East Luzerne Street													
City, State, Zip Code City, State, Zip Code													
Trenton, NJ 08618 Philadelphia, PA 19124													
Project Manager for Mon	itoring Firm		Tele	phone	No.	Telephone No.		License No.					
William Weisgarber	r		60	9-656	-8101	215-739-8166	ľ.	00646					
Start Date (10)		heduled C	700			Name of OSHA M							
03 /26 /	_12_	04 /	30	_ / _	12	SAME AS AB	OVE						
Occupancy Status During	g Abatement (C	heck only c	ne)			Street Address							
□ Facility Closed/Vacate	ed During Entire	Period of	Abater	ment									
Abatement Performed Time of Abatement: 7			Hour	s - Des	cribe	City, State, Zip Co	ode						
Scope of Work (Check al	Il that apply)											_	
П. о. с о. r	23,07 (5,22	⊠ n.		-		☐ Full Con	tainment with Neg	gative Pressure					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		⊠ Re □ De	novati molitic				g Procedure						
M There et et Tree :								n-Friable Procedure	9				
			Locat						Ab	atem	ent T	ype	
Location	(1,5%)	Lleo	lorma d Sole			Description of stos Containing Ma		Amount	D	Z	m	ш	
Asbestos-Containing TO BE ABA		Ma	intena	nce/		rmal systems insula		(Specify	em	Repair	пса	DC.	
IN Facil		Cus	odial (12)	Staff?	(VAT, or		SF or LF)	Removal	=	Encapsulate	Enclosure	
(13)		Yes	No	N/A		other miscellane	ous)	- W	_		late	Ø	
Toll Booth Exterior F	Roof		\boxtimes		Black F	Rolled Roofing N	lambrane	7,000 SF					
Toll Booth Exterior F	Roof		\boxtimes		Silver F	Rolled Roofing 2	nd layer	7,000 SF					
Toll Booth Exterior R	Roof		Ø		Black F	Roof Flashing		450 LF					
Toll Booth Exterior F	Roof		\boxtimes		Silver (Coating Perimete	er Sealant	430 LF					
Name of Registered Was	ste Hauler		N	JDEP \	Naste	Cubic Yards of	Name of Regis	stered Landfill	-	to and			
Freehold Cartage,			H	lauler II		Waste	GROWS L	andfill North					
City, State				NJD0	541261	40 cy Disposal Date	City, State	**			-		
Freehold, NJ 07728	1					05/30/12	Morrisville	. PA					
		Tale				~	10 1	Dat	Δ.		-		
Completed By (Print or T	20.000	Title	B#-			Signature	1/2/1	//					
Charles F. Imbimbo)	Project	ivian	ayer		and	104	2011	-19	-10	<u>ل</u>		

ASB-41 JUL 01

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

State of New Jersey APPROVED: PAUL HORNER, NJOOH
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to No. 1.1.0.

II ICATION	OI ASDESTO	2 ADA I LINILINI			
Pursuant to	N.J.A.C. 8:60	and 12:120)	OL#	2248	7

Date of Notification	(1) 3/20/12							Owner / Operator		ne 1 M	E In				
Agencies Notified	Type Notifica	ation	1	Stre	et A	ddr	ess		ecuo	119					
☐ EPA ☐ DEP							1 401 & Zip C	rode III							
□ DOL	│		4	and the same			NJ 08	# 5 # 1 T	MAR	2 3 2012					
□ DOH		gency	Ī	Nam	ne o	f Co	ntact				3	lepho	ne N	umb	er
☐ DCA	│	ellation					May	1	ASBEL	08 00905.	i × 1]	1			
				F/	ACI	LIT	Y INF	ORMATION-		Haritalida		1			_
Name of Facility Wh Garden State Co		ent is Taking P	lace (3	3)				Type of Facilit		Profesional to 19 Administra	Age of Budget area of	7			
Street Address	Hectional								100	Other than K-	-12)	, fr			
Highbridge Rd. (off RT 130)							- Comment			rcial buildings			tc.)	
		lo ,	- 10		_		(-)	Square Feet	- 1	# of Floors	Bld	g. Ag			
City (5)		County (6)	Co	unty	Co	ide ((1)	Current Use (I		heing demo	liched)		30+		
Yardville, NJ		Mercer						Correctiona		being deine	iionou)				
Name of Monitoring	Firm Hired b	y Building Owr	ner (8)	15-20575	1	ASC	CM No.			Contractor ((9)				
Environmental C	onnection		15 2					Bristol Envi		ental, Inc.					
Street Address 120 N. Warren St								Street Addres 1123 Beaver		et					
	ity, State & Zip Code renton, NJ 08608							City, State & Z							
								Bristol, PA			1				
CONTRACTOR OF THE PROPERTY OF	irm	Telep 609-				per	Telephone Nu (215)788-604			License Nur 00509	nber				
	rian Broadwater cheduled Start Date (10) Scheduled Co							Name of OSH	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	itor	10000				
3/20/12			3/20	/12				Bristol Envi	MENSAGE A COMPANY	ental Inc.					
Occupancy Status [ment (Check or During Entire P			hate	ame	nt	Street Addres 1123 Beaver		ot .					
		utside of Norm						City, State & Z				7.9.5-			
N	12:00 PM -							Bristol, PA							
	upied During														
Scope of Work (Che	eck all that ap	ply)							\boxtimes	Full Contain	ment with Neg	ative	Pres	sure	1
≥3 sf or ≥3 l	f		\boxtimes	Re	eno	vatio	on			Mini-Enclosu		***************************************			
≥160 sf ≥26	O If			De	emo	litio	n		-	Glove Bag P			. П	d	
1,	ocation of		le	Loca	atio	n	1	Description			ed and Non-F Amount	Aba			
	os-Containin	g	Norr					Asbestos-Cont	aining		(Specify	7.00			7,00
	erial (ACM) BE ABATED	eo .	S Main	olely				Material (AC (i.e., thermal sy			SF or LF)	٦	71	Encapsula	m
	n Facility		Custo					insulation, surfac			a sa	Remova	Repair	apsu	Enclsoure
	(13)		V	(12		11/0		or other miscella	aneous	s)		/al	=	ilate	ure
Infirmon			Yes	No		N/A	-	Acoustical P	lactor		18 SF			П	
Infirmary		+ /	H	1	+	H		Acoustical F	iastei		10 31	愲	H	H	H
			Ħ		İ	Ħ									
								1			unitati dan	H	H	H	H
Name of Registered		L		FP V		Cubic Yards	Name	of Register	ed Landfill						
Traine of registered		H	laul	er II	O No.	of Waste		10 7 1							
Bristol Environm	ental, Inc.			1	870	06		1/4 Cu yd		O.W.S. Nor	th Landfill				
City, State Bristol, PA	***							Disposal Date 5/27/11	City, S Morr	State isville, PA					
Completed By (Print		T	itle			Signature				Date					
Gino Pizzigon	25352 53			100	JC7 17	ect		Gino Per		ioni/j	1	3/20	/12		
				N	lan	age	er	xuno v	11/1	19	ن ا				

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

	mar zu	ZUIZ UJ	ROVED	1001 <u>7001</u>
	N. Dept			or Service:
300	-11574	199	nature)	SAV O
1	Dates	1	Time	

