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Date of Notification	(1) 2/28/13	7000		Name	e of Bui	ilding (	Owner / Operat	or (2)	)	79	J. 174	jo	The same	77	
Agencies Notified	Type Notific	ation			t Addre		S, INC				***	4		3	
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☑ DOH	☐ Eme	rgency			e of Cor					-	()	7.7/	×	· 6'	
☐ DCA		cellation			ı Marti						1	Telenl	lone	NIIM	ner
-							ORMATION						73		•
Name of Facility Wh	ere Ahatem	ent is Taking F	Place (	3) LW	CILII	INF		11:4 / 4	\				// g/ 3		
Exxon Oakland	ioro / ibatom	one to Taking I	iace (c	٥)			Type of Faci								
Street Address									(Other t		10)				
4 Court House Pl	ace										iz) cial building	re ho	mac	oto \	
							Square Feet		# of			ldg. A		eic.)	
City (5)		County (6)	Co	unty	Code (7	7)		1	1 /		ا	iug. A	ge		
Oakland		Bergen			(.	,	Current Use	/Pro	if Haina	damoli	chod)	-			
							Vacant ser			denion	sileu)				
Name of Monitoring	Firm Hired b	y Building Ow	ner (8)		ASCI	M No.	Name of Aba			actor (9	)		-		
Kleinfelder							AbateTech	, Inc.			,				
Street Address					1		Street Addre	SS	(4)						112
3 AAA Drive, Firs						I	PO Box 25						500-		
City, State & Zip Coo Hamilton, NJ 086							City, State &								
Project Manager for		irm	T-4	A	Numbe	_	Lumberton								
Reinaldo Aponte	wonkoning r		609			er	Telephone N 609-265-21		er		License N				
Scheduled Start Date	e (10)	Scheduled Co				-	Name of OSI					005	29		
3/4/13	(10)	Series Po	3/8/		ie (11)		EMSL Anal								
Occupancy Status D	uring Abater	nent (Check o	n v one	9)			Street Addre		•						
Facility Close	ed/Vacated [	During Entire F	eriod o	of Aba	atement	t	108 Haddo		э.						
Abatement P	erformed Ou	utside of Norm	al Hou	ırs			City, State &			7,000 F. S.					
Describe:							Westmont,								
Facility Occu				25.0											
Scope of Work (Che	ck all that ap	ply)						_	NEED - 1000 (1200)	W 68	W1 14795411150000	50055	NO. CO.		
≥3 sf or ≥3 lf				D				Ц			ent with Ne	egativ	e Pre	ssure	9
☐ ≥160 sf ≥260	If		$\exists$		ovation			Ц	Mini-Er		T				
	Ш		$\boxtimes$	Den	nolition			Ц			cedures				
Loc	cation of		le I	ocati	on I		Description	N.	Non-Ex		and Non-				100
	s-Containing	1	Norm				Description Asbestos-Con		a		Amount Specify	Ab	atem	ent I	ype
Mate	rial (ACM)	ć.	So	lely b	by		Material (A		9		F or LF)			m	
	E ABATED		Maint				(i.e., thermal s	ystem				Re	Z.	nca	E
ın	Facility (13)		Custo		Staff?		sulation, surfac					Remova	Repair	Encapsulate	Enclosure
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Name of Registered \	Naste Haule	r					Cubic Yards	Nam	e of Reg	istered	Landfill		ш.		
AbatoTook Inc				Нац	uler ID N	- 1	f Waste								
AbateTech, Inc. City, State					18750		TBD	-	erial La	ndfill					
Lumberton, NJ						D	Disposal Date TBD	0.0000000000000000000000000000000000000	State	اما	naulal Da	4844			
Completed By (Print of	or Type)			Title				IIIR	oggs R	u., im	perial PA				
Gwen Trumbet				Off		5	ignature	, 1	)			Date			
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# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

1211-4574 Check #

Date of Notification	(1)			Nam	ne of	Build	ling (	Owner / Opera	tor (2)	<u> </u>	479	¥_		- N	A	
	2/28/13							rgy Compai			1000	9)	4		10,27	
Agencies Notified	Type Notific	ation		2000		ddres	7				SA.	6	C.	-		
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DCA						reco						Telen			4	er
					9.5% (32.5)			ORMATION								
Name of Facility Wh	ere Abatem	ent is Taking P	lace (		ACIL	_11 Y	INF	Type of Fac	cility (A	1			-			
								School								
Street Address										Other than	K-12)					
10 Park Place & S	South Street	et								vate & comm		ngs, ho	me	s, e	tc.)	
								Square Fee	et	# of Floors	3	Bldg. A	\ge			
City (5)	DEP DOL					le (7)		90			hole		Ą	50÷		
Morristown	icies Notified EPA DEP							Current Use	e (Prio	r if being den	nolished)					
	icies Notified EPA DEP									ectrical Ser	DUITO DO A PICADO C					
	cies Notified EPA DEP					SCM	No.			nt Contracto	r (9)	3-11123-02117		200		
	cies Notified EPA DEP DEP DOL DOL DOH DOL DOH DOCA DEP DOH DOCA DOH DOCA DOCA DOCA DOCA DOCA DOCA DOCA DOCA							AbateTec		V.						
	Ava Suite	130						Street Addr								
City, State & Zip Coo		, 100			1			City, State	77.00	'ode				-1100		
Exton, PA 19341								Lumberto								
	Monitoring F	irm	Tele	phon	e Nu	mbei		Telephone			License	Numbe	r			
Brian Hovendon				524	-03/02/7/55			609-265-2	107	· ·		008	529	)		
	e (10)	Scheduled Cor			ate (	11)		Name of OS								
		- (0)		9/13				EMSL Ana		1						
Facility Close	uring Abatei edMacated I	ment (Check of	nly on	e) of ΔI	natan	nent		Street Addr	The contract of the contract o	_						
						HOHE		City, State 8			<del></del>		_	-		
- AND ALL MANAGER AND ADDRESS OF THE PROPERTY								Westmont	55.0							
Facility Occu	DEP							TWO COLINOIN	., 140 0	0100						
Scope of Work (Che	State & Zip Code In, PA 19341 Ict Manager for Monitoring Firm In Hovendon Iduled Start Date (10) I 12/4/12 I Pancy Status During Abatement (Check Facility Closed/Vacated During Entire Abatement Performed Outside of No Describe: Facility Occupied During Abatement of Work (Check all that apply)						-		0.000							•
M .0.1011	DEP DOL Amended #5 DOH Emergency Cancellation  e of Facility Where Abatement is Tak &L/FirstEnergy Manholes (MH5 et Address eark Place & South Street  (5) County (Morris  e of Monitoring Firm Hired by Building ource Safety & Health et Address South Village Ave. Suite 130 State & Zip Code en, PA 19341 ect Manager for Monitoring Firm en Hovendon duled Start Date (10) Scheduler 12/4/12  pancy Status During Abatement (Che Facility Closed/Vacated During En Abatement Performed Outside of Molescribe: Facility Occupied During Abatement e of Work (Check all that apply)  ≥3 sf or ≥3 If ≥160 sf ≥260 If  Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  hole (MH521) hole (MH521) hole (MH597)										nment with I	Vegativ	e F	res	sure	1
	&L/FirstEnergy Manholes (MH5 et Address ark Place & South Street  (5)  ristown  County (Morris  e of Monitoring Firm Hired by Building urce Safety & Health et Address South Village Ave. Suite 130  State & Zip Code in, PA 19341  ct Manager for Monitoring Firm in Hovendon duled Start Date (10) 12/4/12  pancy Status During Abatement (Che Facility Closed/Vacated During En Abatement Performed Outside of ID Describe: Facility Occupied During Abateme e of Work (Check all that apply)  ≥3 sf or ≥3 If ≥160 sf ≥260 If  Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  nole (MH521)					ation				Mini-Enclos						
≥ 100 SI ≥200	on, PA 19341  ct Manager for Monitoring Firm  n Hovendon  duled Start Date (10)  12/4/12  pancy Status During Abatement (Che Facility Closed/Vacated During En Abatement Performed Outside of N Describe: Facility Occupied During Abatement  of Work (Check all that apply)  ≥3 sf or ≥3 lf					tion			×		Procedures		1- 6	<b>.</b>		
10	cation of		Is	Loca	tion			Description	on of	Non-Exem	pted and No Amount					
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				tena odial			in	(i.e., thermal sulation, surfa				6	3	Repair	cap	ncic
			Oust	(12)		''		or other misce				Kemova		air	Encapsulate	Enclosure
	A 70		Yes	No	N/	Α						-			ŧ	Ф
Manhole (MH521)			$\boxtimes$					Cable Wra	pping		115 LF		1 [	7	П	П
Manhole (MH597)			$\boxtimes$					Cable Wra		-	18 LF		_			
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Name of Desistered	Monta I I-			4	L	]			1							
name of Registered	vvaste Haule	er .						of Waste	Nan	ne of Registe	red Landfill					
AbateTech, Inc.	DEP DOL Amended #5 DOH Emergency DCA Cancellation  e of Facility Where Abatement is Taking L/FirstEnergy Manholes (MH52) at Address ark Place & South Street  5) County (6) Morris  e of Monitoring Firm Hired by Building urce Safety & Health t Address South Village Ave. Suite 130 State & Zip Code n, PA 19341 ct Manager for Monitoring Firm 1 Hovendon duled Start Date (10) Scheduled 12/4/12 pancy Status During Abatement (Checy Facility Closed/Vacated During Entity Abatement Performed Outside of No Describe: Facility Occupied During Abatement e of Work (Check all that apply) ≥3 sf or ≥3 If ≥160 sf ≥260 If  Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  nole (MH521) nole (MH521) nole (MH597)  leted By (Print or Type)					75,0	٥. اد	4	TRE	F Landfill						
City, State	Type Notification EPA  DEP DEP DOL Amended #5 DOH Emergency DCA Cancellation  e of Facility Where Abatement is Takir &L/FirstEnergy Manholes (MH52 et Address ark Place & South Street  County (6 ristown  County (6 ristown  County (6 Morris  e of Monitoring Firm Hired by Building urce Safety & Health et Address Couth Village Ave. Suite 130  State & Zip Code n, PA 19341 et Manager for Monitoring Firm hovendon duled Start Date (10) 12/4/12 pancy Status During Abatement (Checy Facility Closed/Vacated During Enti Abatement Performed Outside of No Describe: Facility Occupied During Abatement e of Work (Check all that apply)  ≥3 sf or ≥3 If ≥160 sf ≥260 If  Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  nole (MH521) nole (MH521) nole (MH597)  leted By (Print or Type)					1	[	Disposal Date	0.0000000000000000000000000000000000000	State				-		
Lumberton, NJ	50.74.500.72					/		3/29/13		ytown, PA						
	acies Notified EPA DEP DEP DOL Amended #5 DOH DCA DEP Cancellation  e of Facility Where Abatement is Taking &L/FirstEnergy Manholes (MH5218) at Address ark Place & South Street  (5) Fistown  c of Monitoring Firm Hired by Building Overce Safety & Health at Address South Village Ave. Suite 130 State & Zip Code IN, PA 19341 ct Manager for Monitoring Firm In Hovendon duled Start Date (10) 12/4/12  pancy Status During Abatement (Check Facility Closed/Vacated During Entire Abatement Performed Outside of Norro Describe: Facility Occupied During Abatement e of Work (Check all that apply) ≥3 sf or ≥3 If ≥160 sf ≥260 If  Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  nole (MH521) nole (MH597)  leted By (Print or Type)  leted By (Print or Type)			Tit				ignature		4-7-2-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-		Date	;			
Gwen Trumbetti				0	ops.	Coo	rd.	Cinu	1			2/2	8/1	13		

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

1301-4596 Check #4991

Date of Notification (1) 2/27/13							wner / Operato	or (2)		6)	¥	00		- A
Agencies Notified Type Notifica	ation				ddress		lications				11	17		
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	nded #3		0.50				19046				Ų.	10	•	
	gency				Conta					1	Teleph	one	Num	ber
DCA Cand	ellation		Alex	Ва	ylor									
N			F/	CIL	ITY I	NFO	RMATION							
Name of Facility Where Abateme	ent is Taking P	lace (	3)				Type of Facil							
Verizon Street Address	9.	-				_	School (							
218-220 Amber Street									Other tha		eren veren		1	
210-220 Alliber Street							Other (i. Square Feet		# of Floo	mercial buildin	gs, hon Bldg. Ag		etc.)	<u> </u>
City (5)	County (6)	Co	ounty	Cod	de (7)		- Oquaic i cet		# 01 1 100	15	nug. Aç	je		
Beach Haven	Ocean		•		. ,		Current Use	(Prior i	f being de	emolished)				
							Offices	,						
Name of Monitoring Firm Hired b	y Building Owr	ner (8)	)	A	SCM	Vo.	Name of Aba		t Contract	or (9)				
USA Environmental Street Address	4						AbateTech							
8436 Enterprise Ave.							Street Addres	SS						
City, State & Zip Code							City, State &	Zip Co	de				100-100	
Philadelphia, PA 19153							Lumberton	, NJ 0	8048					
Project Manager for Monitoring F Mark Jenkins		215-	365-5	810			Telephone N 609-265-21			License N	umber 005	29		
Scheduled Start Date (10)	Scheduled Con			ate (	111		Name of OSI		nitor					
1/29/13 Occupancy Status During Abaten	nent Chack or	3/1		_			EMSL Anal							
Facility Closed/Vacated D	During Entire P	eriod	of Ab	ater	nent		Street Addres							
Abatement Performed Ou							City, State &					-		
Describe:	aro in si						Westmont,	NJ 08	108					
Facility Occupied During	The state of the s													
Scope of Work (Check all that ap	ply)								Full Cont	ainment with N	ogotivo	Dro	cour	•
≥3 sf or ≥3 lf		M	Re	nova	ation				Mini-Encl		eyalive	rie	SSUI	Е
≥160 sf ≥260 lf		Ħ		molit						g Procedures				
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Location of		ls	Loca	tion	T		Description	n of		Amount	A STATE OF THE STA	_		Туре
Asbestos-Containing	3		nally		d		Asbestos-Conf			(Specify			T	7
Material (ACM)			olely				Material (AC (i.e., thermal sy			SF or LF)	Rer		5	ı m
TO BE ABATED in Facility		Custo	tenar				sulation, surfac		AT		Remova	Repair	Cap B	링
(13)		Oust	(12)	Otal	"		r other miscell				<u> </u>	air	Encapsulate	Enclosure
		Yes	No	N/	Ά								i i i	0
First Floor			$\boxtimes$				Floor tile & N			3,580 SF				
First Floor Engine Room				L	4		Floor tile &M			450 SF				
First Floor Engine Room				H			ration Damp			4 SF		H	님	닏
First Floor Foyer First Floor Rear Room		Η	X	<del>   -</del>	-	_	Floor tile & N			150 SF		님	H	쓔
riist riooi Real Rooiii		H		<del>   -</del>	+		Floor tile & N	lastic	-	150 SF		님	님	H
Name of Registered Waste Haule	er I		N.	DEF	o Was	e C	ubic Yards	Name	of Regist	ered Landfill		ш		
AbateTech, Inc			Ha		ID No 750	. of	Waste TBD		- Landfil					
City, State		S. F. S (-)	1			Di	isposal Date	City, S		-				
Lumberton, NJ							3/1/13	The second second second	town, PA	A				
Completed By (Print or Type)			Tit				gnatūre	L			Date			
Gwen Trumbetti			Ob	ps.	Coord		Cnu				2/27/	13		