Date of Notification (1)		Name	if Rullding (Owner/Operator (2)	man a constitution	Dates	20/2 Time:	MOM I	
10 3 / 2 0 / 1 2 Agencies Notified Type Not		NOR	TH JERS		NTAL CENTER	GEIT	/ B EN	1	
☐ EPA ☐ Initial .	nucation	Street A	ddress	The state of the s	AL CEATER	SP CO (I)			
☐ NEP ☐Amende		1691	MINNIED	K ROAD					
M DOL Amendme		City, 8ta	te, Zip Cod	le		WB 3-3 30	12 11 11		
DOH (includir	ney ney		OWA, NJ				Responsed.		
TI DCA Justifica	tion)	Name of	Contact		1 A3	DESTUS TEMP	none Number		
Cancell	ation	JOH	N WAGN	ER		LICENSING			
Name of facility when the			F	ACILITY INFORMAT	ION		Control of the contro	1-4	_
Name of facility where abateme			85		T	Type of Facilit		.41.4	
MEESE BUILDING, NO.	JERSEY J	DEV. CE	NTER		1	Soh	1001 (K 12)		
Street Address	A					☐ Sub	chapter 8 (Other	than K-12)	
169 MINNISINK ROAD						Other Bldg	er (Private/Commes, etc.	ercial	
City (5)	C	ounty (6)			County Courts (7)	Square Feet	# of Floors	Bldg. A	ĝe
TOTOWA		*			County Code (7) State use only)	-			
Name of Monitoring Firm Hired	y Bldn O	ASSAIC					Prior if being der	nolished)	
	-) = IAB' (100	no (a)		ASCM No.	Name of Apatement (
Street Address			2 A		D & S RESTORA	TION, INC.		<u></u>	
City, State, Zip Code			2002-00-00-00-00-00-00-00-00-00-00-00-00		20 California Av	a			-000
orty, Sixie, Zip Code	177				City, State, Zlp Code				_
Project Manager for Monitoring Fi					Paterson, NJ 075	503			
FI DINDRIGHT TO THE PROPERTY OF	πħ	. F	Phone Num	ber	Telephone Number		License Num	er	
Start Date (10)				() - N. () - N. () - N. ()	973-345-8020		00159		
SPONTANCE SELVE	i		tion Date (1	1)	Name of OSHA Monito				-
03/21/12	03/2	23/12			D & S Restoration Street Address	n, Inc.			20000
Coupancy Status During Abatem	ent (Chock	only one)			20 California Ave	*****			
Facility closed/vacated durin Abatement performed outsid	g entire per	facility to	ement		City, State, Zip Code	THE			
Describe: NORMAL		аспну пол	11.24		,				
Scope of Work (check all that app	HOURS				Paterson, NJ 0756	03			
X 1 > 3 et or > 0 (t ·					[]Fu	Il Containment	vinegative prossu	150	_
D. con	6 68				М	ni-enclosure		10	
<u></u>	Demolition				Ø G.	ovebag procedu	re		
Location of asbeatos-containing	by mains	n normally anance/cus	used solely	1	1-1/1/10	*LEVATINDED (_)	and Non-friable	D 1	-
material (acm) to be	staff(12)	- INGREDS	- Nation	Description of a	sbestos-containing	Amount	(e	e n	E
abated in facility (13)	Yes	No	NA	material (ACM)	4114	(Specify S	For o	P C	n
ASEMENT				Dine H.A.	-	,	V e	P	L
		-X		PIPE INSULATI	ON	<10 LFT	- Š	<u> </u>	T
									T
									Ŧ
									Ī
& S RESTORATION, INC.	NJDE	P Hauler II	D# TCL	bic Yards of Waste	Name of Regiotored Lar	-(60)			Ī
, State	135	06	1	YD	TULLYTOWN, RE	SOURCE RE	COVERY	-	
ATERSON, NJ 07503		To the same of the	Disposal Da 03/22/12		City, State		OUYERI	·	
			117////////////////////////////////////		•				
	Tille		03142112		TULLYTOWN, PA				
mpleted by (Print or Type)	Title PRESIDE	NT	03/12/12	Signature	TULLYTOWN, PA	<u> </u>	Date		-

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

D&S Proj. #: MS 12-117

							20112-200	- 6ps - 4	9 ₈	MANAGO A	~ 1	et priore in remodel principa.	mar yeş	A +150 year		
Date of Notification		11				r/Operator (2)	CNIT	AL CENTED	E	G		W G		1		
Agencies Notified			treet Add		ΥI	DEVELOPM	ENI	AL CENTER	1	3 (6)	(L3 1)	V L		-		
☐ EPA	☐ Initial	11°				2015			Ì					and Property		
☐ DEP	Amended	1		NNISINI		ROAD		110 11	1	MAR		2012	111 11			
⊠ DOL	Amendment #:	-	7000	, Zip Code				A STATE OF THE STA	1			-012	i cano			
☑ DOH	Emergency (including			WA, NJ				<u> </u>	Sear Property		-					
DOH	justification)	N	ame of Co	ontact							Telepho	ne Numb	er	- 5		
☐ DCA	☐ Cancellation		JOHN	WAGNE	ER				- xv-5				was.	-		
				FA	CIL	LITY INFORMA	AOITA	- Comment				(Set 1)	te vere			
Name of facility wh	nere abatement is	s taking pla	ce (3)						П	Туре о	f Facility					
MEESE BUILI	DING, NO. JEI	RSEY DE	V. CEN	TER	223						_	ool (K - 12 hapter 8	(5)	han K	-12)	
Street Address							(#			Σ	Other	(Private/ s./Homes,	Comme		35	
169 MINNISIN	NK ROAD									Squar	e Feet	# of Flo		В	dg. A	ge
City (5)		Cour	ity (6)				Cou	nty Code (7)	11							
TOTOWA		PAS	SSAIC				(Sta	te use only)		Curre	nt Use (I	Prior if be	ing den	nolish	ed)	
Name of Monitorin	ng Firm Hired by I	3ldg. Owne	r (8)	***************************************	T	ASCM No.	-1	Name of Abateme	nt C	ontract	or (9)				-	
					1			D & S RESTO	RA	TION.	INC.					
Street Address					-1		-	Street Address								
							20 California	Ave	e.							
City, State, Zip Cod	le						-	City, State, Zip Coo	de							
W.							-1	Paterson, NJ	075	503						
Project Manager for	r Monitoring Firm		F	hone Nun	nbe	er	-	Telephone Numbe				Licens	e Num	oer		
								973-345-802	20				00159			
Start Date (10)		Sched	. Comple	tion Date ((11))	-	Name of OSHA M								
03/21/12		03/23	1/12					D & S Restora	atio	n, Inc.						
Occupancy Status	During Abatemen				_		\dashv	20 California	A							
	d/vacated during		1000 20000	tement.				City, State, Zip Coo		inue					-	
Abatement pe	erformed outside							Oity, State, Zip Soc	uc							
Describe: Other-Descri	he NORMAL H	OURS			-		-	Paterson, NJ	075	503						
Scope of Work (ch	2.5.10.10.44	3222									ainment	w/negativ	o nross	uro	21198511	
>3 sf or >3 lf		Renovatio	ın.					7		/lini-enc		Willegan	c press	uic		
								Ī	=		g proced	ure				
≥160 sf or ≥2	260 lf	Demolition							N	lon-Exe	mpted (*) and No		_		-
Location of		ls location by mainte		y used sole ustodial	ely								R	R	E n	E
asbestos-cor material (acn		staff(12)				Description material (sbestos-containing			Amount (Specify	SF or	m	р	С	n
abated in fac		Yes	No	N/A		material	-Civi)				ĹF)		o v	l a	a	L
						BYBB 8 10-1	~	(0)1			T DO	11	e	-	<u>ا</u>	-
BASEMENT			$\perp X$		╝	PIPE INSU	LAT	ION		<10	LFT			닏	Щ	14
								***		_			44		닏	14
													44	닏	닏	닏
							- 111						44	닏	Щ	14
							_							Ш		
Registered Waste F D & S RESTOR		NJDE 135	EP Haule 06	r ID#		ubic Yards of V YD	Vaste	Name of Register TULLYTOWN			RCE R	ECOVE	RY			
City, State				Disposa				City, State		- 3						
PATERSON, N				03/22	/12			TULLYTOW	N, I	PA						
Completed by (Prin BOGDAN JOL		Title PRESID	ENT			Signature						Date 03/20	0/12			-
ASB-41				n for asbe	sto	s licensure exe	empte	d activities.				1				