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

1111-4409 Check#

C	ate of Notification				Nam	e of B	uilding (	Owner / Operat	tor (2)	2013 MA	1R -4 AM	1	9			
A	gencies Notified	2/27/13 Type Noti				urnp et Add		thority	,	.41	17-4					
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	☐ DCA	Ca	ncellation		Dan	Crun	1					7	THE P.	0	0.0	
		3			FA	CILIT	YINFO	DRMATION		•	-	_				
N	ame of Facility Wh	nere Abate	ment is Taking	Place	(3)			Type of Fac		8 8						
	J Turnpike Inte	rcnange	6-9					School								
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1	/yckoffs Mill Ro	au Overp	ass over NJ	ıurnp	ike	1					nmercial bu				etc.)	
C	ity (5)		County (6)	IC	ounty	Codo	(7)	Square Feet	τ	# of Flo	ors	BI	dg. Ag	je		
1	ightstown	1	Mercer	1143	101	Code	(1)	Current Use	(Dries	if hainer d						, 660
1	giitotomii		Mercer		101			Exterior	(Piloi	ii being a	emolisnea)					
M	ame of Monitoring	Firm Hired	by Building Ov	vner (8	)	ASC	CM No.	Name of Aba	atemer	t Contrac	ctor (9)					
M	cCabe Environi	mental	-					AbateTech	, Inc.	Commu	), (o)					
1	reet Address				539	3440 305	(F.80)	Street Addre								
	Orient Way ty, State & Zip Coo	do						PO Box 25								
	utherford, NJ 07							City, State &								
	oject Manager for		Firm	Tele	phone	Numl	ner	Lumberton Telephone N			Licon	co Nu	mber	-		
	hn Chiavello				438-4			609-265-21			Licens	se mu	0052			
Sc	cheduled Start Date	e (10)	Scheduled Co	mpleti	on Da	te (11)		Name of OSI		nitor				-		
-	2/11/13				2/13	)		EMSL Anal	lytical	The state of the s						
O	cupancy Status D	uring Abat	ement (Check of During Entire I	only on	e)			Street Addre								
H			Outside of Norn			ateme	nt	108 Haddo								-20   De 2000
'	Describe:	CHOITICU	Dataide of North	iai 110	uis –			City, State &	43 50							
1	Facility Occu	pied Durin	g Abatement					Westmont,	NJ U	108						
Sc	ope of Work (Che													7		
١,	7 ->0-5>0/5			_	122	2321				Full Cont	tainment wit	th Ne	gative	Pres	sure	)
	≥3 sf or ≥3 lf ≥160 sf ≥260	15 .		$\bowtie$	0.777	ovatio				Mini-Enc						
4	△ ≥100 SI ≥200	П			Den	olition	1		Ц		g Procedur			00 <u>00</u> 00	192	
	Loc	cation of		le	Locati	on		Description		Non-Exe	mpted and					
Ì	Asbesto	s-Containi	ng		nally L			Description Asbestos-Con			Amoun (Specif		ADS	teme	ent i	ype
		rial (ACM)		1000	olely b	- 1		Material (A	CM)		SF or LI		_		Щ	m
		ABATED Facility			tenano odial S			(i.e., thermal sy sulation, surfac					1 em	Repair	icap	nclo
		(13)		Ouot	(12)	idii:		r other miscella					Remova	air	Encapsulate	Enclosure
				Yes	No	N/A				.	27		-		ë	o o
Ex	terior							Transite D	uct		700 LF	=	M			П
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	r, State ehold, NJ			,			Di	sposal Date	City, S				51			
	npleted By (Print o	r Tyne\			Title		(		Minorri	sville, P	A					
	ven Trumbett				1 12 17 2 17 Hz	ice	1	gnature					Date	40		
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## State of New Jersey 1302-4606 NOTIFICATION OF ASBESTOS ABATEMENT Check,#

1302-4606

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

Date of Notification (	(1)			NI	( -		_				16/2	. 17	P.		- 2	'n.
Date of Notification (								ner / Operat			er (	37.	8	A.	94	4
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						ırdwa	lk					6/1	50,	· ·	Ca	
☐ DEP		***		City,	State	& Zip	Code						125	10.		
751.109				Atla	ntic (	City, N	4J 0	8401-7329						10/		
200				Nam	e of C	ontact						17	Teleni	none	Nim	ahar
☐ DCA	☐ Cano	cellation		Way	ne E	. Dorr	ell							-		-
				F/	CILI	TY IN	FOR	MATION								
Name of Facility Whe	ere Abatem	ent is Taking F	Place (	(3)		7,7,7,7,7		Type of Fac	ility (4)							
	asino							School								
Street Address				E E					Other tha							
1133 Boardwalk							Other (i	.e. priv	ate & con	nmercial b	uilding	gs, ho	mes	, etc.	)	
011 (=1							!	Square Feet	t	# of Floo	ors	В	ldg. A	ge		
City (5)		Co	ounty	Code	(7)	L										
Atlantic City	ies Notified EPA DEP							Current Use		if being de	emolished	)				
	ies Notified   Type Notification   EPA   DEP   Initial   Memoded #2   DOH   Emergency   Cancellation   Cancell							Hotel & Ca	sino							
	ies Notified EPA DEP					CM No		Name of Aba	atemen	t Contrac	tor (9)					
Street Address	Cies Notified EPA  DEP DEP DOL Amended #2 DOH Emergency DCA Cancellation  of Facility Where Abatement is Taking rts Hotel & Casino  Address Boardwalk  County (6) Atlantic  of Monitoring Firm Hired by Building Outled Start Date (10) 2/28/13  ancy Status During Abatement (Check Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Describe: Facility Occupied During Abatement of Work (Check all that apply)  ≥3 sf or ≥3 If ≥160 sf ≥260 If  Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  nent  of Registered Waste Hauler  Fech, Inc. ate erton, NJ							AbateTech								
	cies Notified   Type Notification   EPA   DEP   Initial   Amended #2   DOH   Emergency   Cancellation   Cancel							Street Addre								
								PO Box 25 City, State &								
								Lumbertor								
		irm	Tele	ohone	Num	ber		Telephone N			Licer	nse Ni	ımho	r	- 101	
Andrew McMahon	1				2305			609-265-21			Lioui	100 14	005			
Scheduled Start Date	(10)	Scheduled Cor	mpleti	on Da	te (11	1)	1	Name of OS	HA Mo	nitor						
			2/28		0.70	17%	E	EMSL Anal	lytical							
Occupancy Status Du	uring Abater	nent (Check o	nly on	e)			123	Street Addre	2772700						1000	
Abstament De	ovacated r	Juring Entire F	'eriod	of Ab	ateme	ent	-	08 Haddo								
	enormed Ot	utside of Norm	ai Ho	urs –				City, State &								
	nied During	Abatomont					V	Westmont,	NJ 08	108						
	DEP DDL DOL DOL DOH DOL DOH DOL DOH DOH DOL DOH															
	it all triat ap	(213)							П	Full Cont	ainment w	ith Ne	viten	ο Pr	200111	ro
≥3 sf or ≥3 lf			$\boxtimes$	Rer	novati	on			Ħ	Mini-Enc		101110	gativ	0110	Joour	C
≥160 sf ≥260	lf			Der	nolitio	n			Ħ		g Procedu	ıres				
											mpted and		Friab	le Pr	oced	ure
		10 En		Locat				Description			Amou					Туре
		g		nally olely			As	sbestos-Con			(Spec			T	T	Ť
					ce or		(i e	Material (A e., thermal s			SF or I	_F)	7	ı	,  5	] m
in F	Facility				Staff?			lation, surface					Remova	Kepair	aps	응
(	(13)			(12)			or c	ther miscell	laneous	5)			val	.  =	Encapsulate	Enclosure
			Yes	No	N/A										6	1
Basement			Ш			Pip	e Ins	ulation (pa	tch & r	epair)	200 L	.F		$\boxtimes$		
				Ц	Ц											
					Ц											
			님	Ц	ᆜ											
			님	H												
Name of Registered M	Vacto Haula			INI		M1-	10.1	://-	٧.,							
rvaine of registered vi	vaste Haule	:1			uler I[	Naste		vic Yards Vaste	Name	of Regis	tered Land	llitt				
AbateTech, Inc.					187		7	4	TRRI	- Landfil	11					
City, State						-	Dist	osal Date	City, S			-			-	
Lumberton, NJ					(		2/28/13		town, P	A						
Completed By (Print or	r Type)		Titl			Sigr	nature		A			Date	r.			
Gwen Trumbetti			Op	ps. C	oord.		( )	11	A			2/28	3/13	}		
								1	1/1/	/ \						

How H

## State of New Jersey 1301-4598 NOTIFICATION OF ASBESTOS ABATEMENT Check #4943 (Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification				Nar	ne	of B	uildin	g Ov	wner / Opera	ato	or (2)	_	601,	- 7	0		14	
Aganaias Natified		-4:						natio	onal Casin	108	s				2-			
	Type Notific	ation				Add		.11.							E	2	- 15	1
	☐ Initia	al .		_	_		rdwa & Zip		10				) (زر:		_	->		100
☑ DOL									08401-7329	0				-1		2		
□ DOH		rgency		Nan	ne i	of C	ontac	t	7040 1-7 323	J				000	ha			
☐ DCA							Dor						11	eiėt	ono	ne i	lumi	er
				F	AC	ILIT	Y IN	FOI	RMATION					2"				
Name of Facility Wh	nere Abatem	ent is Taking F	Place (	3)					Type of Fa	cili	ity (4)							
	Casino								☐ Schoo									
											ter 8 (Other t							
1133 Boardwalk								6	○ Other	(i.e	e. private & co	ommer	cial building	s, h	om	es, e	etc.)	
0:1 (5)		1-							Square Fee	et	# of F	loors	BI	dg.	Age	9		
City (5)			Cc	ounty	/ C	ode	(7)											
Atlantic City		Atlantic									Prior if being	demoli	ished)					
									Hotel & C									
Name of Monitoring	cies Notified EPA DEP					ASC	CM N		Name of Al	bat	tement Contra	actor (9	3)		***************************************			
Street Address	of Monitoring Firm Hired by Building Ortech, Inc. Address South Broad Street tate & Zip Code delphia, PA 19145 t Manager for Monitoring Firm w McMahon uled Start Date (10) Scheduled O 1/22/13 ancy Status During Abatement (Check Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Describe: Facility Occupied During Abatement								AbateTec									
	2/25/13     Dicies Notified   Type Notification     EPA   DEP   Initial     DOL   Amended #3     DOH   Emergency     Cancellation     Entergency   Cancel								Street Addr		ss							
	2/25/13     Dries Notified   Type Notification     EPA   DEP   Initial     DOL   Amended #3     DOH   Emergency     DCA   Cancellation     e of Facility Where Abatement is Take     orts Hotel & Casino     et Address   Boardwalk     5)   County (    atlantic     e of Monitoring Firm Hired by Building     e of Monitoring Fi				-			-	PO Box 2		7. 0 .							
									City, State		Zip Code NJ 08048							
		irm	Telep	hon	e N	Juml	ner		Telephone				License Nu	مامس			_	_
Andrew McMahor	Department   Type Notification   EPA		215-						609-265-2				License Nu	00		9		
	acies Notified EPA DEP					(11)	)		Name of OS									-
	Discrete   Type Notification   EPA					-		_	EMSL Ana									
Facility Close	acies Notified EPA DEP					omo	nt	\ I	Street Addr		T.:						**	
	2/25/13   Type Notification   EPA   DEP   Initial   Amended #3   DOH   Emergency   Cancellation   EPA   DCA   Cancellation   Emergency   Emergency   Emergency   Cancellation   Emergency   Emergen					CITIC	IIL /		108 Haddo				\$1.5 <u></u>					
	arts Hotel & Casino  Address  Boardwalk  County (6)  Atlantic  of Monitoring Firm Hired by Building (artech, Inc.)  Address  South Broad Street  State & Zip Code  delphia, PA 19145  At Manager for Monitoring Firm  aw McMahon  Juled Start Date (10)  Scheduled (12)  Facility Closed/Vacated During Entiry  Abatement Performed Outside of Note Describe:  Facility Occupied During Abatement  of Work (Check all that apply)  ≥3 sf or ≥3 If  ≥160 sf ≥260 If  Location of  Asbestos-Containing  Material (ACM)  TO BE ABATED  in Facility								City, State &									
Facility Occu	South Broad Street State & Zip Code delphia, PA 19145 et Manager for Monitoring Firm ew McMahon uled Start Date (10) Scheduled C 1/22/13 Sancy Status During Abatement (Check Facility Closed/Vacated During Entire Abatement Performed Outside of No Describe: Facility Occupied During Abatement								Westmont	t, r	NJ 08108							
							529 70		51082 - <del>15000 - 1500</del>						_			
										Γ	Full Co	ntainm	ent with Ne	qati	ve l	Pres	sure	
			$\boxtimes$	Re	nov	vatio	n			Ō	Mini-Er			•				
≥160 sf ≥260	lf			De	mo	litior	1				Glove I	Bag Pro	ocedures					
										_[	Non-Ex	cempte	d and Non-l	Frial	ole	Proc	edu	re
		,	Is I Norm	_oca		2000		۸	Description				Amount	A	bat	eme	nt T	уре
		9		olely				А	sbestos-Co. Material (A				Specify F or LF)					
TO BI	EABATED		Maint					(i.	e., thermal			3	i oi Li j	1 2	D D	70	nc	ᄪ
in			Custo			aff?			ılation, surfa					8	Remova	Repair	sde	clos
	(13)	* _	Yes	(12) No	_	N/A		or	other misce	llar	neous)			2	2	=	Encapsulate	Enclosure
38 Shafts					-11				Pipe Insul	lati	ion	240 1	E nor aboli	I K	1 1	_		
NAME OF THE PROPERTY OF THE PARTY OF THE PAR	oors 7-11		H	H					loor tile &				F per shaft	-		4	밁	井
			H	H	ti			- 1 1	ioor the a	1916	asuc	30	SF each		J   [	╣	님	ዙ
	1120.15		Til	Ħ	Ħ	Ħ								뉴	##	╡┼	屵	H
				Ħ	ΤÌ	T	200427							挊	╫	╡┼	屵	井
					Ti									十	╫	╡┼	H	H
Name of Registered \	Naste Haule	r		N.	JDE	PW	/aste		bic Yards	1	Name of Reg	istered	Landfill	11	1 [ [			ш
AbateTech, Inc.				Ha		er ID <b>875</b>		of \	Vaste TBD	-	TRRF Land	e:II						
City, State					-			Die	posal Date	_	City, State	1111		-			200-1477	
Lumberton, NJ	Type Notification  EPA  DEP  DEP  DOL  Amended #3  DOH  DCA  DCA  DCA  DCA  DCA  DCA  DCA  DC							-13	TBD		Tullytown, I	PA						
	Type Notification  EPA  DEP DEP DOL DOL DOL DOL DOL DOL DOL DOCA DOH DOL DOCA DOH DOCA DOH DOCA DOH DOCA DOCA DOCA DOCA DOCA DOCA DOCA DOCA					5000	-	Sig	nature		1			Date	,		720.00	
wen irumpetti				Ok	ps	. Co	ord.		CM	11	NO I			2/2	5/	13		