D&S Proj. #: MS 12-114

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

Das Pioj. 7	WIS 12-114	-	*					1 Const	(B	(1 ³ 5	1 11/7	E F	11			
	*	II Nama o	f Building C)wner/C	perator (2)				1 11 -	11 p. [17]			To the same of	185		_
Date of Notification	(1) 1/11/12/1	11	T CORN		/-/							1	Carachan Carachan			_
Agencies Notified	Type Notification	Street A		ELL				14.1	jį l	MAH 2 3	2012		71			2000
☐ EPA	Initial Amended			CHEST	NUT STRE	EET			<u> </u>		Christian Christian		-	_		_
☐ DEP	Amendment #:	City, St	ate, Zip Co	de				ĺ	A.	BBESTOS CO LICENEL			O'della della dell			
DOF.	Emergency	The second second second second	STFIELD,	, NJ 07	090			L		Telephor		oer	- Land	-		-
□ DOH	(including justification)		f Contact					e u		, olopino	-	-	rangger			
☐ DCA	Cancellation	BEI	RNADET							-		: =	-	120		_
				FACILI	TY INFORMA	TION				5 E - 304 -	745					
Name of facility w	here abatement is ta	king place (3))						Тур		ol (K - 1					
JANET CORN	IELL	2										(Other t)	
Street Address										Other Bldgs	(Private :./Homes	e/Comme s, etc.				
615 NORTH	CHESTNUT STR	EET					100000000000000000000000000000000000000		Sq	uare Feet	# of Fl	oors		Bldg.	Age	
City (5)		County (6)				nty Code		-	urrent Use (Prior if h	eina der	nolis	hed)		
		UNION				(Sta	ite use or	11.y <i>)</i>		inent Ose (1 1101 11 0	only do	.,540			
WESTFIELD) ing Firm Hired by Blo			-	ASCM No.	\neg	Name o	of Abatemer	nt Conti	actor (9)						1000000
Name of Monitor	ing Fill Tilled by Dic	2g. Oe. (0)						S RESTO	RATIO	ON, INC.			_			_
Street Address						Street A										
Street Address						100000000000000000000000000000000000000	California					_				
City, State, Zip Co	ode							ate, Zip Coo erson, NJ								
			Inhana	Numbe		-		one Numbe			Lice	nse Nun				
Project Manager	for Monitoring Firm		Phone	Numbe				3-345-802				0015	9			
		Icahad Co	mpletion D	ate (11)				of OSHA M		•						
Start Date (10)				alo (1.1)				S Restor	ation,	inc.				_		
03/31/12		04/06/12				_		California	Avenu	ie						
Occupancy Statu	s During Abatement sed/vacated during e	entire period o	f abatemen	nt.				tate, Zip Co								
Abatemen	t performed outside of	of normal facil	ity hours-						.=							
Describe:	scribe: NORMAL HO	OURS				=	Pat	terson, NJ				-thus mes				
Scope of Work	(check all that apply)			90					Containmer i-enclosure	nt w/neg	ative pre	SSUI			
>3 sf or >3		Renovation							Glo	vehag proce	edure				dura	
≥160 sf or	r ≥260 If	Demolition							Nor	n-Exempted	(*) and	Non-frial	Sie b	R	E	-
Location	of	Is location no by maintena	ormally use	d solely			boato	o containin		Amou		e	- 1	e p	n c	E n
asbestos-	-containing acm) to be	staff(12)			materia	tion of I (ACN	A)	s-containing	9	(Speci	ify SF or			a	а	C
abated in	facility (13)	Yes	No	N/A								e	e	-	р	-
BASEMENT			X		PIPE INS	ULA	TION			35 L FT			4	무	뷰	ዙ
BASENIENT							-			井	屵	븕	늄			
													ϯ	片	旨	旨
													計			
		IN UD FO	Hauler ID#	¥ 10	Cubic Yards o	f Was	te Nam	ne of Regist	ered La	indfill			 ,			
Registered Was D & S REST	ste Hauler ORATION, INC.		5		1 YD		TU	LLYTOV y, State	VN, RI	ESOURCE	RECC	JVERY			_	
City, State				sposal 04/02/				ULLYTO	WN, P	Α				_		
PATERSON Completed by	N, NJ 07503	Title	L:		Signature						1	Date 03/21/12	2			
BOGDAN	JOLDZIC	PRESIDE	NT	r ashae	tos licensure	exemi	pted activ	vities.				1312111	_			
		- I IO DOT IICA		. ganes												

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

Date of Notification (1) 3/21/2012		Name of P.S.E.	Building (Owner/O	perator	(2)						-		
Agencies Notified Type Notification			Street A	ddress RANK E	E. ROE	GER	S BL	VD. MA	R 2 a	2012		11		
EPA Initial Amended Amendment #		_		te, Zip Co ISON, N		29		ASOF	STOS GOW	7.101.8	a commence de LECT	And the Park of th		
Emergency (in justification) DCA Emergency (in justification) Cancellation	cluding			Contact FILLMA	.N			Contract of the land	Teleph	one Num	ber			
Name of Facility Where Abatement is Taking	Place (3	5)	FACI	LITY INFO	RMATI	ON .	Тур	e of Facility (4))				9	
P.S.E. & G - HARRISON LP PLANT Street Address								School (K-12 Subchapter 8	(Other th	han K-12)	100		
CAPE MAY STREET							×	Other (i.e. pri etc.)						ıs,
City (5) HARRISON, NJ							n/a	-0.0	# of Flo n/a		n.	ldg. A /a	ge 	
County (6) HUDSON				Code (7) USE ONLY)			LP	rent Use (Prior PLANT			ed)			
Name of Monitoring Firm Hired by Building On ENVIRONMENTAL TACTICS	wner (8)		ASCN 0048					SYSTEMS			INC	:.		
Street Address 64 BROAD STREET						Street 396		ess TEHEAD A'	VE.	2.				
City, State, Zip Code MATAWAN, NJ 07747						200700000000000000000000000000000000000		Zip Code RIVER, NJ (08882					
Project Manager for Monitoring Firm TOM GEIGER		Telepho 732-29	ne No. 90-2217		Telepl 732-		No. -8350		cense No).				
	tart Date (10) Schedule							SHA Monitor SYSTEMS	OF AN	IERICA	INC	·.		
Occupancy Status During Abatement (Check	Only Or	ne)		(60)		Street		ess TEHEAD A'	\/E		- 000			
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	eriod of A	Abaten / Hours	nent		_	City, S	State,	Zip Code RIVER, NJ			7,72			-
Scope of Work (Check All That Apply)		200		- 4,000			_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit					N G	ull Containmer Iini-Enclosure Blovebag Proce Ion-Exempted	edure	_			A	
	Is	Locat	ion					lon-Exempled	() and it	on mad		Abate	ement	
Location of Asbestos-Containing Material (ACM)	Use	Normal ed Sole	ly by	Ashes		scription		ial (ACM)	Amo	unt	-	,,		
TO BE ABATED In Facility (13)		intena todial ((12)	Staff?		thermal surfa		s insu AT, or	ulation,	(Spe SF or	cify	Removal	Repair	Encapsulate	Enclosure
OUTODE PROPANE TANK FARM	Yes	No X	N/A	FIDE	POOF	INC II	MOLI	LATION	6400	QE.	x			
OUTSIDE PROPANE TANK FARM	OUTSIDE PROPANE TANK FARM						NSU	LATION	0400	or				
Name of Registered Waste Hauler	L		JDEP W	/aste	Cubic	Yards		Name of R	egistered	Landfill	L	L		
WASTE MANAGEMENT		100	lauler ID 125	No.	of Wa	0		GROWS						
City, State ELIZABETH, NJ			34	4/27/			City, State MORRIS	SVILLE,						
Completed by CAROL RAIMO	Title OFF	ICE N	IGR.		S	ignatur	e Is al	o ka	ind	Da 3/2	te 21/20)12		

State of NJ

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

B & G proj. #:	2012-11	-		***	** Emerg	gency	7. 米米美	Check		aem			_
Date of Notification	(4)	114-	o of Duile	- 1	Operator (2)		The state of the s		APPRON		Sand	CDO	
		11				Ē C	E I W E	L'anspep	if Health &	SIM	301 VI	062	
0 3 1/2 1	Type Notification		unty of		111 11 1	S			esignatur	(e)		n.	
Agencies Notified EPA	(32)	11						Date:3	21/12	Time:	CT		-01625
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				FACIL	TY INFORMA	MOITA		gar in in graph of the Arthurst Maria					
Name of facility w	here abatement is to	king place	(3)					Type of Facility ((4) il (K - 12)				
									apter 8 (Ot	ther the	an K-1	2)	
Morris County	Courthouse (NO)	N sub 8)							(Private/Co				
Street Address								Bldgs.	Momes, et	ic.			
Court Street								Square Feet	# of Floor	5	Bldg	g, Age	ð
City (5)		County	(6)				ty Code (7)		des 101 1		tick a	0	
0.0 (0)						(State	use only)	Current Use (P Courthouse (IISQUO	1)	
Morristown		Morri			ADDIVATA	1	Name of Abatement (-1			
Name of Monitor	ing Firm Hired by Blo	ig. Owner	(6)		ASCM No.		B & G Restoratio						
PMK Group					0017		Street Address	AG IIIO.					
Street Address							105 Ryerson Roa	ď					
65 Jackson Dr	rive, P.O. Box 500	00		-			City, State, Zip Code						
City, State, Zip Co							Lincoln Park, NJ	F 07035				0.000000	
Cranford, NJ	07016		T Di	hone Numbe	D.F.	-1	Telephone Number	A	License	Numb	ег		110
Project Manager f	for Monitoring Firm						973-696-6869		0378				-
Mike Krupa				08-497-89 ion Date (11			Name of OSHA Moni	tor					
Scheduled Start I	Date (10)	Sched.	Complet	ion Date (1)	,		B & G Restoration	on, Inc.					
3/22/2012		3/23/2					Street Address						
Occupancy Statu	s During Abatement	(Check on	ly one)				105 Ryerson Roi				_		
Facility clos	sed/vacated during a performed outside of	ntire perio	d of abat	ement. urs-			City, State, Zip Code						
							Lincoln Park, N	1 07035					
Other-Des	cribe: _work shift: 3:0) arm			$-\bot$	Zijiodiii i tani, j						
4770000 TO 100 100 10	(check all that apply)					П	ull Containmant wha	native pressure	⊠ Glove	bag or	ocedu	ire	
Demolition		Renovation				(C)(C)(C)	ini-enclosure	and a bissen		friable ;			
>3 sf or >3	<u>}</u> if	160 sf or 3				M	nin-enclosure		<u> </u>	TR	R	E	Ι_
Location o	of	is location by mainte	normally nance/cu	y used solet istodial				Amount		e	е	п	E n
asbestos- material to		staff(12)				tion of a	sbestos-containing	(Specify	SFor	0	P	a	C
abated in	facility (13)	Yes	No	N/A		,		LF)		V	!	р	L
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2nd fl Mechan				+	pipe fittin			6 if		×			
4th fl Mechan	icai Room			1-			The state of the s			口			
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Registered Wast	te Hauler	NJD	P Haule	r ID#	Subic Yards o	f Waste	Name of Registere	d Landfill	w. Canta-		See Advisor.		E 12.
B & G Restor	ration, Inc.	195	63		1/2 yard		Tullytown Reso	mice or Mocone	ly Cemer	_		-	
City, State	0.004.5	and the second		Disposal 3/26/2			City, State Tullytown, PA						
Lincoln Park				_ 3/20/2	Signature		1		Date		-	-	
Completed by (I		Title Treasure	er.		1,3		Gordona Sana		3/21/	12			
Gordana Lur	14	Tivasui	-										10