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

1302-4603

Date of Notification (1) 2/25/13	Name PSE8		ilding	Owner / Operato	or (2)	<u>ن ؟ م</u> ي	- 4 Ax	,	ACV		
Agencies Notified Type Notification	Street	acto Siron				4/	OENE MAR	<del>?</del> ?			
□ DEP □ Initial □ DOL □ Amended #2 □ DOH □ Emergency	Newa	State 8 ark, N of Co	J 07	101			146 13	O/ Feleph		Numl	ber
☐ DCA ☐ Cancellation	Drew	Shu	da				:16				
Name of Facility (Miles on About and About Table Di	FAC	CILIT	Y INI	FORMATION							
Name of Facility Where Abatement is Taking Pl PSE&G Pennsauken Substation	ace (3)			Type of Faci							
Street Address					•	ther than	K-12)				
7272 N. Crescent Blvd.						e & comm	ercial buildin	gs, hon	nes,	etc.)	
City (5) County (6)	T0	) - 1 - <i>(</i>	<del>-</del>	Square Feet	7	f of Floors	E	lldg. Ag	je		
City (5) County (6) Pennsauken Camden	County C	ode (	1)	Current Han	(Drior if	anina dau	lie h l)				
Camuen				Current Use Substation			iolisnea)				
Name of Monitoring Firm Hired by Building Own	er (8)	ASC	M No				r (9)				
M.E.C.S.	10 O			AbateTech	, Inc.						
Street Address 1224 Hamilton Ave. PO Box 33004				Street Addre	SS						
City, State & Zip Code			- 70	PO Box 25 City, State &	Zip Cod	е		-	-	- (3)	
Trenton, NJ 08629		= 6	-	Lumberton	, NJ 08						
Project Manager for Monitoring Firm William Weisgarber Jr.	Telephone 609-915-1		er	Telephone N			License N				
Scheduled Start Date (10) Scheduled Com				Name of OSI		or		005	29		
2/25/13	3/29/13	7()		EMSL Anal		.01					
Occupancy Status During Abatement (Check on	ly one)			Street Addres			196	77.00			
Facility Closed/Vacated During Entire Pa		itemen	it	108 Haddor City, State &							
Describe:	ii i louis			Westmont,							
Facility Occupied During Abatement				Westinone,	140 001	00					
Scope of Work (Check all that apply)									100		
☐ ≥3 sf or ≥3 lf	⊠ Reno	ovation	n		1000	uli Contai Iini-Enclos	nment with N	egative	Pre	ssure	÷
≥160 sf ≥260 lf	Dem	olition					Procedures				
					⊠ N	on-Exemp	oted and Non	-Friable	e Pro	cedu	ıre
Location of Asbestos-Containing	Is Location Normally U			Description Asbestos-Con			Amount	Aba	atem	ent T	ype
Material (ACM)	Solely by	у		Material (A	CM)		(Specify SF or LF)			ш	
	Maintenand Custodial S			i.e., thermal sy insulation, surfact		-		dem	Repair	псар	nclo
(13)	(12)			or other miscella				Removal	air	Encapsulate	Enclosure
		N/A					L/			fe	, w
Exterior				doned pipe enc nastic covering		ons)	400 LF				
	님님	井							Ц		
	러님	H						ዙ	Η	H	H
		計						ΤĦ	H	H	H
Name of Registered Waste Hauler  Waste Management		ler ID	No.	Cubic Yards of Waste			red Landfill				
City, State		1125		TBD Disposal Date	City, St		Landfill			W0	
Camden, NJ				TBD		ate ville, PA					
Completed By (Print or Type) <b>Gwen Trumbetti</b>	Title Office	ce Co	ord.	Signature	1 1 A	-		Date <b>2/25</b>	/13	-	

#### State of New Jersey 1208-4536 NOTIFICATION OF ASBESTOS ABATEMENT CHECK #5007 (Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)	1	Name	of Bui	Idina	Owner / Operato New Jersey	or (2).					
2/28/13		The (	Colleg	e of	New Jersey	ZUI3 MAR _	1				
Agencies Notified Type Notification    EPA	9	Stree	t Addre	SS		*	3.9:5 118	,			
	1.0	0 2	OAII	10		a Shire The					
☐ DEP ☐ Initial ☐ Amended #	123		State &			& Liri	ENSING I				
	-		g, NJ of Cor		8	7,01	MOING T	Telenh		Lunal	
☑ DOH   ☐ Emergency     ☐ DCA   ☐ Cancellation			nda Ra		fi .		£ <sup>st</sup>	I-elenna	יו פחו	Milmr	ner
			-							61636	_
Name of Facility Wilson Alexander 1	- 1: DI (0	FA	CILITY	INF	ORMATION						
Name of Facility Where Abatement is The College of New Jersey	aking Place (3	)			Type of Facil						
Street Address					School (	n-12) oter 8 (Other tha	on K 12)				
2000 Pennington Road							nmercial buildin	as hon	200	otc \	
					Square Feet			Bldg. Ag		cic.)	
City (5) Count	v (6)   Cou	ıntv (	Code (7	7)		# 01 1 101	013	nag. Ag	je		
Ewing Merc	SEC - TESE //			,	Current Use	Prior if being d	emolished)		-		
	·.				Building	(i iioi ii beilig a	omonorica)				
Name of Monitoring Firm Hired by Build	ing Owner (8)		ASC	M No.		tement Contrac	tor (9)				
TTI Environmental	3(.,				AbateTech,		λοι (ο)				
Street Address					Street Addres						
1253 North Church Street					30 Maple A						
City, State & Zip Code					City, State &		16				
Moorestown, NJ 08057 Project Manager for Monitoring Firm	IT-1		N	758	Lumberton,		1				
Jim Guilardi	856_8		Numbe	er	Telephone No. 609-265-210		License N				
NOTICE OF THE SECOND SECOND	led Completion				Name of OSH			0052	19		-
11/8/12	3/29/	13 /	9 (11)		EMSL Analy						
Occupancy Status During Abatement (C	heck only one	Y			Street Address	The state of the s				Males.	
Facility Closed/Vacated During	Entire Period o	f Aba	atemen	t	107 Haddor	Ave.					
Abatement Performed Outside	of Normal Hou	rs			City, State & 2	Zip Code					-32
Describe:					Westmont,	NJ 08108					
Facility Occupied During Abater	nent										
Scope of Work (Check all that apply)						□ Full Con	tainmant with N		Des		
☐ ≥3 sf or ≥3 lf	$\square$	Ren	ovation	177		Mini-End	tainment with N	egative	Pres	ssure	3
≥160 sf ≥260 lf	Ħ		nolition				ag Procedures				
			.0				empted and Non	-Friable	e Pro	cedi	ıre
Location of	ls L	ocati	on		Description		Amount		atem		
Asbestos-Containing	Norma				Asbestos-Cont	taining	(Specify				Ī
Material (ACM) TO BE ABATED	So   Mainte	lely b			Material (AC		SF or LF)	l z	_	E	Щ
in Facility	Custo			ir	i.e., thermal sy) nsulation, surfac			Remova	Repair	aps	Co
(13)		(12)			or other miscella	aneous)		oval	뿔	Encapsulate	Enclosure
	Yes	No	N/A	water and the				200		_ e	"
Manholes #3 & #4			$\boxtimes$		Pipe Insula	tion	160 LF				
Exterior Trench					Pipe Insula		84 LF				
Norsworthy Basement					Insulation (w		10 LF				
Norsworthy Basement				Pipe	e Insulation (g	plove bag)	8 LF	X			
								111		Щ	
Name of Degistered Wests Haves									Ш		Ш
Name of Registered Waste Hauler		0.7.67950	DEP Waller ID I		Cubic Yards of Waste	Name of Regis	stered Landfill				
AbateTech, Inc.		187		140.	15	T.R.R.F. Lan	dfill				
City, State					Disposal Date	City, State			-		
Lumberton, NJ					3/29/13	Fullytown, P	Α				
Completed By (Print or Type)		Title	)	-	Signature	8		Date	3 7/2		
Gwen Trumbetti		Opp	os. Cod		me	X		2/28	/13		

CH 2050

Date of Notification (1	) 7/2013				me of Buil esidence	ding Owner/Opera	tor (2)	500		1		
Agencies Notified  EPA	Type Notifi			2/02/250	eet Addre	5.50		1000	4	2.		
DEP DOL	Amende Amendr		na		y, State, Zi earny, NJ				190	-6	<del></del>	
DOH DCA	justifica	tion)	iig	Na	me of Con		Rep.)	Telephone N	umber	<u> </u>		_
						NFORMATION						
Name of Facility Where Residence	Abatement is	Taking Pla	ce (3)				Type of Fac				-	
Street Address 261 Davis Avenue							Other (i.e	ter 8 (Other than K	-1 2) ercial b	uildin	gs,	
City (5) Kearny							Square Fee 1,500 SF	t # of Floors		Bldg 60+	. Age	8
County (6) Hudson				US	unty Code E ONLY)	(7) (STATE		(Prior if being dem				
Name of Monitoring Fire (8) N/A	m Hired by Buil	ding Owner		ASCI	M No.		ment Contractor					
Street Address						Street Address	;					=
City, State, Zip Code						1360 Clifton	, Avenue, Pl	MB Suite 218				
						City, State, Zip Clifton, NJ	07012		2-10-1-1			
Project Manager for Mo	nitoring Firm		Tel	ephone	∋ No.	Telephone No. 973-389-00		License No.				
Start Date (10)		Scheduled (		etion D	ate (11)	Name of OSHA		_ 00093				_
03/09/2013 Occupancy Status Durin		03/10/20					al Construction	on, Inc.				
Facility Closed/Vacat				ement		Street Address		MB Suite 218				
Abatement Performe	d Outside of No	rmal Facilit	y Hou	rs		City, State, Zip (		IVID Suite 218				_
Other - Describe:						Clifton, NJ C						
Scope of Work (Check a	li that apply)		enovat emol			☐ Mini-En	iclosure ag Procedure	Negative Pressure	adura			
		1.1	ocatio					Trotter Hubble 1 100	and the same of	Abate	ement	t
Location Asbestos-Containing M	of aterial (ACM)	Used	Solei	y by		Description o			-	T	ре	_
TO BE ABAT IN Facility (13)	ED	Cu	stodia taff? (12)		(i.e.	tos Containing Mai , thermal systems i surfacing, VAT, other miscellaned	nsulation, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A					=		fe	Ф
Basement		-		X	Pipe/El	bow Insulation		170 LF	X			
									+			
Name of Registered Was	te Hauler		I N	JDEP \	Naste T	Cubic Yards	Name of Poo	istered Landfill				
Service Transport Gr				uler ID 0970		of Waste	Minerva L					
City, State			-1-	3710		Disposal Date	City, State	anum		_		
New Castle, DE						03/10/2013		rg, OH 44688				
Completed By Krutarth Jagad	1	Title President				Signature	1 2	Date 02/27/	/2013			
B41						<del></del>	1	021211	2013			

Ct 63053

Date of Notification (1 02/2	) 7/2013					ling Owner/Operato Apartment & Co		MAR		7.		
Agencies Notified  EPA	Type Notificat	ion		Str	eet Addres	S	ountry Club.		Aly	~		
DEP DOL	Amended Amendmer			Cit	y, State, Zip			GENSO	Cr.	6	Ş' -	
☑ DOH □ DCA	Emergency justification Cancellatio	1)	ng	Nai	me of Conta	act		Telephone Nu	imber	1/_		
				F		FORMATION			7	<i>t</i> .	_	
Name of Facility Where Apartments Bldg.	e Abatement is Tal	king Pla	ce (3)				Type of Faci	lity (4)			:	
Street Address							School (K	(-12) er 8 (Other than K-	4.0\	8	20	
11 A - D Ironwood	Lane						Other (i.e	., private & commer	cial b	uildin	gs,	
City (5) Old Bridge,							Square Feet 2000 SF		T	Bldg 60+	:Age	
County (6) Middlesex				US	unty Code E ONLY)	(7) (STATE	1	(Prior if being demo	olished			
Name of Monitoring Fire (8) N/A	m Hired by Buildin	g Owner		ASCI	M No.		ment Contractor	(9)				
Street Address							l Construction	on, Inc.				
						Street Address	Avenue PN	/IB Suite 218				
City, State, Zip Code						City, State, Zip C	Code	NB Calle 2 10				_
Project Manager for Mo	nitoring Firm		Te	lephone	e No.	Telephone No.		License No.				
Start Date (10)			<u>_</u>			973-389-00		00693				
03/08/2013		eduled ( /09/20		etion D	ate (11)	Name of OSHA I		n Inc				
Occupancy Status Durin						Street Address	Constructio	m, mc.				_
Facility Closed/Vacat	ted During Entire F	eriod of	Abate	ement		1360 Clifton,	Avenue, Pl	MB Suite 218				- Service
Abatement Performer Other - Describe:	d Outside of Norm	al Facili	ty Hou	ırs		City, State, Zip C						
Scope of Work (Check a	all that apply)					Clifton, NJ 0	7012					
>3 sf or >3 if 2160 sf or 2260 if			enovat emol			☐ Mini-End Goveba	closure g Procedure	egative Pressure	o duna			
		1100500	ocatio				Simpled ( ) and	Non-i Hable Proc	- 23	Spirit China	ment	
Location Asbestos-Containing M		Used	Sole	y by		Description of				Ту	pe	
TO BE ABAT	TED .	Cu	itenan istodia		Asbest (i.e.,	os Containing Mate thermal systems in	erial (ACM) sulation,	Amount (Specify	_		9	m
IN Facility (13)			taff? (12)			surfacing, VAT, other miscellaneous		SF or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A			,		oval	air	ulate	sure
Crawl Space		168	INU	X	Pipe/Elt	oow Insulation		200 LF	X			
		-										
									_			
Name of Registered Was	te Hauler		N	JDEP \	Vaste I	Cubic Yards	Name of Ren	istered Landfill	_			
Service Transport Gr	oup		H <sub>2</sub>	auler ID 20970	No.	of Waste	Minerva La					
City, State						Disposal Date	City, State				-	_
New Castle, DE Completed By	-					03/09/2013	Waynesbur	rg, OH 44688				
Completed By Crutarth Jagad	Title Pre	sident				Signature	-4	Date	2012			
B41						<u> </u>		02/27/	2013			

CK 03066

#### State of New Jersey

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

Date of Notification (1) 02/27/2	013				ne of Buildi sidence	ng Owner/Operato	r (2)	ARY.		0	19	
Agencies Notified  EPA	Type Notific			0.252560	et Address Johnson		9	£ 2/60 A	72	· ^ .		
DEP DOL	Amende Amendm Emerger		10	1 - 1 - 1 - 1	, State, Zip ritan, NJ			TOWN.	Ro.	6		
DOH DCA	justificat Cancella	tion)	.9		ne of Conta Patrick K	et Celly (Owner's I	Rep.)	I Telephone Nui	mber			
N				F	ACILITY IN	FORMATION						55%
Name of Facility Where A Residence	batement is	Taking Plac	e (3)				Type of Facili	,				
Street Address 25 Johnson Drive							Subchapte	er 8 (Other than K-1	2) cial bu	ilding	s,	
City (5) Raritan							Square Feet 1,500 SF	# of Floors		Bldg. 60+	Age	
County (6) Somerset				US	unty Code E ONLY)	(7) (STATE	Current Use (I Residence	Prior if being demo	lished	)		
Name of Monitoring Firm F (8) N/A	lired by Build	ding Owner		ASCN	No.		nent Contractor (					23.2700
Street Address						Street Address	A	ID 0 . 11 . 040				
City, State, Zip Code						1360 Clifton, City, State, Zip C Clifton, NJ (	Code	IB Suite 218				=
Project Manager for Monite	oring Firm		Tel	ephone	No.	Telephone No. 973-389-00		License No.				
Start Date (10) 03/10/2013	1	03/11/20		etion D	ate (11)	Name of OSHA I						=
Occupancy Status During						Street Address		200222-18 0000 - 1-2-400				
Facility Closed/Vacated Abatement Performed C Other - Describe:						1360 Clifton, City, State, Zip C	ode	/IB Suite 218			-	
Scope of Work (Check all t	hat apply)					Clifton, NJ 0	7012					
>3 sf or >3 lf 2160 sf or 2260 lf	пас арріу)		novat			Mini-End Goveba	closure g Procedure	egative Pressure  Non-Friable Proce				
		No	ocatio	/			tempted ( ) and	Non-Phable Proce		Abate Ty		t
Location of Asbestos-Containing Mate TO BE ABATEI IN Facility (13)		Mair Cu s	Solel itenan istodia itaff? (12)	ce/		Description of os Containing Mat thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A					<u>a</u>		ate	ā
Basement				X	Pipe/Ell	oow Insulation		30 LF	X			
									-			-
Name of Registered Waste Service Transport Grou			Н	JDEP 10 auler 10 20970	No.	Cubic Yards of Waste 2	Name of Regi	istered Landfill andfill		н		
ity, State New Castle, DE	1.00					Disposal Date 03/11/2013	City, State Waynesbur	rg, OH 44688				11000
ompleted By rutarth Jagad		Title President				Signature	1)	Date 02/27/	2013			_