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

B & G proj. #: 2012-71

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

*** Emergency ***

Check # 5142

					Line	Bone	<u> </u>						
Date of Notification	DECYEL	Na	ame of Bu	ilding Own	er/Operator (2)	SE	OEIWE	[5]					
0 3 /12 11			County o			1-	UDEUVE						
Agencies Notified EPA	Type Notificati	on St	reet Addre	ess		1	- AND 1971						
□ DEP	✓ Initial	-	P.O. Box		a service		MAR 2 > 2012	1-11					
	☐ Amendn		ty, State,	Zip Code	The Control	į		1					
	L Amendi			own, NJ 0	7963	- عدا		77.1	M				
☑ DOH	☐ Cancella		me of Co	ntact	-	manager and h		Telephone	Number				
☐ DCA	L Caricella		Chris W	alker			100 a 3 2 a mark						
				FAC	ILITY INFORM	IATION							
Name of facility wh	nere abatement is	s taking pla	ce (3)				T	ype of Facility (4	1) (K - 12)				
Morris County	Courthouse (N	ON sub 8)						pter 8 (O	ther th	nan K	-12)	
Street Address								Other (I	Private/Co	mme		53	
Court Street									Homes, et		BI	dg. A	ge
City (5)		Coun	ty (6)			Cour	nty Code (7)						
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Morristown		Mor				L.,,		Courthouse (N	ION sub	8)			
Name of Monitorin	g Firm Hired by I	Bldg. Owne	r (8)		ASCM No.		Name of Abatement Co						
PMK Group					0017	_	B & G Restoration, Street Address	Inc.					
Street Address	DO D 5	000					105 Ryerson Road						
65 Jackson Dri		000			-		City, State, Zip Code						
Cranford, NJ 0							Lincoln Park, NJ 0	7035					
Project Manager fo			PI	hone Numb	per	-	Telephone Number		License	Numb	er	_	
Mike Krupa			9	08-497-89	900		973-696-6869		0378				
Scheduled Start Da	ite (10)	Sched		ion Date (1			Name of OSHA Monitor						
3/22/2012		3/23/2	2012				B & G Restoration, Street Address	Inc.					
Occupancy Status	During Abatemer					-	105 Ryerson Road						
20 G	d/vacated during			ement.			City, State, Zip Code	***************************************					
Abatement po	erformed outside	of normal f	acility hou	ırs-									
☑ Other-Descri	be: work shift: 5	:00 pm - 1:3	0 am			=	Lincoln Park, NJ 0	7035					
Scope of Work (ch									.700				
Demolition	\boxtimes	Renovatio	n			□F	ull Containment w/negati	ive pressure	Gloveb	ag pr	oced	ıre	
$\times > 3$ sf or > 3 If		≥160 sf or	≥260 If			⊠ N	lini-enclosure		Non-fr	iable	oroce	dure	
Location of				used solel	у					R	R e	Е	E
asbestos-coi	7,500,000,000	by mainte staff(12)	nance/cus	stodiai			sbestos-containing	Amount (Specify S	For	m	р	n c	n
material to be abated in fac		Yes	No	N/A	material	(ACM)		LF)		0	a i	a p	L
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4th fl Mechanica	Il Room			1X	pipe nuing	insula	LIOII	0 11			<u> </u>	片	ዙ
				+			2.3			H	님	H	H
				+	1					H	H	H	計
Registered Waste I	Hauler	NJDE	EP Hauler	ID#	Cubic Yards of	Waste	Name of Registered La	ındfill			_	_	
B & G Restorati		195			1/2 yard		Tullytown Resource		Center		*==	10 -	
City, State Lincoln Park, N	JJ 07035		21	Disposal I 3/26/20			City, State Tullytown, PA	1.00					
Completed by (Prin		Title			Signature		1	x	Date				
Gordana Luna	71-7	Treasure	r				Gordana Luna		3/21/12	2			

State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7) 2012-70 B & G proj. #: Check # 5143 Date of Notification (1) Name of Building Owner/Operator (2) 0 3 / 2 1 / 1 2 1 Angela Brauer Type Notification Agencies Notified Street Address ☐ EPA Initial 33 George Street DEP City, State, Zip Code Amendment DOL Allendale, NJ 07401 Telephone Number Name of Contact DOH. Cancellation ☐ DCA Angela Brauer **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) Angela Brauer Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age # of Floors Square Feet 33 George Street County Code (7) County (6) City (5) (State use only) Current Use (Prior if being demolished) Bergen Allendale, NJ 07401 Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. B & G Restoration, Inc. 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. 3/31/2012 Street Address 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) Glovebag procedure Demolition Full Containment w/negative pressure Renovation Non-friable procedure Mini-enclosure ≥160 sf or ≥260 lf >3 sf or >3 lf Is location normally used solely E Location of е n by maintenance/custodial Amount n asbestos-containing Description of asbestos-containing m p C staff(12) (Specify SF or C material to be material (ACM) 0 a a abated in facility (13) V Yes No N/A 50 sf X VAT/Mastic basement laundry room Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# Registered Waste Hauler 19563 Tullytown Resource & Recovery Center 1 1/2 yards B & G Restoration, Inc. Disposal Date City, State

4/2/2012

Signature

Tullytown, PA

Ciordana Luna

Date

3/21/2012

City, State

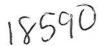
Lincoln Park, NJ 07035

Completed by (Print or Type)

Gordana Luna

Title

Treasurer



Date of Notification (1)				Name of	Building	Owner/C	Doerator	(2)	1	lin li		75/	11	11	+	1.5
03/20/12								th Care	Svst	em						
Agencies Notified	Type Notification		-	Street A		labab	11001	1111	11			2016			71	
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☑ DOL	Amendment	#			ngston		07039		L	er o man throw of the	C. C. C. W. L. L.		w/entcl	1		
CONTROL MENTAGE	☑ Emergency	(including	-		Contact				<u> </u>	LTel	S CONTI	KII.			-	
□ DCA	justification) Cancellation				1 And	arcon		L.		- I free	en min			127	J	
LI DCA	☐ Cancellation										- 30	a s	16			
Name of Facility Where	Abatement is Takir	n Place (3	1	FACI	LITY INFO	JKMAII	ON -	Type of	Facility (4)		-				4
St. Barnabas H		•	•	i+ 210	10 22	a Flor	22	, 10 F. B . C. S.		0150						
Street Address	ealth Care 5	yscem	- 011	16 210	70, 2110	1 1100			hool (K-1 bchapter		or than l	C-12\				
	:11- pa								ner (l.e. p				build	lings,	home	8\$,
94 Old Short H	ilis ka							etc				CHICA SERVICE				
City (5)								Square	Feet	#0	f Floors		B	ldg. A	ge	
Livingston, NJ	,	-		2												
County (6)				County C				Current	Use (Pri	or if be	ing demo	olishe	d)			
Essex				(STATE L	ISE ONLY	, —	_									
Name of Monitoring Firm	n Hired by Building	Owner (8)	1000	ASCM	No.	3-1-20,000	Name	of Abater	nent Cor	ntractor	(9)		1,50			
EnviroVision							Env	ironme	ntal	Cont:	ractor	cs,	Inc	:		
Street Address							Street	Address		- 10			300	1.000	W 350	
20-21 Wagaraw	D.A						235	5 Watch	nung A	venu	e					
City, State, Zip Code	<u>Ru</u>						City. S	State, Zip	Code			-				
Fairlawn, NJ (07410						V 19 3 5 5 7	st Ora		J 07	052					
Project Manager for Mo		- Т	Telephor	ne No			hone No.	3		Licens	e No			-		
				36-914	5		-243-98	372		0055						
Willie Morales Start Date (10)		Cohadul	od Co	mpletion [of OSHA								
03/22/12			3/23		Date (11)			ng Isla			ical					
	A b - to 1 (Ob			712				Address	mu An	aryc	ICGI					
Occupancy Status Durin	ng Abatement (Che	x Only Or	1e)					Colir	Driv							
☐ Facility Closed/Vac							Lancas and									
☐ Abatement Perform ☐ Other - Describe:					2 · 3 O mm			State, Zip		17/1						
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Scope of Work (Check A	All That Apply)															
≥3 sf or ≥3 lf			Renova						ontainm		n Negativ	ve Pre	essur	е		
□ ≥160 sf or ≥260 lf			Demoli	tion			7/57		Enclosur	300						
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Locatio Asbestos-Containing		Use	d Sole	ely by	Ashes		scription	n or Material (A	CM)		mount				ш	
TO BE A			intena todial			thermal	system	s insulation			Specify		Re	₂₀	20	5
In Fac		Cus	(12)		2		cing, VA		1	S	F or LF)		Removal	Repair	sde	So
(13)	,	-	, ,	_		outer	niscella	neous				- 1	val	=	ncapsulate	Enclosure
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Wing 2100, 2r	nd Floor			×	Pir	e Ins	ulati	ion			35 LF	,	x			
	ming 2100, and 1100						7				-	_	_			-
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	20															
Name of Registered Wa	ste Hauler		1	NJDEP W	aste /	Cubic	Yards	1	Name of	Regist	ered Lan	dfill	_	_		-
Circle Rubbi	sh Removal		1	lauler ID	No.	of Wa	ste	2	rullyt	own	Resou	rce	Re	cove	ery	
				18816	5					-	cilit	У				
City, State		65	1000	1.58		Dispo	sal Date	,	City, Stat	e						
Linden	NJ								Tul	lyto	wn/Mor	rris	vil	.le	PA	
Completed by		Title					Signatur	g.				Date	•			
Slawomir Kielcz	ewskı	Pres	ider	nt			H						03/	20/	12	

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

Date of Notification (1)		Name of Building Owner/Operator (2)															
03/20/12				Ringwood Board of Education													
Agencies Notified	Type Notification			Street A	ddress		are s	1		MAD	•				11		
	☑ Initial			121 Carletondale Road MAD 2 2 2012 City, State, Zip Code													
	 Amended Amendment 																
	☐ Emergency		-	Ringwood, NJ 07456													
™ DOH	justification)			Name of Contact Steve Evans													
□ DCA	☐ Cancellation	1						NOTAL									
Name of Facility Where Al	natement is Takir	na Place (3	(1)	FACI	LITY INFO	KMAII	ÜN	Type of Facility (4)									
E.G. Hewitt S		ig i inco (c	'														
Street Address								□ School (K □ Subchapte	Charles and Charles and	er than	K-12)						
266 Sloats	burg Road							Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)									
City (5) Ringwood						Square Feet	# 0	# of Floors			Bldg. Age						
County (6)			Code (7) USE ONLY)			Current Use (P	rior if be	ing den	nolishe	d)							
	Passa1C Name of Monitoring Firm Hired by Building Owner (8)						Name	of Abatement C	ontracto	r (Q)							
Garden State E		ASCN	n NO.			ironmental			rs.	Inc							
Street Address	311VII OIIIICIIC			1													
555 Broad St	reet							treet Address 235 Watchung Avenue									
City, State, Zip Code	1666							y, State, Zip Code									
Glen Rock, NJ	07452				- 1												
Project Manager for Monit				Telepho	no No			st Orange,		License No.							
Bruce Wolf		M. Children and	ne No. 52-111	q	0.000.000.000												
	od Con		Date (11)			of OSHA Monito	r	1									
Start Date (10)	eu Con 4/12	ibietion	Date (11)		3.00 (0.00)	neider Lab		ries	Glob	al	Inc						
04/02/12 Occupancy Status During	Abatamant (Cha						Address							_			
	2512 W. Cary Street																
□ Facility Closed/Vacat □ Abatement Performe □ Other – Describe:	Abatem / Hours	nent			City, S	State, Zip Code chmond, VA 23220											
Scope of Work (Check All	That Apoly)				-		L						-				
	mar ippijj	KI F	Renova	tion			-	T Full Contain	ment wit	h Naga	five Pr	ee ir	-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		1000	kenova Demolit				☐ Full Containment with Negative Pressure ☐ Mini-Enclosure										
								Glovebag Pr			Calabia	Dra					
							E	Non-Exempted (*) and Non-Friable Proced Aba									
	827	1000	Locati Normal									Abatement Type			į.		
Location Asbestos-Containing I			ed Sole		Achor		scription	n of Material (ACM)		Amount							
TO BE ABA			intena					s insulation,		Specify		R	20	Enc	5		
In Facilit	У	Cus	todial (olan r			cing, VA		s	F or LF)	Remova	Repair	psi	Endosure		
(13)			r		-	outer t	посена	leous)				à	=	ncapsulate	두		
		Yes	No	N/A													
Exterior- Window	vs			x	Caulk	and (Glaze			60 :	sf	Х					
				-					-					-	-		
	-	-	-	-	 				-				_		-		
Name of Registered Wast	e Hauler		L	JDEP V	Vaste	Cubic	Yards	Name	of Regist	tered La	indfill						
Circle Rubbish I				lauler ID 18816	No.	of Wa		Name o Tullyt Facil:		Resou	rce	Rec	ove	Ύ.			
City, State						Dispo	sal Date	City, Si	ate								
Linden, NJ								(20)		ytown/ Morrisville, PA							
Completed by		Title	MACT:	-		5	Signatur	e /	Date								
Slawomir Kielcze	sider	it			4	0/_	03/20/					12					