CK 603049

Date of Notification (1	1) 7/2013				me of Build	ing Owner/Operato	r (2)	ue u		<u> </u>	٠ ٥.	100
Agencies Notified  EPA	Type Notific	ation		Stre	eet Addres 9 Grove S	7		<del> </del>	1/20	<u>–</u>	5	
DEP DOL	Amende Amendm		-		, State, Zip merville,	Code NJ 08876			7		<del>`</del>	ج.
DOH DCA	justificat Cancella	tion)	g	Nar	ne of Conta	ect		Telephone No.			8	=
						FORMATION					=	=
Name of Facility When Residence	re Abatement is	Taking Place	e (3)			· OKIMATION	Type of Facil					
Street Address 209 Grove Street							Other (i.e.	er 8 (Other than K-1 , private & commer	l 2) cial bu	ilding	ļs,	
City (5) Somerville							Square Feet 1,500 SF	# of Floors		Bldg. 60+	Age	
County (6) Somerset				US	unty Code E ONLY)	(7) (STATE	I —	Prior if being demo	- I-	-		
Name of Monitoring Fir	rm Hired by Build	ding Owner		ASCN	/ No.	Name of Abatem DIA Genera	nent Contractor					
Street Address		***************************************				Street Address 1360 Clifton,						_
City, State, Zip Code						City, State, Zip C Clifton, NJ C	ode					=
Project Manager for Mo	onitoring Firm		Tele	phone	No.	Telephone No. 973-389-008	39	License No.				
Start Date (10) 03/09/2013		cheduled C		tion D	ate (11)	Name of OSHA N	Monitor					_
Occupancy Status Duri	ing Abatement (0	Check only	one)	mont		Street Address 1360 Clifton,						
Abatement Performe Other - Describe:	ed Outside of No	rmal Facility	/ Hou	rs		City, State, Zip Co	ode	AD Suite 216				=
Scope of Work (Check	all that apply)					Clifton, NJ 07	7012				=	=
>3 sf or >3 lf 2160 sf or 2260 lf	an mar apply)		novati emoli			Mini-End Goveba	losure g Procedure	egative Pressure Non-Friable Proc	adura			
Location	-6	No	ocatio	8			empted ( 7 and	Non-Frable Froc	100	Abate Ty	ment pe	Ī
Asbestos-Containing M TO BE ABA IN Facility (13)	Material (ACM) TED	st		ce/	Asbest (i.e.,	Description of os Containing Mate thermal systems in surfacing, VAT, other miscellaneou	sulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Basement		Yes	No	N/A	D: /DII				1		ate	ď
Bascincia		$\dashv$		X	Pipe/Elf	ow Insulation		140 LF	X			
Name of Registered Wa	ste Hauler		N	JDEP \	Vaste T	Cubic Yards	Name of Regi	stered Landfill				
Service Transport G	roup		На 2	uler ID 0970	No.	of Waste	Minerva La					
City, State New Castle, DE						Disposal Date 03/10/2013	City, State Waynesbur	g, OH 44688				
Completed By Krutarth Jagad	1 '	<sup>itle</sup> President				Signaturė		Date 02/27/	2013			_
B41		11 - 12				3	-					

Ut, 118

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

Date of Notification (1		-		Ti	Name of Bui	Iding Owner/Opera	tor (2)	E.54	7	3		- 1
Agencies Notified	7/2013				Morristow	n Development	Urban Renewa	al Phase I, LLC	<u>_</u>	 		1)
☐ EPA	Initial				Street Address 135 US Ro	ess Oute 202/206, 3r	d Floor	-0	-	<i>D</i>		77
☐ DEP  ☐ DOL	Amer	ndment #		0	City, State, Z Bedminste	ip Code		निर्देश		1		_
DOH	justif	rgency (inclu fication)	ding		lame of Cor			<u> </u>				-
☐ DCA	L Cano	ellation			ich Murph			Tolonhone Nu	mbe	لما		
Name of Facility Where	Ahatement	is Takina Di	222 /01		FACILITY	NFORMATION		Š	)	(0)	=	
Residence	, , toatement	is raking Pi	ace (3	)			Type of Facili	N 10 10 10 10 10 10 10 10 10 10 10 10 10				
Street Address 32 Early Street							Other (i.e.,	er 8 (Other than K-1	12) cial b	uildin	ne	
City (5) Morristown		-					homes, et	c.) # of Floors			. Age	_
County (6)							2,000 SF	3		70+		-
Morris				. L	County Code JSE ONLY)	(7) (STATE	Current Use (F Residence	Prior if being demo	lishe	d)		=
Name of Monitoring Firm (8) N/A	n Hired by B	Building Own	er	AS	CM No.		ment Contractor (	9)				=
Street Address			=	<u></u>		Valiant Ass Street Address	ociates, LLC					_
						145 Mill Str						8.5
City, State, Zip Code						City, State, Zip Paterson, N	Code					
Project Manager for Mor	nitoring Firm		Te	lepho	ne No.	Telephone No.	10010	License No.				_
Short Data (4.3)						973-553-53	74	01108				
Start Date (10) 03/13/2013		Scheduled 03/19/20		etion	Date (11)	Name of OSHA						=
Occupancy Status Durin	g Abatemen	t (Check onl	y one)			Street Address	ociates, LLC		_			
Facility Closed/Vacate	ed During Er	ntire Period o	f Ahat	emen	t	145 Mill Stre	et					
Abatement Performed Other - Describe:	Juiside of	Normal Facil	ity Hou	urs		City, State, Zip C						_
cope of Work (Check al	I that apply)		_			Paterson, N.	0/501					_
>3 sf or >3 lf >160 sf or >260 lf		□R	enoval Demol			Goveba	g Procedure					
		100	Location		T	Non-Ex	empted (*) and f	Non-Friable Proce	1			
Location o	f	Hea	lormally d Solel	y ly bv		Description of				Abate Ty	men pe	it
Asbestos-Containing Ma TO BE ABATI	iterial (ACM ED	)   Mai	ntenan ustodia	ice/	Asbes	tos Containing Mate	erial (ACM)	Amount		Τ		T
IN Facility (13)	mania .	4	staff?		(i.e.	thermal systems in surfacing, VAT,	or	(Specify SF or LF)	Rei	R	enca	
(10)			(12)	Γ	-	other miscellaneo	us)	**************** <b>®</b>	Removal	Repair	Encapsulate	
e Attached		Yes	No	N/A	-						6	1
									_	-		1
									-			+
me of Registered Waste	Hauler		I N	IDED	Waste	Cubic V						H
rvice Transport Gro		30	Ha	uler 1 0990	D No.	Cubic Yards of Waste	Name of Regist					-
y, State			-12	しララし		10 Disposal Date	Minerva Lan	ıdtill				_
ew Castle, DE						03/19/2013	Waynesburg	h, OH				
mpleted By odrag Stamenovic		Title Project M				Signature	-1	Date	-			=
		Project M	anage	er		& Mainda	Samuelo	02/27/20	013			

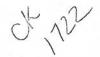
Do not use this form for asbestos licensure exempted activities.

#### List of Asbestos Containing Materials to be Removed from the Following Location:

Note: Is location normally used by maintenance/custodial: N/A

32 Early Street Morristown, NJ

Location of ACM to abated in facility	Description of ACM (i.e thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or N
Rear basement area	Pipe/elbow insulation	198 LF
Under first floor stairs	9" X 9" green floor tiles	21 SF
First floor northwest bedroom closet	9" X 9" brown floor tiles	36 SF
First floor blue bed room	Brown linoleum (top layer) 9" X 9" floor tiles (bottom layer)	210 SF
First floor kitchen	Yellow linoleum (bottom layer)	240 SF
First floor living room	Brown linoleum	300 SF
Second floor hallway	9" X 9" red floor tiles (bottom layer) under carpet	180 SF
Second floor	9" X 9" beige floor tiles under carpet	225 SF



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

Date of Notification (1	1) 7/2013			N	ame of Buil	ding Owner/Operat n Development	tor (2)	wal Dhan I I I				
Agencies Notified  EPA	Type Notific	cation		S	treet Addre			wai Filase I, LL				
DOL DOL	Amende Amendr Emerger	nent #_ ncy (includ	ding	C	ity, State, Zi Bedminste	ip Code		77	1010	201.2	9	
☑ DOH   ☐ DCA	justification Cancella				ame of Con ch Murph			Telephone I			ħ.	- 5
Name of Facility When	e Abatement is	Taking Pla	are (	8)	FACILITY I	NFORMATION		6	C.	S		To a second
Residence							Type of Fa		SC.	=	S.	1,72
Street Address 24 Early Street City (5)							Subchar	oter 8 (Other than F e., private & comm	(12) ercial b	uildin	وغ) ن	
Morristown							Square Fee 2,000 SF	100.0		Bldg		э
County (6) Morris				C	ounty Code SE ONLY)	(7) (STATE		(Prior if being den	nolishe	70+ d)		
Name of Monitoring Fire (8) N/A	m Hired by Build	ding Owne	er	ASC	M No.	Name of Abates Valiant Ass	ment Contracto	r (9)				
Street Address				1-		Street Address 145 Mill Stre						
City, State, Zip Code						City, State, Zip of Paterson, N	Code					
Project Manager for Mo	nitoring Firm		T	elephon	ne No.	Telephone No.		License No.				
Start Date (10) 03/11/2013		cheduled		oletion [	Date (11)	973-553-53 Name of OSHA	Monitor			1		_
Occupancy Status Durin		03/15/2( Check only		)		Valiant Asso	ociates, LLC	) 				
	ed During Entire	Period o	f Aba	tement		145 Mill Stre						
Other - Describe:						Paterson, No.						
Scope of Work (Check a	il that apply)		enova Demo	ition Dition		Goveba	closure g Procedure	Negative Pressure				
Location of	of	N	Locat lormal				tempted (*) and	d Non-Friable Prod		Abate Ty		t
Asbestos-Containing M TO BE ABAT IN Facility (13)	ED	Maii Ci	ntena ustodi staff? (12)	nce/ al	Asbest (i.e.,	Description of os Containing Mate thermal systems in surfacing, VAT, other miscellaneou	sulation, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
Basement		Yes	No	N/A	Di /DII				val	Ť	late	ure
and floor bath by kite	hen	+		X	_	oow Insulation	1	180 LF	Х			
				1	DIUWIII	inoleum (third	layer)	30 SF	X		_	
lame of Registered Wast Service Transport Gro			100 100 100	JDEP Valuer ID		Cubic Yards of Waste	Name of Reg	istered Landfill	1_			
ity, State New Castle, DE			-1-			Disposal Date 03/15/2013	City, State Waynesbur				-	=
ompleted By Iiodrag Stamenovic	anag	er		Signature	Houle	Date	2012		_	$\dashv$		
341						* Wienes	Wounds.	02/27/	2013			

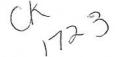
Do not use this form for asbestos licensure exempted activities.

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Date of Notification (1 02/2	7/2013	93				ding Owner/Opera		I DI	15/10	华、	,	- /- /	
Agencies Notified	Type Notific	cation	-	S	treet Addre				el, LLC		41,	70	
☐ DEP  DOL	Amende Amendm		ding	Ci	ity, State, Zi Sedminster	p Code	4 1 1001		-4	40%	24	À.	<u> Ce</u>
	justification Cancella	tion)	unig	Na	ame of Con ch Murph	tact		Tele	ephone Nu	ımber	13	10)	
N					FACILITY I	NFORMATION		_					_
Name of Facility Where Residence	e Abatement is	Taking Pl	ace (3	3)			Type of Fac	ility (4)					
Street Address 26 Early Street							Other (i.e	ter 8 (Oth	er than K- & commer	1 2) cial b	uildin	gs,	
City (5)		7.					Square Fee	etc.)	of Floors	_		. Age	
Morristown County (6)							2,000 SF	3	SV 11-04. SV-53. 11-04. 11-04.	_	70+		•00
Morris				- C	ounty Code SE ONLY)	(7) (STATE	Current Use Residence	(Prior if b	eing demo	lishe	d)		
Name of Monitoring Fire (8) N/A	m Hired by Build	ding Own	er	ASC	M No.		ement Contractor						
Street Address				1		Street Address						_	=
City, State, Zip Code						145 Mill Str			-				
						City, State, Zip Paterson,							
Project Manager for Mon	nitoring Firm		T	elephor	ne No.	Telephone No.		Lice	ense No.				
Start Date (10)	T è.	ob odula d	<u> </u>			973-553-53		_ 0	1108				
03/13/2013	(	cheduled 03/19/20	013		Jate (11)	Name of OSHA Valiant Ass	Monitor ociates, LLC						
Occupancy Status Durin	g Abatement (C	Check on	y one	)		Street Address							
Facility Closed/Vacate Abatement Performed	ed During Entire I Outside of Nor	Period o	of Aba	tement		145 Mill Stre			2				
Other - Describe:		mar r acii	ity no	ouis		City, State, Zip of Paterson, N							
Scope of Work (Check a	Il that apply)					I aterson, IV	3 07301						
>3 sf or >3 lf >160 sf or >260 lf			enova Demo	ation dition		∐ Mini-En ⊠ Goveba	ntainment with N closure ag Procedure						
	Add Address According		Locat		1	IN NOII-E	xempted (*) and	Non-Fria	able Proce	1	10000 3000	men	<u> </u>
Location of Asbestos-Containing Ma	of	Use	d Sole	ely by		Description of	f					ре	
TO BE ABAT		0	intena ustodi	ial	Asbest (i.e.,	os Containing Mat thermal systems i	erial (ACM)	1	ount ecify			m	
IN Facility (13)			staff? (12)	rit:		surfacing, VAT, other miscellaned	or		r LF)	Remova	Repair	Сар	inclo
	-	Yes	No	N/A		other miscenaries	jus)			oval	pair	Encapsulate	Enclosure
asement		1,03	140	X	Pipe/Ell	oow Insulation		189 L	F	177	-		
hroughout the Build				X	Plaster			1,770		X			
econd floor stairs and	d hallway	er e		Х	12" X 1:	2" tiles under c	arpet	300 SI		X			
ame of Registered Wast	n.					+				-			
ervice Transport Gro			H	JDEP I	No.	Cubic Yards of Waste	Name of Reg	istered La	ndfill				
ity, State		20990		of Waste	Minerva La	andfill							
ew Castle, DE						Disposal Date 03/19/2013	City, State Waynesbur	ah OU					
ompleted By Title Title Project Manage						Signature	0		Date	-		_	=
	<u>Pr</u>	roject M	lanag	ger		Liedso	glound	ove	02/27/2	013			
41	Yest In 1989						The oches	June	0212112	017			_