Job #: 1203-1629 Check #: 2602

Date of Notification 3/19/12 Agencies Notified EPA DEP DOL DOH	Type Notifica	nded gency	Spri Stree 13 R City, Prin Nam	Name of Building Owner / Operator (2) Springpoint at Meadow Lakes, Inc. Street Address 13 Roszel Road, Suite C120 City, State & Zip Code Princeton, NJ 08540 Name of Contact								Telephone Number						
☐ DCA	☐ Canc				Folkoff		nobeliti 13	COURSE S	•									
				CILITY	INFO		owners J	3		-								
Name of Facility W			ace (3)			Type of Fac												
Meadow Lakes S Street Address	enior Facili	ity	-	-				-) 8 (Other tha	an K-12)									
300 Meadow Lak	20					Other (i				uildings	, home	es, et	c.)	- 1				
JUD INICAGOW East	.00				Square Fee		# of Flo											
City (5)		County (6)	County	Code (7	7)	547,111		2		47								
East Windsor		Mercer				Current Use												
						Continuing Care Retirement Community												
Name of Monitoring		y Building Own	er (8)	ASC	M No.		Name of Abatement Contractor (9)											
Criterion Labora	tories					Asbestos and Mold Services, Corp. Street Address												
Street Address 3370 Progress D	riva Suita							rd.										
City, State & Zip Co						3859 Sylon Blvd. City, State & Zip Code												
Bensalem, PA 19						Hainesport, NJ 08036												
Project Manager fo	r Monitoring F	Telephon		er	Telephone I		nse Nu	Number 00862										
Michael Panepre		215-244			609-702-0400 00862 Name of OSHA Monitor													
Scheduled Start Date (10) Scheduled Completion Date (3/20/12 3/27/12						EMSL Analytical												
3/20/12 3/27/12 Occupancy Status During Abatement (Check only one)						Street Address												
Facility Closed/Vacated During Entire Period of Abateme						107 Haddo	on A	ve.										
Abatement Performed Outside of Normal Hours																		
Describe:	M.00 &W	Start				Westmont	t, NJ	08108										
Isolated Are						1								_				
Scope of Work (Ch	eck all that ap	opiy)						with Ne	egative Pressure									
☐ ≥3 sf or ≥3	lf		⊠ Re	enovatio	n	✓ Mini-Enclosure✓ Glove Bag Procedures												
≥160 sf ≥26	60 If		De	emolition	n													
		are the second s							xempted and Non-Friable Procedure									
	ocation of	_	Is Loca Normally			Description Asbestos-Co			(Spec	Abatement Type								
	tos-Containin terial (ACM)	ig	Solely			Material (SF or		_,		ᄪ	т				
TO	BE ABATED		Maintena	ance or		(i.e., thermal					Remova	Repair	Encapsulate	Enclsoure				
1	in Facility		Custodia	SOUTH COMMENT OF STREET	i	nsulation, surface or other misce	acing	, VAI			ova	air	sula	oun				
	(13)		Yes No			of other misec	mario	.000)			-		te	LU LU				
Boiler Room					Heat	Exchanger I	nsul	ation	300 SF									
Boiler Room				HH		ws/Fittings			89 each									
Boiler Room						n Line Pipe	Insu	lation	4 LF									
Dono: Noon:																		
											14	Ц	片	H				
							I.		internal las	- 4fil			Ш	Ш				
Name of Registere	d Waste Hau	ler		IJDEP V Iauler ID		Cubic Yards of Waste	Na	ame of Reg	listered Lar	anatili								
Horizon Disposa	al			2261		4	G	ROWS										
City, State						Disposal Date												
Trenton, NJ						3/27/12		orrisville,	PA	32 32								
Completed By (Prin	nt or Type)		1 1 2 2 3	itle	١	Signature					Date							
Kim Trumbet	F	Admin	. d	3/19/							12							

Job #: 1203-1629 Check #: NA

Date of Notification 3/19/12		!	Name of Building Owner / Operator (2) Springpoint at Meadow Lakes, Inc.																		
Agencies Notified EPA	Type N	Votifica	ation		Street Address 13 Roszel Road, Suite C120																
☐ DEP		Initial		(City	, St	ate 8	Zip C	ode	U MAR	2 = 2012	Land									
⊠ DOL			ided #1					NJ 0	8540			IT-1	1.3	l L							
□ DOH □ DCA			gency ellation	0.00					ill-Folkoff ASBESTOS CONTROL & Telephone Number LICENSING												
				F	AC	ILIT	the second	Dank	_												
Name of Facility WI Meadow Lakes S				ace (3	3)				Type of Facility School (N	673	17 MAG 2041										
Street Address	-						Subchapter 8 (Other than K-12)														
300 Meadow Lak							Other (i.e. private & commercial buildings, homes, etc.)														
									Square Feet	# of Flo	Males and	Bldg. A 47	ge								
City (5)			County (6)	Co	unt	y C	ode ((7)	547,111	2											
East Windsor			Mercer						1 2	Prior if being of		0000 -2 000									
				(0)	_		1.00				ment Commu	inity									
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories								CM No.	Asbestos and Mold Services, Corp.												
Street Address 3370 Progress D	rivo S	uite .	ı						Street Address												
City, State & Zip Co		unc		119	-	-			3859 Sylon Blvd. City, State & Zip Code												
Bensalem, PA 19										Hainesport, NJ 08036											
							Numl	ber	Telephone Number License Number												
Michael Panepresso 215						1			609-702-0400 00862 Name of OSHA Monitor												
Scheduled Start Da 3/20/12	Scheduled Cor 3/27/12	2		Jate	(11)	EMSL Analy	/tical													
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of A						Abat	teme	nt	Street Addres 107 Haddon												
Abatement Performed Outside of Normal Hou									City, State & 2												
Describe:		ing @	9:00 am						Westmont,	NJ 08108											
Scope of Work (Ch					-					in a line											
Scope of Work (Cit	eck all	ınaı ap	ріу)							Full Containment with Negative Pre											
≥3 sf or ≥3	lf			\boxtimes	R	enc	ovatio	on			closure	3									
≥160 sf ≥26	30 If				D	em	olitio	n			Bag Procedures	š									
	-								The state of the s		xempted and Non-Friable Procedure										
(40.00)	ocation					atio			Description Asbestos-Conf			A	Abatement Type								
	tos-Cor terial (A		g	Norr		ly b			Material (AC		(Specify SF or LF)			т							
	BE ABA			Main	ten	and	e or		(i.e., thermal sy		,			Encapsulate	Encisoure						
j	in Facili	ty		Cust			taff?	104	insulation, surfac			\$	Repair	uso	sou						
	(13)			Yes	(1: N		N/A		or other miscella	aneous)		<u> </u>	2 7	ate	ē						
Boiler Room	10 10 10 10 10 10 10 10 10 10 10 10 10 1			X	Г	1	П	Heat	Exchanger Ins	sulation	300 SF		1								
Boiler Room					H	针	+		ws/Fittings	Sulation	89 each	X		ዙ	H						
Boiler Room				X	H	Ħ	Ħ		m Line Pipe In	sulation	4 LF			計	H						
201101 1100111					F	71	H	1					illi	Ħ	H						
					Ī																
Name of Registered	d Waste	e Haul	er						Cubic Yards	Name of Reg	sistered Landfill										
Horizon Disposa	al				1	нас	226	D No. 12	of Waste	GROWS											
City, State	-,								Disposal Date	City, State		95									
Trenton, NJ	s*								3/27/12	Morrisville,	PA		80 500		-						
Completed By (Prin	nt or Ty	oe)		-	- 10	Title			Signature						Date						
Kim Trumbetti					1	Ad	mir	1.	Kry	3/20/1:											