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	2013			11	Morriston	ilding Owner/Opera	tor (2)	1 r	vi	_			
Agencies Notified	Type No	otification		S	treet Addre			wai F	nase I, LL	C			_
EPA DEP	Initial Amer					oute 202/206, 3r	d Floor						-19
⊠ DOL	Amen	ndment #	<del></del>	1 -	ity, State, Z Bedminste					0	5	-	
DOH	justifi	rgency (ind	cluding	1000	ame of Cor				**		-		_
DCA	L_ Cance	ellation			ch Murpl				Telephone I	Numbe	r SO		
					FACILITY	INFORMATION		1		560		-	
Name of Facility Where A Residence	Abatement	is Taking	Place	(3)			Type of Fac	cility (	4)	1920		-	
Street Address							School (	K-12)		(D)		0	0
28 Early Street							Other (i.e	oter 8 e., ori	(Other than It vate & comm	(-1·2)-	u tildir		0
City (5)		-					homes,	etc.)					
Morristown							Square Fee 2,000 SF	t	# of Floors			. Ag	e
County (6)				C	ounty Cod	e (7) (STATE		(Prio	r if being den	nolisho	70+		_
Morris					SE ONLY)		Residence		- ii ocing den	ionsite	u)		
Name of Monitoring Firm (8) N/A	mirea by Bi	uilding Ov	vner	ASC	CM No.		ment Contractor						-
Street Address							ociates, LLO	<u></u>					_
						Street Address				100			
City, State, Zip Code						145 Mill Str							_
						Paterson, N							
Project Manager for Monit	oring Firm		1	Telephor	ne No.	Telephone No.		Т	License No.	_			_
Ob at Data (see						973-553-53	374	_	01108				
		C-1			Dela (44)					-		3	
		Schedule			Date (11)	Name of OSHA							
03/11/2013	Abatamont	03/15/	2013		Date (11)	Valiant Asso						11-5	
03/11/2013 Occupancy Status During	Abatement	03/15/ t (Check o	2013	ie)		Valiant Asso Street Address	ociates, LLC						
03/11/2013 Occupancy Status During A Facility Closed/Vacated Abatement Performed O	During En	03/15/ t (Check o	2013 only on	ie)		Valiant Asso Street Address 145 Mill Street	ociates, LLC eet						
03/11/2013 Decupancy Status During of Facility Closed/Vacated Abatement Performed Of Other - Describe:	During En Outside of N	03/15/ t (Check on tire Period Normal Fa	2013 only on	ie)		Valiant Asso Street Address 145 Mill Stree City, State, Zip C	eet						
03/11/2013 Occupancy Status During A Facility Closed/Vacated Abatement Performed O Other - Describe:	During En Outside of N	03/15/ t (Check on tire Period Normal Fa	2013 only on	ie)		Valiant Asso Street Address 145 Mill Stree City, State, Zip C Paterson, N.	eet Code J 07501						
O3/11/2013  Occupancy Status During A Facility Closed/Vacated Abatement Performed O Other - Describe:  Goope of Work (Check all to 13 sf or >3 lf	During En Outside of N	03/15/ t (Check on tire Period Normal Fa	2013 only on d of Ab cility H	e) atement dours		Valiant Asso Street Address 145 Mill Stre City, State, Zip C Paterson, N.	eet Code J 07501		ive Pressure				
O3/11/2013  Occupancy Status During A Facility Closed/Vacated Abatement Performed O Other - Describe:  Scope of Work (Check all to 13 sf or >3 lf	During En Outside of N	03/15/ t (Check on tire Period Normal Fa	2013 only on d of Ab cility H	e) atement lours		Valiant Asso Street Address 145 Mill Stre City, State, Zip C Paterson, N.	cociates, LLC eet Code J 07501 Intainment with Naclosure ag Procedure	Negati					_
O3/11/2013  Occupancy Status During A Facility Closed/Vacated Abatement Performed O Other - Describe:  Scope of Work (Check all to 13 sf or >3 lf	During En Outside of N	03/15/ t (Check on tire Period Normal Fa	2013 only on d of Ab cility H	re) retement fours retion rolition		Valiant Asso Street Address 145 Mill Stre City, State, Zip C Paterson, N.	eet Code J 07501  Intainment with N	Negati					
O3/11/2013 Occupancy Status During A Facility Closed/Vacated Abatement Performed O Other - Describe: Scope of Work (Check all to 19/160 sf or 2500 lf	During En Outside of N hat apply)	03/15/ It (Check of the Period Normal Fa	2013  only on d of Ab cility H  Renov Dem	vation ation		Valiant Associated Street Address 145 Mill Street Address 145 Mill Street Address City, State, Zip Control Paterson, N.  Full Control Mini-End Goveband Non-Extended Paterson	cet Code J 07501  Intainment with Nationare ag Procedure sempted (*) and	Negati			Abate		
O3/11/2013 Occupancy Status During Assessed Facility Closed/Vacated Abatement Performed Onther - Describe: Scope of Work (Check all to 1916) 160 sf or 260 if  Location of Asbestos-Containing Mate	During En Outside of N hat apply)	03/15/	Renove Dermi	vation ration ally lely by ancel		Street Address 145 Mill Street City, State, Zip C Paterson, N.  Full Company Mini-End Goveba Non-Ex	cet Code J 07501  Intainment with Notes of the code of	Negati	-Friable Prod		Abate	emen	
O3/11/2013  Occupancy Status During A Facility Closed/Vacated Abatement Performed O Other - Describe:  Goope of Work (Check all to 19/2016) A Second of 19/2016 A Seco	During En Outside of N hat apply)	03/15/	Z013  Only on d of Ab cility H  Renove Derm  Is Local Normal Seed So	vation ally lely by ance/	Asbes	Valiant Associated Street Address 145 Mill Street Address 145 Mill Street Address 145 Mill Street Address City, State, Zip Containing Mate, thermal systems in the street Address and t	cet  Code J 07501  Intainment with Nationare and Procedure cempted (*) and cerial (ACM) assulation.	Negati i Non	-Friable Prod Amount (Specify		Abate Ty	ре	- it
O3/11/2013  Decupancy Status During A Facility Closed/Vacated Abatement Performed O Other - Describe: Cope of Work (Check all to 3 sf or >3 lf >160 sf or >260 lf  Location of Asbestos-Containing Mate	During En Outside of N hat apply)	03/15/	2013 only on d of Ab cility H Renov Dem Is Loca Norma sed So lainten Custos	vation ation ally lely by ance/ dial	Asbes	Valiant Associated Street Address 145 Mill Street Address 145 Mill Street Address 145 Mill Street Address City, State, Zip Containing Materials Address  Street Address  Paterson, N.  Full Containing Materials Address  Description of tos Containing Materials Address  Street Address  145 Mill Street Address  Paterson, N.  Pull Containing Materials Address  Description of tos Cont	cet  Code J 07501  Intainment with Nationare and Procedure cempted (*) and cerial (ACM) asulation, or	Negati i Non	-Friable Prod		Abate Ty	ре	nt l
O3/11/2013 Occupancy Status During A Facility Closed/Vacated Abatement Performed O Other - Describe: Scope of Work (Check all to 1975) 3 sf or >3 lf 1975   Location of Asbestos-Containing Mate TO BE ABATED IN Facility	During En Outside of N hat apply)	03/15/ t (Check contine Period Normal Fa	Z013 Denly on d of Ab cility H Renov Dem Is Loca Norma sed So lainten Custom staff (12)	vation solition ally lely by ance/ dial ??	Asbes	Valiant Associated Street Address 145 Mill Street Address 145 Mill Street Address 145 Mill Street Address City, State, Zip Containing Mate, thermal systems in surfacing, VAT,	cet  Code J 07501  Intainment with Nationare and Procedure cempted (*) and cerial (ACM) asulation, or	Negati i Non	-Friable Prod Amount (Specify		Abate Ty		nt T
O3/11/2013  Occupancy Status During A Facility Closed/Vacated Abatement Performed O Other - Describe:  Goope of Work (Check all to 1/2 160 sf or >260 if  Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)	During En Outside of N hat apply)	03/15/	Z013 Denly on d of Ab cility H Renov Dem Is Loca Norma sed So lainten Custom staff (12)	vation realing and realing and realing and realing and realing and realing and realing	Asbes (i.e.	Valiant Associated Street Address 145 Mill Street Address 145 Mill Street Address 145 Mill Street Address 145 Mill Street Address Description Of Mini-End Goveband Non-Extended Street Address	cet  Code J 07501  Intainment with Notosure ag Procedure (cempted (*) and  perial (ACM) assulation, or us)	Non	-Friable Prod Amount (Specify SF or LF)	Removal	Abate Ty	ре	nt I
O3/11/2013  Occupancy Status During A Facility Closed/Vacated Abatement Performed O Other - Describe:  Scope of Work (Check all to 19/2000)  As sf or >3 If Asbestos-Containing Mate TO BE ABATED IN Facility (13)	During En Outside of N hat apply)	03/15/ t (Check contine Period Normal Fa	Z013 Denly on d of Ab cility H Renov Dem Is Loca Norma sed So lainten Custom staff (12)	vation ation ally lely by ance/ dial r?	Asbes (i.e.	Valiant Associated Street Address 145 Mill Street Address 150 Mini-End Goveba Non-Extra 150 Non-Extra	cociates, LLC cet Code J 07501 Intainment with Notice of the control of the contr	Non	Amount (Specify SF or LF)	Removal	Abate Ty	ре	nt I
O3/11/2013 Occupancy Status During A Facility Closed/Vacated Abatement Performed O Other - Describe: Scope of Work (Check all to 1916) Assistance Assistan	During En Outside of N hat apply)	03/15/ t (Check contine Period Normal Fa	Z013 Denly on d of Ab cility H Renov Dem Is Loca Norma sed So lainten Custom staff (12)	vation realing and realing and realing and realing and realing and realing and realing	Asbes (i.e.	Valiant Associated Street Address 145 Mill Street Address 145 Mill Street Address 145 Mill Street Address 145 Mill Street Address Paterson, N.  Full Con Mini-End Goveban Non-Extended Street Address Non-Extended Street Address In Street In Street In Street In Street In Street In In Street In In Street In In In In In I	cociates, LLC cet Code J 07501 Intainment with Notice of the control of the contr	Non	-Friable Prod Amount (Specify SF or LF)	Removal	Abate Ty	ре	nt I
Cocupancy Status During Facility Closed/Vacated Abatement Performed O Other - Describe: Cocope of Work (Check all to 3 sf or >3 if 160 sf or >260 if  Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)  and floor kitchen In facility (13)	During En Outside of N hat apply)	03/15/ t (Check contine Period Normal Fa	Z013 Denly on d of Ab cility H Renov Dem Is Loca Norma sed So lainten Custom staff (12)	vation ation ally lely by ance/ dial r?	Asbes (i.e.	Valiant Associated Street Address 145 Mill Street Address 150 Mini-End Goveba Non-Extra 150 Non-Extra	cociates, LLC cet Code J 07501 Intainment with Notice of the control of the contr	Non	Amount (Specify SF or LF)	Removal	Abate Ty	ре	nt I
O3/11/2013 Occupancy Status During A Facility Closed/Vacated Abatement Performed O Other - Describe: Scope of Work (Check all to 193 sf or >3 if 194 160 sf or 260 if Asbestos-Containing Mate TO BE ABATED IN Facility (13)  and floor kitchen ard floor kitchen	During En Outside of N hat apply)	03/15/ t (Check contine Period Normal Fa	Renove Derni Is Loca Norma Sed So Mainten Custor Staff (12)	vation ration ra	Asbes (i.e., 12" X 1 12" X 1	Valiant Associated Street Address 145 Mill Street Address 150 Mill Street Addr	cociates, LLC cet Code J 07501 Intainment with Notosure Interior Procedure Compted (*) and Compted (*) and Compted (*) Compted	Non 32 252	Amount (Specify SF or LF)	Removal	Abate Ty	ре	nt I
Os/11/2013 Occupancy Status During A Facility Closed/Vacated Abatement Performed O Other - Describe: Scope of Work (Check all to 1975) Scope of Work (Check all to 1975) Cope of Work (Check all to 19	During En Outside of N hat apply)	03/15/ t (Check contine Period Normal Fa	Renove Derni Is Loca Norma Sed So Mainten Custor Staff (12)	vation reliable by ance/ dial reliable X	Asbes (i.e. 12" X 1 12" X 1	Valiant Associated Street Address 145 Mill Street Address 150 Mini-End Goveba Non-Expose 150 Non-Expose 1	cociates, LLC cet Code J 07501 Intainment with N closure ag Procedure cempted (*) and cerial (ACM) sulation, or us)  les les	320	Amount (Specify SF or LF)	Removal	Abate Ty	ре	t l
Os/11/2013 Occupancy Status During A Facility Closed/Vacated Abatement Performed O Other - Describe: Goope of Work (Check all to 1975) Scope of Work (Check all to 1975) Coope o	During En Outside of N hat apply)	03/15/ t (Check contine Period Normal Fa	Renove Derni Is Loca Norma Sed So Mainten Custor Staff (12)	vation ration ra	Asbes (i.e. 12" X 1 12" X 1	Valiant Associated Street Address 145 Mill Street Address 150 Mini-End Goveba Non-Expose 150 Non-Expose 1	cociates, LLC cet Code J 07501 Intainment with Notosure ag Procedure cempted (*) and cerial (ACM) insulation, or us) Ies Ies Ies Intainment with Notosure interest (ACM) insulation, or us) Ies Ies Interest (ACM)	320	Amount (Specify SF or LF)	Removal	Abate Ty	ре	ot l
O3/11/2013 Occupancy Status During A Facility Closed/Vacated Abatement Performed O Other - Describe: Scope of Work (Check all to 1975) Copy of Work (Check all to 197	During En Outside of N hat apply)	03/15/ It (Check of the Period Normal Fa	Renove Derni Is Loca Norma Sed So Mainten Custor Staff (12)	vation reliable by ance/ dial reliable X	Asbes (i.e. 12" X 1 12" X 1	Valiant Associated Street Address 145 Mill Street Addr	cociates, LLC cet Code J 07501 Intainment with Notosure Interior Procedure Compted (*) and Com	322 252	Amount (Specify SF or LF)  0 SF 2 SF	Removal	Abate Ty	ре	nt I
O3/11/2013 Occupancy Status During A Facility Closed/Vacated Abatement Performed O Other - Describe: Scope of Work (Check all to 1975) Scope of Work (Check all to 1975) Coope o	During En Outside of N hat apply)	03/15/ t (Check contine Period Normal Fa	Renove Dem  Is Local Normal Staff (12)  S No	vation solition ation ally lely by ance/ dial ??	Asbes (i.e. 12" X 1 12" X 1	Valiant Associated Street Address 145 Mill Street Addr	cociates, LLC cet Code J 07501 Intainment with Notosure ag Procedure cempted (*) and cerial (ACM) insulation, or us) Ies Ies Ies Intainment with Notosure interest (ACM) insulation, or us) Ies Ies Interest (ACM)	322 252	Amount (Specify SF or LF)  0 SF 2 SF	Removal	Abate Ty	ре	nt I



Date of Notification (1) 02/27/201	13			N	ame of Buil	ding Owner/Operat n Development	tor (2) Urban Renev	val Phase I	116	5		3	
☐ EPA IX	ype Notificat	ion		S	treet Addre			R° (	LLC	73		7	
DEP DOL	Amended Amendmer Emergency	nt #	dina	C	ity, State, Zi Sedminste	p Code			C.	<u>-</u>	3		n.
DCA	justificatio Cancellatio	n)	3		ame of Con ch Murph			Talanha	- <u> </u>			- 1	e e
Name of Eacility Minors Abo					FACILITY I	NFORMATION			0		C)		
Name of Facility Where Abar Residence	tement is 1a	King Pl	ace (	3)			Type of Fac						
Street Address 22 Early Street							Other (i.e	ter 8 (Other the., private & co	nan K-1 ommerc	2) ial bu	uildin	gs,	
City (5) Morristown							Square Feet 2,000 SF		oors	T	Bldg 70+	. Age	
County (6) Morris				U	ounty Code SE ONLY)	(7) (STATE	Current Use Residence	(Prior if being	demoli	_	CE (ST A 2.0		
Name of Monitoring Firm Hire (8) N/A	ed by Buildin	g Own	er	ASC	M No.		ment Contractor					- 0.000	
Street Address						Street Address 145 Mill Stre							
City, State, Zip Code						City, State, Zip Paterson, N	Code						
Project Manager for Monitorin	ng Firm		T	elephor	ne No.	Telephone No. 973-553-53		License					
Start Date (10) 03/11/2013		eduled /15/20		oletion I	Date (11)	Name of OSHA	Monitor	_   _0110	)8				
Occupancy Status During Aba	tement (Ch	eck onl	A oue	)		Valiant Asso Street Address	ociates, LLC					3	
Facility Closed/Vacated Du	ring Entire P	eriod c	of Aba	tement		145 Mill Stre	et						
Abatement Performed Outs Other - Describe:	ide of Norm	al Facil	ity Ho	ours		City, State, Zip C Paterson, N.							
Scope of Work (Check all that	apply)									_			
>3 sf or >3 If 			tenova Demo	ation olition		⊠ Mini-End ⊠ Goveba	g Procedure						
		1000	Locat			I Non-Ex	cempted (*) and	Non-Friable	Proced		bate	men	t
Location of Asbestos-Containing Materia	I (ACM)	Use		ely by	Achest	Description of					Ту	pe	_
TO BE ABATED IN Facility (13)		C	ustod staff: (12)	ial	(i.e.,	os Containing Mate thermal systems in surfacing, VAT, other miscellaneo	isulation, or	Amount (Specify SF or LF	4	Removal	Repair	Encapsulate	Enclosure
asement		Yes	No	N/A	Di /PU					<u>a</u>	-	ate	Гe
tairs to Basement				X	1	ow Insulation	<del>,</del>	5 LF		X			
r Floor Hallway by entrance, 2nd Fl	oor Hallway			X	Light Li Red Lin			20 SF 50 SF		X			-
hird Floor Stairs				X		inoleum		60 SF		X			
ame of Registered Waste Hau	ler			NJDEP '	Waste	Cubic Yards	Name of Regi			X			
ervice Transport Group	rvice Transport Group Ha 2						Minerva La		1				
lew Castle, DE				Disposal Date 03/15/2013	City, State Waynesbur	oh On							
ompleted By iodrag Stamenovic	lanas	yer.		Signature	1 .	Da	6740 <del></del>				=		
41		JOC 1V	ana	201		Choiodes	Housel	ores 02	/27/20	13			