Job #: 1109-1594 Check #: NA

		(17)	ırsua	anı	10 <u>14</u> .	J.A.	<u>, 0.00</u>	and	A I	2.120)	Cantonial attigit the state of	# . B							
Date of Notification	(1)		1	Vame	of Bu	ildina (Owner / (Opera	tor	(2)	**************************************								
3/1/12	()		Ċ	Camde	en Plaz	za Asso	ciates, c	/o Edv	vard	D. Sheehan,	Esq./ F	1.		00.00					
Agencies Notified EPA	Type Notific	cation	100		Addre oper s				4			Annual Market							
☐ DEP ☐ DOL	☐ Initia	al ended #1				Zip C 08102	ode			MAR 2 3	2012	<i>9</i> 1 .							
□ DOH	☐ Eme	ergency	100		ame of Contact Telephone Nu														
☐ DCA	│	cellation	l l	Vir. Ed	lward S	Sheeha	n	1	(Approx	ASLESTOS GE		1 1							
				W. T. I. T. I. I.	CILIT	Y INF	ORMAT			10.88	A THE RESIDENCE OF STREET	لمد							
Name of Facility Wh Camden Plaza Hotel	nere Abatem	nent is Taking P	ace (3	3)				School	I (K	-12)	A Black to the Late of the Company	in de la companya de La companya de la co							
Street Address 506 Cooper Street							Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)												
ood dooper direct				Square Feet # of Floors Bldg. Age															
City (5)	City (5) County (6)			unty (Code ((7)	75,000		2250	6		85 years							
Camden		Camden						Current Use (Prior if being demolished) Vacant											
Name of Monitoring	Firm Hired	by Building Owr	ner (8)		ASC	CM No.													
Horizon Environmen	Asbes	stos ar	nd N	Mold Services,															
Street Address PO Box 316									Street Address 3859 Sylon Blvd.										
City, State & Zip Code Thorofare, NJ 08086									City, State & Zip Code Hainesport, NJ 08036										
Project Manager for		Numl	ber	Telep	hone	Nu		License Number 00862											
Dave or Steve Flanigan 856-848-0800 Scheduled Start Date (10) Scheduled Completion Date (Name of OSHA Monitor												
3/14/12 5/14/12								. Analy	/tica	al									
Occupancy Status I Facility Clos		ement (Check o During Entire F			ateme	nt	100000000000000000000000000000000000000	t Addr addon											
Abatement Performed Outside of Normal Hours							City,	State	& Z	ip Code									
Describe: Isolated Are		urday work, t	00				Westr	nont,	NJ (08108									
Scope of Work (Che		apply)			-														
	ı.			Day	novatio					Monage M.	ntainment with	Negative	Pres	sure					
23 si oi 23 i					nolitio			✓ Mini-Enclosure✓ Glove Bag Procedures											
	· · ·			50.			Non-Exempted and Non-Friable							cedu	re				
	ocation of			Locat				script			Amount	Aba	Abatement Type						
	tos-Containi erial (ACM)	ng		nally olely			Asbes	tos-Co terial ((Specify SF or LF)			m					
	BE ABATED				ice or		(i.e., th				31 01 11)	Re	Z.	Encapsulate	Enclsoure				
i	n Facility		Custo		Staff?					ng, VAT		Remova	Repair	psu	lsou				
89	(13)		Yes	(12) No	N/A	-	or other	misc	ella	neous)		<u>n</u>	-	late	ē				
Roof						Roofii	na				11,000 SF			П	П				
Roof				H			ashing		-	59 1/2	1,000 SF	Ø	l	Ī					
Roof	*				X		ite Mater	ial			6 SF								
Various Locations Ti (Basement, Stairwell	hroughout	Floor)				Pipe I	nsulation	1.			2,720 LF								
Various Locations Ti (Basement & 1st Floo	hroughout					Floor	Tile		-		15,300 SF								
Boiler Room	n tillough o	11001)			\boxtimes	Exhau	st Duct I	nsulat	tion		400 SF				Е				
Boiler Room		8			\boxtimes		Insulation	100000			300 SF								
Boiler Room	d Masta Lla	ulas		INI	IDED !		ng Tank I Cubic Y		ion		300 SF sistered Landfill								
Name of Registered	i waste nat	ilei		2.75	auler II	D No.	of Wast				Jistered Landiiii								
Horizon Disposal					226	12	100	al Date		GROWS	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -								
City, State Trenton, NJ							Disposal Date City, State 5/14/12, Morrisville, PA												
Completed By (Prin	t or Type)			Tit			Signatu		1			Date							
Kim Trumbetti				A	dmin.		TO	1	V			3/9/1	2						

Job #: 1203-1630 Check #: 2614

Date of Notification 03/21/12	(1)		Name of Building Owner / Operator (2) Mr. Peter & Mrs. Lynda Ryan																	
Agencies Notified EPA	Type Notific	ation		Street Address 2 Cairns Place																
□ DEP	Initia	Ĭ.		The Property of the Party of th	Description of the Control of the Co	& Zip C										-				
DOL	2	nded				d, NJ														
□ DOH		rgency	1000			ontact		E						Telephone Number						
☐ DCA	☐ Can	cellation	S	Same	as a	above	ASSESSMENT CHARLES													
					CILIT	Y INF	ORMATION_ DOFFICIAL													
Name of Facility Wh		ent is Taking P	lace (3)			Ţ	ype of Facil			are strategies	and the registers :	and with							
Residential Prop	 }	School (on K-1	2)														
2 Cairns Place					Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildir										s. e	c.)				
2 Gairiis i lace						quare Feet		ors	Bldg. Age											
City (5)	County (6)					(7)	_	800		2	1968									
Belle Mead		Somerset					C	urrent Use	(Prior	if being d	lemolis	shed)								
		l																		
Name of Monitoring		by Building Owi	ner (8)		ASC	CM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.												
Tiger Environme Street Address	ntai						Asbestos and Mold Services, Corp. Street Address													
16 West Elizabet	h Avenue						_	859 Sylon	17.0	d.										
City, State & Zip Co	de						C	City, State & Zip Code												
Linden, NJ 07036			T				Hainesport, NJ 08036													
Project Manager for Kelly Walton	Telepi 908-8			ber	1000	elephone N 09-702-04	License N	Number 00862												
Scheduled Start Dat	te (10)	Scheduled Cor)	_	ame of OSI		onitor		-	000	002						
4/4/12	n Duc	(11)	,		MSL Anal															
Occupancy Status D) Street Address																
		During Entire F													a-a mod					
Abatement I	Performed C	utside of Norm	al Hour	'S			1000		3.070											
Isolated Are	a						l _A ,	Westmont, NJ 08108												
Scope of Work (Che		pply)																		
								Full Containment with Negative Pre												
≥3 sf or ≥3 lt			\bowtie		ovatio				\bowtie	Mini-En										
≥160 sf ≥260	U II			Den	nolitio	П			H			cedures	-Friah	le l	>roc	edu	re			
Lo	cation of		ls L	ocati	on		_	Description	n of				Friable Procedure Abatement Type							
Asbest	os-Containir	ng	Norm	ally L	Jsed		As	bestos-Con	tainir		(1	Ι		/ F				
	erial (ACM) BE ABATED		So Mainte	lely b			/i c	Material (A e., thermal s		00	S	F or LF)	2	0	71	Enc	Ē			
	Facility		Custo			i		ation, surfac					Neillova		Repair	aps	Enclsoure			
757	(13)			(12)				ther miscell					<u>a</u>	5	=	Encapsulate	ure			
			Yes	No	N/A									2 /	_					
Basement Laund	ry Room			\boxtimes		Duct	Ins	ulation		41	3 SF				4	Ц	H			
			H	H	H									 	╬	님	H			
			H	H	H								┪	 	╣		H			
			H	Н	H		-		+				1	tt	=	H	H			
			T		П	-		+					Ī		Ī					
Name of Registered	Waste Hau	er					TV TO STORE OF THE	ic Yards	Nar	ne of Regi	istered	Landfill				VIIIOSIS LV	scenietra			
Horizon Disposal	ĺ			Hau	uler IE 2261		of V	/aste	GR	ows										
City, State		81			- 4			osal Date		, State										
Trenton, NJ				107-20-			4/5/		Мо	rrisville,	PA									
Completed By (Print				Title			Sigr	nature	17				Date 3/21/12							
Kim Trumbetti					lmin	١.	0	Sky !	VT				3/2	1/	12		ŭ.			