U/10

Date of Notification (1) 02/27/201	3			N	ame of Buil	ding Owner/Opera	tor (2) Urban Rene	wal Phase I, LL	<u> </u>	-		
□ EPA 区	pe Notificati Initial	ion		S	treet Addre			mai r nase i, LL	.C		-	_
DEP DOL	Amended Amendmen Emergency	it#	ding	C	ity, State, Zi Bedminste	p Code				0	·	-s <sup>th</sup> .
DCA	justification Cancellation	٦)	umg	N	ame of Con ch Murph	tact		Telant		-	13	<u> </u>
Name of Facility Where Abate					FACILITY I	NFORMATION			-7	77		<u></u>
Street Address	ement is Tak	king Pia	ace (	3)			Type of Fa	(K-12) pter 8 (Other than I	K-1 2)			
36 Early Street  City (5)							Other (i. homes, Square Fee	e., private & commetc.)	ercial b			
Morristown County (6)							2,000 SF	3	1	70+	. Age	2
Morris				U	ounty Code SE ONLY)	(7) (STATE	Current Use Residence	(Prior if being der	nolishe	d)		
Name of Monitoring Firm Hired (8) N/A	d by Building	Owne	er	ASC	M No.		ment Contracto	or (9)				=
Street Address				1		Street Address						_
City, State, Zip Code						_145 Mill Stre						
						City, State, Zip Paterson, N						
Project Manager for Monitoring	Firm		T	elephon	e No.	Telephone No.	74	License No.				
Start Date (10)	Sche	duled	Comp	oletion [	Date (11)	973-553-53 Name of OSHA		01108				_
03/13/2013	03/	19/20	)13			Valiant Asso						
Occupancy Status During Abat  Facility Closed/Vacated Duri	ement (Che	ck only	y one	)		Street Address				_		
Abatement Performed Outside	de of Norma	l Facili	ity Ho	urs		145 Mill Stre						
Other - Describe:						Paterson, N.						
Scope of Work (Check all that a	apply)		enova Demo	ition olition		Goveba	g Procedure	Negative Pressure				
Location of		N	Locat ormai i Sole			Description of	empted (*) and	Non-Friable Prod		Abate Ty		t
Asbestos-Containing Material  TO BE ABATED IN Facility (13)	(ACM)	Mair Cu	ntena ustodi staff? (12)	nce/ al	Asbesti (i.e.,	os Containing Mate thermal systems in surfacing, VAT, other miscellaneou	sulation, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
ehind walls & floor		Yes	No	N/A					val	air	ulate	ure
ay walls roof		_		X		ulation (wrap &	cut)	100 LF	X			
ay wans 1001		-		X	Roofing	Material		240 SF	X			
ame of Registered Waste Haule	*,											
ervice Transport Group	er		Н	JDEP V auler ID 20990		Cubic Yards of Waste		istered Landfill				
ty, State ew Castle, DE			=1_=			Disposal Date	Minerva La City, State			-		_
ompleted By iodrag Stamenovic	Title		_			03/19/2013   Signature	Waynesbur	Date		_		
41	Proje	ect Ma	anag	er		Hiedy	House	Love 02/27/	2013			



				- 10	(0)	1		-			
Date of Notification (1)  2/28/13			Name	ot Buildin	g Owner/Operator	(2) Lubik		91	-		12 (Ca)
Agencies Notified Type Notific	ation		Stree	t Address			1,7	÷	==		Net
EPA Initial						8 Chesterfield	d-Jacobstown	5-1		<u>-2</u>	
DEP Amende  Manual DOL Amende			City, S	State, Zip C			00560	C	2	62	
☐ Emerger	ncy (includin	g				sterfield, NJ					
DOH justifica			Name	of Contac	t Tim Rader		Telephone Numi	oer		R	
			EA	CIL ITY IND	ORMATION		L <del>-</del>	_		<u></u>	_
Name of Facility Where Abatement is	Taking Place	e (3)	FA	SILIT INF	ORMATION	Type of Facility	(4)				
Traine of Fashing Where Abatement is	Barn	. (0)				School (K-1					
Street Address 443 Chester	field - Ja	cobs	town	Rd			8 (Other than K-12 private & commerci )		dings		
City (5)	~					Square Feet	# of Floors	В	ldg. A		
	esterfield	l, NJ	1.0			5000	2		8	0	_
County (6)  Burlington				nty Code (	7) (STATE	Current Use (P	rior if being demolis residence	snea)			
Name of Monitoring Firm Hired by Buil	ding Owner	<del>-</del> -	ASCM	No.	Name of Abaten	ent Contractor (9					_
(8) MECS						mental Service	es, Iı	ıc.			
Street Address				Street Address							
PO Box	322						30x 322				
City, State, Zip Code Crosswicks,	NJ 0851	5			City, State, Zip C		n, NJ 08501				
Project Manager for Monitoring Firm		10.0000	phone		Telephone No.	70.000	License No.	0.40	2		
William Weisgarber Start Date (10)	Scheduled C	1		8-4070	(609) 25 Name of OSHA			049	3		_
3/13/13		3/15/		ile (11)	Name of OSHA		ECS				
Occupancy Status During Abatement	-		13		Street Address						
☐ Facility Closed/Vacated During Ent	ire Period of	Abate	ment			PO E	30x 341		EU.		_
☐ Abatement Performed Outside of N  Control Other - Describe: 7 AM-3:30		ty Hou	rs		City, State, Zip C		ks, NJ 08515				
Scope of Work (Check all that apply)											-00
≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		enovat emolitic			☐ Mini-En	ag Procedure	gative Pressure on-Friable Procedu	re			
		Locatio						1	bater	nent	
Location of		omally I Solel			Description of	,			Тур	e	
Asbestos-Containing Material (ACM)	Mai	ntenan	ce/		tos Containing Mat	erial (ACM)	Amount	Z.	<sub>Z</sub>	Ф	Щ
TO BE ABATED IN Facility		Staff?	11	(I.e.,	thermal systems i surfacing, VAT,	or	(Specify SF or LF)	Remova	Repair	cap	Enclosure
(13)		(12)			other miscellaned	ous)		val		Encapsulate	ure
=	Yes	No	N/A							ē	
Dairy Barn			×		transite		4700 SF	×			
							· <u> </u>				
Name of Registered Waste Hauler	0950	IJDEP \ lauler ID		Cubic Yards of Waste	Name of Regi	\					
Carnavale Disposa			297	20 CU		GROWS Lar	dfil			_	
City, State Hamilto				Disposal Date 3/15/13	City, State	/ Morrisvilla	DΛ				
Completed By		<del></del>	3/13/13   Signatu/#	<del>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>	Morrisville,	rA			-		
Mahlon E. Stevens	ojec	t Mar	ager	1111			2/28	3/13			

CX 22 rel

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

Date of Notification (1)  02 /	28 /	13					owner/Operator (2 via DiGiacomo	2) 2/2	1342	He	s.,		
Agencies Notified	Type Notificati	tion	•			Address 03 Rosa	lie Street	10g	MAR A	y ^	17		41
☑ DOLWD ☑ DHSS	Amended Amendmer	nt #			City, S	tate, Zip C	Code	<del>~</del>	LICENCUL	2.0	8		
☐ DCA	☐ Emergency		ding	-		of Contact			Telephone Numl	() ()			-
(NJAC 5:23-8)	justification  Cancellation					or Contact es DiGia			relephone warm	Jest 77			
	Caricellatic	JII				-				( S)			-
					FAC	ILITY IN	FORMATION	T (F 111 //		- Car			
Name of Facility Where A Estate of Livia DiG		aking P	lace (3	3)		4-		Type of Facility (4 ☐ School (K-12) ☐ Subchapter 8		١			
Street Address								Other (i.e., pri	vate and commer	cial bu	ilding	S,	
23 - 03 Rosalie Stre	et							homes, etc.)					$\perp$
City (5)								Square Feet	# of Floors	0.000	lg. Ag	je	
Fairlawn, NJ 07410				¥.				1,500	3		100		
County (6) Bergen					Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Prior	252	shed)			
Name of Monitoring Firm	Hired by Buildi	ing Ow	ner (8)	) /	ASCM I	No.	Name of Abateme	ent Contractor (9)				-	
Health & Safety Se	rvices				0011	7	Superior Aba	tement Inc					0
Street Address		-					Street Address	7 -4 - 2 7		*			
318 12th Street							2 Henderson	Drive					
City, State, Zip Code	0-					-	City, State, Zip Co	ode				7-27-27	
Hammonton, NJ 08	037						West Caldwe	II, NJ 07006					10
Project Manager for Mon	itoring Firm		- 1	Tele	phone I	No.	Telephone No.	***	License No.				
Jim Proctor	1			(6	09) 70	4-8850	(973) 808-161	6	00411				
Start Date (10)	Se	chedule	ed Cor	mplet	tion Dat	te (11)	Name of OSHA M	lonitor	1 1				
03 / 11 /	13	03	_ /	13	_ / _	13	Superior Aba	tement Inc					
Occupancy Status Durin	a Abatement (C	Check o	nly on	e)			Street Address						
☐ Facility Closed/Vacat					nent		2 Henderson	Drive					
☐ Abatement Performed						cribe	City, State, Zip Co	ode					
Time of Abatement:	AM	PM/_		PM-		AM	West Caldwe						
Scope of Work (Check a	ll that apply)						☐ Full Con	tainment with Nega	ative Pressure				
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf			Ren					a Procedure					
							☐ Non-Exe	mpted (*) and Non	-Friable Procedu				
				ocat orma			Description			Ab	-	ent Ty	
Location Asbestos-Containing		,	Used	Sole	ly by	Asbe	Description of estos Containing Ma		Amount	Rer	Repair	Encapsulate	Enclosure
TO BE AB	ATED	<b>'</b>	Mair	itena			e., thermal systems	insulation,	(Specify	Removal	air	aps	Sok
IN Faci			Cusio	(12)	olaii:		surfacing, VAT other miscellane		SF or LF)	<u>a</u>		ula	Гe
(13)			Yes	No	N/A		otrer miscolarie	ous,				fe	3
Basement		[	丁			Pipe In	sulation		30 LF				
		[											
		1						7. 10					
			=+		-			77.72		10			П
	ate the de-	1			JDEP \	Nosts	Cubic Varda of	Name of Regist	ered Landfill	그ᆜ	Щ	П	ш
Name of Registered Wa				85293	auler I		Cubic Yards of Waste	Minerva La					
Service Transport	Group, Inc			1	SW21		2	1	iidiiii	-		777	
City, State	200				112		Disposal Date	City, State		- 13			cett III
New Castle, DE							3/13/13	Waynesbur	gn, OH				
Completed By (Print or 1	Гуре)	Title	sider	nt			Signature	11/1/1	/	ate 2	8	_ ['	3
MICK I GUOVSKI			-51461	•••	-			1/1/100	vun c		25	- 1	_

ASB-41 MAY 11

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

1 cx to

Date of Notification (1) 2/28/2013				of Building Owner	Operato	r (2)	<del>,</del> J <sub>aba</sub>	TAP 4	in di		4	
Agencies Notified Type Notification				Address HADLEY ROA	ND	<del></del>	# Z/	Op 1	ن الما	· ~		
EPA Initial Amended Amendment	#_/	Ī		tate, Zip Code TH PLAINFIEL	D. NJ (	07080	-77	CASTAL	100	<del>.c.c</del>		
□ Emergency     □ justification)     □ Cancellation	1 17		Name	of Contact LEONARDIS			Tel	ephone Nu	mber	,		
			FAC	LILITY INFORMAT	TION							
Name of Facility Where Abatement is Takin PSE&G	ig Place (	3)				Type of Facility  School (K-	12)		N			
Street Address 1148 HENDRICKS CAUSEWAY						Subchapte Other (i.e. etc.)				ldings	, hom	ies,
City (5) RIDGEFIELD						Square Feet 7900	35.01/35.35	Floors 2		31dg. 36 Yl		
County (6) BERGEN			County (STATE	Code (7) USE ONLY)		Current Use (Pr SWITCH ST			hed)			
Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS	Owner (8)		ASC 004	M No. 15		of Abatement Co QUE SYSTEM			Α			
Street Address 64 BROAD STREET				***************************************		Address WHITEHEAD	AVE.			-		
City, State, Zip Code MATAWAN, NJ 07747						State, Zip Code ITH RIVER, N.	J 0888	2				
Project Manager for Monitoring Firm TOM GEIGER		T	Telepho 732-2	one No. 90-2217	Telepl	none No. 432-8350		License N 01111	lo.			
Start Date (10) 3/22//3			npletion	Date (11)	1	of OSHA Monitor		AMERICA	۹			
Occupancy Status During Abatement (Chec	k Only Or	ne)	17.5			Address						
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm	nal Facility	Hours				WHITEHEAD A	AVE.					
Scope of Work (Check All That Apply)	ary operato	ors as r	needed C	>hly		TH RIVER, N.	J 0888	2				
≥3 sf or ≥3 if  ≥160 sf or ≥260 if		tenova Demolit		*	×	Full Containm Mini-Enclosure Glovebag Pro Non-Exempte	e cedure				9	
	le	Locati	on.	I T		1 Non-Exemple	u ( ) and	HOII-I HAD	1	W. W. S. S.	emeni	
Location of	l N	lormal	у	De	scription	of			_	Ту	pe	-
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Mai Cust	d Sole intenar odial S (12)	ice/ taff?	Asbestos Con (i.e. thermal surfa	taining N	laterial (ACM) s insulation, T, or	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
CONTROL ROOM	Yes	No	N/A	1,44					_			
OUTSIDE	-	X			& MAS			98 SF	X			
OUTSIDE		^		ACM WINDO	VV & DO	JOR CAULK	25	0 LF	Х			
Name of Poolet												
Name of Registered Waste Hauler WASTE MANAGEMENT		H	JDEP Wauler ID 25			Name of GROW	NACOL STATE	ed Landfill				
City, State ELIZABETH, NJ				Dispos	sal Date			E, PA				$\neg$
Completed by CAROL RAIMO	Title OFFI	CE M	ANAG	1.0					e /2	8/0	201	3

Date of Notification (1) 2/12/2013		Name o	f Building . & G	Owner/C	perator	(2)		47 14	0	140				
Agencies Notified	Type Notification			Street A	Address HADLEY	/ ROAI	) )			é	10 x		Z D	i.
DEP DOL	Amended Amendment				ate, Zip Co H PLAII		), NJ (	7080			Ġ,		···· 2	2.
X DOH X DCA	Emergency justification) Cancellation	7 /			f Contact LEONA	RDIS			Ta	lonha M		4	17	?
Name of Facility Where PSE&G	Abatement is Takin	g Place (	3)	FAC	ILITY INFO	ORMATI	ON	Type of Facili	2.000					-
Street Address 1148 HENDRICKS	CAUSEWAY									her than K- & commerc		dings	, hom	es,
City (5) RIDGEFIELD								Square Feet 7900	#	of Floors 2		3ldg. /		
County (6) BERGEN				County (STATE	Code (7) USE ONLY			Current Use ( SWITCH S			shed)			
Name of Monitoring Firm ENVIRONMENTAL		Owner (8)	)	ASCI 004				of Abatement ( QUE SYSTE			;A			
Street Address 64 BROAD STREE	T .					1500000	Address WHITEHEA	O AVE.						
City, State, Zip Code MATAWAN, NJ 07	747							State, Zip Code JTH RIVER,	NJ 088	82				
Project Manager for Mor TOM GEIGER	nitoring Firm		Telepho 732-2	ne No. 90-2217		Committee of the committee of	hone No. 432-8350		License 01111	No.				
Start Date (10) 3/1/13		Schedul 3/7/13		npletion	Date (11)			of OSHA Monit QUE SYSTE		AMERIC	Α			
Occupancy Status Durin	ng Abatement (Chec cated During Entire		1/2	nent				Address WHITEHEAL	AVE.					
Abatement Perform  Other – Describe:	ned Outside of Norm	nal Facility	Hours					State, Zip Code JTH RIVER,	NJ 088	82			,	
Scope of Work (Check A	All That Apply)	[E] .	•				F	7			_			
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf		whereaster.	Renova Demolit					Full Contain Mini-Enclos Glovebag F	ure rocedure					
		Is	Locati	on	l			Non-Exemp	ted (*) ai	id Non-Fria	Die Pro	Abat	emen	t
Location Asbestos-Containing			Normal ed Sole		Aches		scription	of Material (ACM)		Amount	-	1	pe	
TO BE AB In Faci (13)	ATED lity	100000000000000000000000000000000000000	intenar todial S (12)		(i.e.	thermal surface	system cing, VA niscellar	s insulation, T, or	(	Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
CONTROL	DOOM	Yes	No X	N/A		1/4					1_		6	
	CONTROL ROOM OUTSIDE						& MAS	OOR CAULI		598 SF	X	_		
, 00131	Х		ACIVI VI	MINDO	/V & D	OOK CAULI	1 2	50 LF	X					
	Name of State of Stat										$\dagger$			
Name of Registered Was WASTE MANAGEM	WASTE MANAGEMENT					of Was	ste	Name		ered Landfi	II			
City, State ELIZABETH, NJ				Dispos 3/7/13	al Date			LE, PA						
Completed by CAROL RAIMO	CE M	IANAG	ER	S	ignature	0 P	بد و د	D 2	ate /12/20	)13				

04/128

Date of Notification (1)			Name	of Buildin	g Owner	/Operator	(2)			U,6.		2		
2/27/13				Pas	saic Ti	ffany I	Reallty	Corp			ر. ن راکورس	; ;	4	n.
Agencies Notified	Type Notification	1			Address Passa	ic St					4	6%	60	-1/2
DEP X DOL	Amended Amendmer			City, St Passa	ate, Zip (	Code 07055						<u></u>	W.	30
DOH DCA	Emergency justification Cancellation	)		Name o	of Contac	t			IT	elephone N	lumbei			
	1-				ILITY IN									
Name of Facility Where Apt Building	Abatement is Taki	ng Place (3	)					Type of Facilit	y (4)					
Street Address 158 Passaic st							-	Other (i.e	ter 8 (O:	ther than K	-12) rcial bu	ilding	s, hon	nes,
City (5) Passaic NJ 0705	55		-					etc.) Square Feet	#	of Floors		Bldg.	Age	
County (6) Passaic				County (STATE	Code (7) USE ONL	y)		Current Use (F	Prior if b	eing demol	ished)			
Name of Monitoring Fire	m Hired by Building	Owner (8)	1	ASCI	M No.		Name	of Abatement C	ontracto	or (9)				
Bio Terra Solutions							All	Pro Manag	ement	LLC				
Street Address P.O. Box 1224						1000	Address Outwater La	ane, S	te., B			**********		
City, State, Zip Code Union, NJ 07083								tate, Zip Code field, NJ 0	7026					
Rick Eustaquio	roject Manager for Monitoring Firm Rick Eustaquio							one No. 3-928-4888		License 0118				
Start Date (10) 3/9/2013		Schedule 3/10/2	d Cor	mpletion	Date (11)			of OSHA Monito		1				
Occupancy Status Durin	ng Abatement (Chec	k Only One	€)					Address						
Facility Closed/Vac Abatement Perform	ated During Entire ned Outside of Norr	Period of A	baten Hours	nent				Outwater L	ane, S	Ste., B				
Other - Describe: Scope of Work (Check A	UTL-14 LV						Ga	rfield, NJ 0	7026					
X ≥3 sf or ≥3 lf   ≥160 sf or ≥260 lf	кіі тпат Арріу)	Property and the same of the s	enova				X	Full Containr Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure				'e	
		ls I	ocati	on							T	Abat	emen	t
Location Asbestos-Containing		Used	ormal Sole			Des	scription	of			_	Ty	ре	_
TO BE AB In Faci (13)	ATED lity	Mair Custo	itenar dial S (12)	nce/ Staff?	Asbes (i.e.	thermal surface	aining Ma systems cing, VAT niscellane		(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
D .		Yes	No	N/A	mar								· O	
Basement				X	TSI					6 LF	X			
											+			
Name of Registered Was			150.00	JDEP Wauler ID I		Cubic '		Name of	Registe	ered Landfil	1	L		
All Pro Managem	nent LLC			034860			eeded	IESI		ill 				
Garfield NJ						TBE	al Date	City, Sta Bethl		PA				
Completed by		Title					gnature	1			ate			
Zvonko Veskov	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						full	oller	1		/27/2	2013		

CK 004742		منعصصت بن الاصلاد	o.ou and 12:120)	- management	3 04:17pm P	
Date of Notification (3)	Name of Building	Owner/Operator (2)		NJ Dept Mically	NOVED -	7
10 [2 ]/[2 [6 ]/ [1 [3 ] Agencies Notified   Type Notifi	MINI FOGEL		20/2	Date: Za Gigna	ore)	Tices
DEP Amended	3 FAIRVIEW	TERRACE	2013 m	Y	men -	
DOL Amendment	#: City, State, Zip Co	de				2000 m
DOH (moluding justification	The state of the s	DD, NJ 07040	· Close	Telephon	Missishar	
Cancallati		The second secon			s recritimen	',
Name of facility where abatemen	t is taking place (3)	FACILITY INFORMA	TION		i	
MINI FOGEL			3 41		(K - 12)	
Street Address				Subcha	pter 8 (Other t	han K-12)
3 FAIRVIEW TERRACE	County (A)	192		Bidgs./r	rivate/Comme lomes, etc.	Bldg, Age
MAPLEWOOD	Doory		County Code (7) (State use only)	Current Use (Prin		
Name of Monitoring Firm Hired by	Bidg. Owner (8)	ASCM No.	Name of Abatemen		a u penug den	iolished)
Street Address	<u>i</u>		D&S RESTOR	RATION, INC.		
City, State, Zp Cods			20 California A	ve.		
7.5			City, State, Zip Code Paterson, N.I. 0		<del></del>	
Project Manager for Monitoring Firm	Phone Nur	nber	Telephone Number	i ii	icense Numb	
Start Date (10)	Scred Completion Date	(11)	973-345-8020 Name of OSHA Mon	litor	01169	ing a 12
02/27/13 Occupancy Status During Abatement	03/18/13		D & S Rostorati	iou, Inc.		
Facility closed/vacated during Abatement performed outside Describe:			20 California Av City, State, Zip Code	venue		· V
Other Describe: NORMAL HI	DURS /			*77		
Buope of Work toheck all that apply    Sign or > 3			Paterson, NJ 07	503 ull Contamment wine		
LI ≥160 ef or ≥260 ff	Renovation Demolition			Vini-enclosure	410	
aspestos-containing	is location normally used solel by maintenance/custodial staff(12)	Description of	ashersics containing	Von-Exampled (*) and	R R	R E E
abated instaclity (18)	Yes No N/A	material (ACIV	)	(Specify SF or LF)	m p	o c
BAŞEMENT		PIPE INSULAT	TON	29 L FT.	8 1	P
Salar Brand House & Harley		71				
egistered Waste Hauler D. & S. RESTORATION, INC.	NJDEP Hauler ID# CI 13506 1	ubic Yards of Weste YD	i and of the diameter	andiji , i i		
ity. State PATERSON, NJ 07503	Disposal D 02/28/13	Bhb	City, State	ESOURCE RECOV	ERY	The state of
Completed by (Print or Type) THE BOGDAN JOLDZIC P	te RESIDENT	Signature : .	TULLYTUWN, P	A Date		A STATUTE
	The state of the s			1 1760		- 10 50 B.T.

#### D&S Proj. #: MS 13-68

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

		NI	. "	_	10 1 10			2012.		10 10 10				
Date of Notification (1)		MINI F		JWN	er/Operator (2)			-13/9	AR -4 Con OF 150	8.			W.530	
Agencies Notified   Type Notifica	ition	Street Add		-						414 2				
☐ EPA ☐ Initial	11							d'Z	1/10	(	8			
DEP Amended			VIEW		RRACE			~ 47.	OFFICE	N. Cr.				
DOL Amendment #	t:   [	City, State	, Zip Cod	le					11011	10 1101				
Emergency	, []	MAPL	EWOO	D, 1	NJ 07040					Ç				
DOH (including justification	,	Name of C	ontact							ne Numbe				
☐ DCA ☐ Cancellation	. 11	MINI	FOGEL						1					
			F	ACI	LITY INFORM	MOITA								
Name of facility where abatement	is taking of	ace (3)						Type	of Facility	(4)				
MINI FOGEL	.,	(0)						1,700		ol (K - 12	2)			
Street Address				-						hapter 8 (			(-12)	
										(Private/0./Homes,		ercial		
3 FAIRVIEW TERRACE								Squa	re Feet	# of Floo	ors	В	ldg. A	\ge
City (5)	Cou	nty (6)					inty Code (7)							
MAPLEWOOD	ES	SEX				(Sta	ite use only)	Curr	ent Use (F	Prior if bei	ng den	nolish	ed)	THE TAX
Name of Monitoring Firm Hired by				T	ASCM No.	-	Name of Abatement	t Contrac	tor (9)					
							D & S RESTOR							
Street Address	2	***************************************				$\dashv$	Street Address	411101	, INC.					-
							20 California A	ve						
City, State, Zip Code				_		-	City, State, Zip Code			awate a second				
•							Paterson, NJ 0							
Project Manager for Monitoring Firm	n	T F	Phone Nu	mb	er	-	Telephone Number	7303		License	a Numi	oer		
3		l'	110110 110		o.	- 1	973-345-8020	)			01169	Jei		
Start Date (10)	ISche	d. Comple	tion Date	/11	· · · · · ·	_	Name of OSHA Mor					===		
27 + 25.			don Date	( ) .	,		D & S Restorat	ion, Inc.						
02/27/13	03/1						Street Address							
Occupancy Status During Abateme			00000000000000000000000000000000000000				20 California A							
Facility closed/vacated during Abatement performed outside							City, State, Zip Code	)						
Describe:		racinty no	415			_								
Other-Describe: NORMAL I				_		-	Paterson, NJ 0	7503						
Scope of Work (check all that appl	y)	WORLDON,			////			Full Con	tainment v	v/negative	press	ure		
$\boxtimes$ >3 sf or >3 lf	Renovation	on						Mini-end						
≥160 sf or ≥260 lf	Demolitio	n							g procedu empted (*)		-friable	proce	edure	1
Location of		n normally		lely							R	R	Е	E
asbestos-containing	staff(12)	enance/cu	stodiai				sbestos-containing		Amount	_	e m	e	n	n
material (acm) to be abated in facility (13)		No		_	material (/	ACM)			(Specify S LF)	SF or	0	a	a	C
valuetes du victorio de la sectio de describir de la Novela de la Nov	Yes	No	N/A	4					,		v e	i	р	-
BASEMENT		X			PIPE INSU	LATI	ON	29	LFT		X			
							and the same of th							
			1	Ī										
				Ħ								П		T
Registered Waste Hauler		EP Hauler	ID#		ibic Yards of W	aste	Name of Registered				.,			1
D & S RESTORATION, INC.	135	506		_	YD		TULLYTOWN,	RESOL	IRCE RE	COVER	RY			
City, State			Disposa				City, State							
PATERSON, NJ 07503			02/28	113		_	TULLYTOWN,	, PA		T				
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESID	ENT			Signature					Date 02/26/	13			
			for asbe	sto	s licensure exe	mpted	activities.			1-20/				

OK O D&S Proj. #: 2013

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

									1 1AF	)		٠.		
Date of Notification	1 (1)		Name of B	uilding Own	er/Operator (2)	)			**************************************	44 1414 1441	- 1	ALC:		
10 12 1/12 15			MARK	NATHAN					₹770×	4/	2			
Agencies Notified EPA	Type Notifica Initial	tion	Street Addr	ess	,				· 450	90%	0	ç)		
☐ DEP	Amended		11 GLE	NNON CO	OURT				(°()	1024	· ~	,		
	Amendment #		City, State,	Zip Code						4	₹ .			
DOL	Emergency		WEST	ORANGE	, NJ 07052								65	+
DOH	(including justification)	Ī	Name of Co	ntact				-	Telephon	e Numbe	er	-	-	
☐ DCA	Cancellation		MARK	NATHAI	J				I .		20			
	Cancellation	<u>'                                    </u>	· · · · · · · · · · · · · · · · · · ·		ILITY INFORM	MICHA	J							_
Name of facility w	here abatement	ie takina ni	200 (2)					_	Type of Facility (	4)				
MARK NATH		is taking pi	ace (5)						Schoo	I (K - 12				
Street Address								=	100.550	apter 8 (			-12)	
									Other ( Bldgs./	Private/t Homes,	ctc.	ercial		
11 GLENNON	COURT		Del SC 11707					_	Square Feet	# of Floo	ors	В	dg. A	ge
City (5)		Cou	inty (6)				unty Code (7)							
WEST OD AN	ICE NI 07053	LEC.	SEX			(Sta	ate use only)		Current Use (Pr	rior if bei	ng den	nolish	ed)	ÿ.
WEST ORAN Name of Monitorin			11.00		ASCM No.	L_,	Name of Abatem	2024	(0)					
·	ig i iiii i iiica by	Diag. Own	CI (0)		ASCIVI NO.									
Street Address						_	D & S REST Street Address	ORA	TION, INC.					
Offeet Address														
City, State, Zip Coo	le .	-				_	20 Californi City, State, Zip C		e.			-		
- to,   - talle, 2.1p									.02					
Project Manager fo	r Monitorina Firm	1	TP	hone Numb	er	-	Paterson, N. Telephone Numb		503	License	Mumb	201		
	· ···o·····o······g · ····			none rumb	CI	- 1	973-345-80			1	01169			
Start Date (10)		I Caba	d Committee	D-t- (4)			Name of OSHA		or	<u> </u>				<del></del>
NOTES AND ASSESSED OF CORPS		Scrie	u. Completi	on Date (11	)		D & S Resto	oratio	on, Inc.					
03/07/13		03/2					Street Address							
Occupancy Status			- 55				20 California	a Ave	enue					
	d/vacated during erformed outside						City, State, Zip C	ode		i , cele				
Other-Descri	be: NORMAL F	IOURS				_	Paterson, N.	J 075	503					
Scope of Work (ch	neck all that appl	y) ·							ull Containment w	/negative	nress	ure.		-
$\ge 3$ sf or $>3$ If	$\boxtimes$	Renovation	on					_	fini-enclosure	mogaav	o prooc	uio		
≥160 sf or ≥2	-	Demolitio	n					_	lovebag procedur		20 20		25	
				used solely	Γ				Non-Exempted (*)	and Non	-friable	Proce		
Location of asbestos-cor	ntaining	by mainte	enance/cus			on of o	sbestos-containin	α.	Amount		е	e	E n	E
material (acn		staff(12)	T		material (		spesios-comanini	g	(Specify S	F or	m o	p a	c a	C
abated in fac	iiity (13)	Yes	No	N/A					LF)		V	i	p	L
BASEMENT			X	1	PIPE INSU	LAT	ON		105 L FT		e	f		I
												뉴	H	一
						-		-			計	H	H	計
						-					計	H	片	H
											H	금	H	H
Registered Waste H		NJD	EP Hauler	ID# C	ubic Yards of V	Vaste	Name of Registe	ered L	andfill	-	-			
D & S RESTOR		135		1	YD				ESOURCE RE	COVE	RY		CI	
City, State	× 0====			Disposal D			City, State							-
PATERSON, N				03/08/13			TULLYTOW	VN, I	PA					
Completed by (Print BOGDAN JOLI	200 0	Title PRESID	ENT		Signature					Date	/12			
				for achoes	s licensure exe	mnto	Lactivities			02/25	/13			
ASB-41		DO HOL US	C 11112 1011U	ini asnesto	a licelisure exe	mhtec	activities.							

D&S Proj. #: 2013

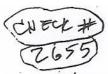
#### State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

			(Ful	Suant to NJA	.C 8	3:60 and 12:120)						
Date of Notification (1)		Name (	of Building O	wner/Operator (2	21		20/2.	3, 40				
10 12 1/12 16 1/11 13		11	NELSON	All the Management of the Control of	2)		6 300 C	AP.	4 4	j.		
Agencies Notified Type Not EPA Initial	tification	Street A						<u>`\</u>	0	" E.	1	
DEP Amend	ed	4201	JPPER MO	DUNTAIN AV	EN	TIE	& Lick	?e. 7	72.	_		
→ DOL Amendme		City, Sta	ate, Zip Code	9	LIV	OE	70%	7.65g		8		
Emerge		Uppe	er Montclai	ir, NJ 07043				1946	20,			
DOH (includii justifica		Name of	Contact				Telen	hone Nun	nher.			
DCA Cancell	ation	DON	NELSON	Ī			Тогор	HONG INGI	inei			
			FA	CILITY INFORM	IATI	ON			-			
Name of facility where abatem	ent is takin	g place (3)					Type of Facili	tv (4)				
DON NELSON						2		19 (4) 100l (K -	12)			
Street Address					_		Sub	chapter 8	3 (Othe	r thar	ı K-12	2)
420 UPPER MOUNTAIN	AVENU	Έ					Other Bldg	er (Private gs./Home:	e/Comi s, etc.	nercia	al	
City (5)		County (6)			C	ounty Code (7)	Square Feet	# of FI	loors	T	Bldg.	. Age
Upper Montclair		ESSEX			(S	State use only)	Current Use	(Prior if b	eing de		shed)	
Name of Monitoring Firm Hired	by Bldg. O	wner (8)		ASCM No.		Name of Abatemen						
						D & S RESTOR						- 0'800
Street Address				.1 ————	=	Street Address	ATION, INC.			_		
City, State, Zip Code						20 California A	ve.					
Oity, State, Zip Code						City, State, Zip Code						
Project Manager for Monitoring F	irm		D		_	Paterson, NJ 07	7503					
g and meaning (			Phone Numb	ber		Telephone Number			se Nun			
Start Date (10)	ISch	ned Comple	etion Date (1	4\		973-345-8020 Name of OSHA Mon			0116	)		
03/07/13		/20/13	edon Date (1	1)		D & S Restorati						
Occupancy Status During Abaten	nent (Chec	k only one)			_	Street Address						
Facility closed/vacated duri	na entire o	eriod of aba	tement.			20 California Av	renue					
Abatement performed outsi Describe:	de of norm	al facility ho	ours-			City, State, Zip Code						
Other-Describe: NORMAL	The second second				-	Paterson, NJ 07	503					
Scope of Work (check all that ap	ply)						full Containment	w/nn				
	Renova	tion		3			Mini-enclosure	wnegativ	e press	ure		
≥160 sf or ≥260 lf	Demolit					<b>A</b>	Glovebag procedu	ire				
Location of asbestos-containing	ls locat	ion normally ntenance/cu	used solely				Non-Exempted (*)	and Non	-friable	Proc	edure E	<del>}</del>
material (acm) to be	staff(12		<del></del>	Description	of a	sbestos-containing	Amount		e m	e	n	E n
abated in facility (13)	Yes	No	N/A	material (AC	JIVI)		(Specify S	SF or	0	a	a	C
BASEMENT		TX-	1	PIPE INSULA	ΔΤΪ	ON	1417 700		v e	i r	р	L
			1	THE HIGOLI	111	ON	141 L FT					
									111	ᆜ	므	므
		]							+	片	井	H
egistered Waste Hauler									H	屵	井	믐
& S RESTORATION, INC.	NJE 13	EP Hauler 506		bic Yards of Was YDS	ste	Name of Registered L	andfill		1-1		<u> </u>	
ty, State		0.7	Disposal Da	te	-	TULLYTOWN, R City, State	ESOURCE RE	COVER	Y			
PATERSON, NJ 07503  pmpleted by (Print or Type)	T ==::		03/08/13		_	TULLYTOWN, P	Α					
BOGDAN JOLDZIC	Title PRESID	ENT		Signature				Date				
SB-41			for asbestos	licensure exemn	tod	activities		02/26/	13			

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

Check # 1258

Date of Notification (1)  01 / 21 /	13	1. 011007	Name o	f Building Owner / Op AN LAROCHE			AC CO	- 12	-50
	pe of Notification		Street A		2013 M	'An			
✓ EPA □ DEP ☑ DOH	☐ Initial ☐ Amended Amendment	# 3	NUTLEY	ate, Zip Code 7, NJ 07110 f Contact	4 ,,	AD 4	AH 2: 0	ie	
☑ DOL		w/ justification	BEHRAI	W IRANI	& L	, , , , , , , , , , , , , , , , , , ,	-311 11	(.	
Nome of Facility 188			FACILITY	NFORMATION			-3		
Name of Facility Where A HOFFMAN LAROCHE - B	Abatement is Taking LDG 85	Place (3)		Type of Facility (4)					
Street Address 340 KINGSLAND AVENUE	<u> </u>		10	Other (I.e	K-12) oter 8 (Othe e., private 8 oomes, etc.)	& cmmerci	2) al		
City (5) Cou	inty (6) SEX	County Code	€ (7)	Square Feet 155,000 Current Use (Prior	# Of Floo	ors 8	Building	g Age 40-	
Name of Manifesia - Fi				OFFICE/RESEARCH	1				
Name of Monitoring Firm	Hired by Bldg. Owr	ner (8)	ASCM N	Name of Abatemen	t Contracto	or (9)			
TRC Street Address				LVI Environmental S	ervices Inc.				2
430 BROADWAY				Street Address					
City, State, Zip Code NEW YORK, NY 10018				462 Getty Avenue					
roject Mngr. For Monitor	ring Firm	Telephone No	umber	City, State, Zip Cod	е				
DWARD GERDTS		212-221-8014		Clifton, NJ 07011	11 13 10	1 3110 11			
_03 / _19 /	Sched. Comp	eletetion Date (	11) / <u>13</u>	Telephone Number		License			
ccupancy Status During	Abatement (Check	Only 1)		973-772-3660 Name of OSHA Mon	itor	J	00	0117	
Facility Closed Abatement	Nacated During Ent	tire Period of		LVI Environmental Se Street Address					
Abatement Per Hours - Describ	formed Outside of N	lormal Facility							
Other - Describ	e:MON-FRI			462 Getty Avenue City, State, Zip Code	)				
cope of Work (Check All	7:00AM-3:00P That Apply)	M		Clifton, NJ 07011					
Demolition		Renovation	П	Full Containment wi	th Negative	Proceura			
<ul> <li>≥3sf or ≥3lf</li> <li>≥160 sf or ≥260</li> </ul>	16			Mini - Enclosure		, i icasuic			
☑ 2100 St 0F 2200	п		□	Glovebag Procedure Non-Exempted (*) ar	e nd Non-Fria	ble Proce	dure		
Location of	ls		Descript			Abatemer	nt Type		
Asbestos Containing Material (ACM)	Location Normally	As	sbestos - C Material		Amount	R E		E	E
TO BE ABATED	Used		e., thermal	systems	(Specify	M	R E	N C	N C
in Facility (13)	Solely by Main-	insu	lation, surf other misc	facing, VAT,	SF or LF)	0	Р	Α	L
9.24	tenance/	J. Core	omer misc	enaneous)		V A	1000	P S	o s
9	Custodial Staff (12)					Ĺ		Ü	U
II DING 95	YES NO N/A							L	R
ILDING 85		WATERPROOF	FING TAR		45.66 CF	<u> </u>			
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me of Registered Waste	Hauler	MIDEDIA	0.1:						
IC TRANSPORTATION		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered I LONE MOUNTAIN	Landfill				
y, State AVE P NEWARK, NJ 07	105-4800			City. State WAYNOKA, OK 73,860	)				
mpleted by (Print or Typ		Title			1				
EVE STILES		Title PROJECT MAN	AGER	Signature	en M	10		Date	
B-41				1/200	Va/II				03/01/1



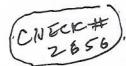
Date of Notification (1)	/26/13.		Name o		Owner/Operator	/ )	247/	LICTIA	10-			
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Name of Facility Where	Abatement is Taking	Place (3)				10000		2	2	ŲĄ.	**\ *	
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Name of Maritoning Fin	m Hitea by Bolivilly				KLEM	00	INC					=
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City State Zip Code			•	-	MAR	0135	HAD	E W.J	,080	2		=
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Project Manager for M	onitoring Firm	1.16	elephone i	~.	856-7	79-0	422	000	147			
		<u>:\</u>			Name of OSHA							
Stan Date (10)		duled Comy	delion Da	e (11)	JOSE	P14/1	EM	M				
3/11/	13 3	118	13				4-15					
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Abatement Perform	aled outside of Noma	y Facility H	ours		City, State, Ap	Code (		E, N, 5	20	15	7	
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Other - Describe							uith Nec	gabve Pressur	e			
Scope of Work (Chec	k all that apply)				MINIE	nclosure		,~				
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aspessos Container	ng Malerial (ACM)	Cust	odial	(i.e.	surfacing. V	15 Insulation	١.	SF & LF)	- 1	Removal	HADE	Ġ.
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Name of Registered	Waste Hauler		NOE	D No.	01 Waste		M.M	, C, M	.0;	13 .		
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State of New Jersey
NOTIFICATION OF ASSESTOS ABATEMENT
Only Finish DATE is Amended:

Date of Notification (1)
2-27-2013

Name of Building Owner/Operator (2)
Jayant Shinde

Date of Notification (1)	T	Name o	f Building	Owner/Opera	tor (2)		-	Man			17			
2-27-2013			Jayar	nt Shind	le			1.	MAR	<b>\</b> /			14	
Agencies Notified Typ	e Notification		Street A	Address Main S	treet			Ç	15/100	4	9/9	o		
DEP X DOL	Amended Amendment # 1		-	ate, Zip C ar, NJ 0					- CEN		<u>`</u>	). (G	,	
DOH □ DCA	Emergency (including justification) Cancellation		Name o	f Contact		-1.		Te	ephone Nu	11/	17	-		
			FAC	LITY INF	ORMATION							_		
Name of Facility Where Abate	ement is Taking Place (	3)				Typ	e of Facility (	4)		W 200			-	
House for Demo				11/	na see es especial		School (K-1	2)						
Street Address 2207Main Street						×	Subchapter Other (i.e. petc.)	8 (Oth private	er than K-1 & commerc	2) ial bu	ldings	s, hon	ies,	
City (5) Belmar				- 10 - 10 - 10 to	_7		are Feet	# 0	f Floors		Bldg. 50+	Age		
County (6)		T	County	Code (7)			rent Use (Pri	1 .	na demolis	- 10				
Monmouth	Target 1		(STATE	USE ONL	Y)(Y		ouse for De		ang domination	,				
Name of Monitoring Firm Hire	d by Building Owner (8	)	ASCA	I No.	Nan	ne of Al	patement Cor	ntracto	(9)				-	
n/a			n/a				Managem							
Street Address	4		-		Stre	et Addr	ess							
n/a					22	? Troy	Lane	- 1	370					
City, State, Zip Code n/a	a lect Manager for Monitoring Firm					City, State, Zip Code Lincoln Park, NJ 07			7035			**		
Project Manager for Monitorin n/a	ject Manager for Monitoring Firm a			ne No.		Telephone No. License No. 973-706-7950 01193								
Start Date (10) 2-26-2013				Date (11)		SHA Monitor Manageme	ent Co							
Occupancy Status During Aba						et Addr			у, р					
Facility Closed/Vacated I			nont			Troy		1 1						
Abatement Performed Or Other – Describe:				-	City	, State,	Zip Code Park, NJ 07	7025						
Scope of Work (Check All Tha	t Apply)					TOORT	ark, NJ U	1033		-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolii	ovation olition				ull Containme ini-Enclosure lovebag Proc on-Exempted	edure	-			ne		
	ls	Locati	ion							1	Abatement		t	
Location of		Vormal			Description	on of				_		/pe	_	
Asbestos-Containing Mate TO BE ABATED	iai (ACIVI)	ed Sole intena			stos Containing				mount	1_		D	_	
In Facility	Cus	todial S	Staff?	(I.e.	<ul> <li>thermal system</li> <li>surfacing, \</li> </ul>		lation,		pecify or LF)	Removal	Re	Encapsulate	Enclosure	
(13)		(12)			other miscell		)			SVO	Repair	Sul	nso	
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See to the second														
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Name of Registered Waste Ha	uler	N	JDEP W	aste	Cubic Yards	0.7	Name of E	Peniste	red Landfill		<u> </u>		-	
Loznica Management Co	znica Management Corp Hauler ID No. of Waste TBD					GROWS	11000							
City, State Lincoln Park, NJ 07035					Disposal Dat TBD	te	City, State Morrisvi		A 19067					
Completed by	Title				Signatu	re .	1	-,	Dat	e	-			
E. Cirovic	Secr	etary		g 1265.	3	43	أنات	<u>_</u>		27 <b>-</b> 2	013			



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Date of Notification (1) /27/13		Na			Owner/Operator	. /	700-	LICTING			
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Name of Facility Where Abatement is Ta	kim Place (3)					Type	of Facility (4	シー ジ	111		i
LES IDENCE						□ Sc	nool (K-12)	(Other (han@012)			
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LAGE WAT			CM No.	_	Name of Abaten	neni Co	nuactor (9)				
Name of Movioning Firm Hired by Buildin	ng Owner	1	CM NO.		KLEM	00	IN	٥/			_
(8)		<u>_</u>		=	Sveet Address			- 11			
Sireer Aggress							PRUC	E AVE.			
		==			City. State, Zip (	5∞6		= 1 N J 0	105	L	
City State. Zip Code					MAR	213	SHAD	License No			
	7.7	eleph	one No		Telephone No.	20	0477		4		
Project Manager for Monitoring Firm	<u> </u>				856-7						
1 S	cheduled Com	plelio	n Date	(11)	Name of OSHA  JOSE	MONTO	1/614	M			
Sian Date (10)	3/18	/1.	3				4-2 -				
Contract During Abatement	Check they on	e)			Sueel Address	5	PILUCE	=1 UE.			
	e reno on re		enl								
Abatement Performed Outside of No	omal Facility h	lours			City, State, Ap	تند	SHAD	E, N, J, C	805	2	
Order - Descripe.											
Scope of Work (Check all that apply)					Full C	ontainn	nent with Ne	gative Pressure			
· conscient	Rend	oilevo	n .			nciosus		- Description			
23 \$1 or 23 II 2160 \$1 or 2260 II	Ø 00m	dition			E Non-		M DUE (.) Pe		0		700 E E
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	Is Lo	calion	T			exempl	11	on Frable Procedur	e A	oa:em	
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Name of Registered Waste Hauler  KEEMCO INC.  Cin State  MARCE SILADE, I	Non Used S Maintr Cus Si (	No No	NIA  X  UDEP tauter I (7 9	TAA Wase O No.	Description stos Containing N thormal system surfacing, N other myscolla  (NSITE  Cubic Yards of Waste	n of Material ns insul AT, or neccs)	(ACM) ation.  Name of R	Amount (Specify SF & LF)  ZTOS #	Removal X	Ropen	
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no of Facility VA	ore Abatement is Taking Place	(v)					□ 8¢	thad (K-12	)	shan K-12	,			
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undy (d)			Chu	nty Co	de (/) (01	VIII And		التقاري	5.00	NOF			-	
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UND OF INDUSTRIES				-	- 1	Best I	Centr	V (4 (1)						
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Ta Man (10)	Selvidulod (	Completton	Date	(11)	84				ntal	Inc				_
tast Linte (10)	1 2/	28/13	Date 3	(11)	0	mega II	A Mon	TOUME	ntal	Inc			_	_
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02/26/30 / 10-45

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

ched: 4299

Date of Notification (1)		T	Name	of Building Owner/Operato	r (2)					_
2/21/13	23		F	of Building Owner/Operato  R. DANIEC  Address  513 ORCHA	DALY	· 2	10 P	3		
Agency Notified Type Notification			Street	Address		- 3x =	54	it.	200	
□ EPA  Initial		L	1	513 ORCHA	rd st	Rei E	o ·			
DEP DEP DAmended			City, S	tate, Zip Code		-	-	1.3	8	
Ø DOL Amendment # ☐ Emergency (inclu	dina	L	C	RAN FOYCO, of Contact	NJ.0	1016		-		
DOH · justification)	3				•	Telephone Numb	er	100	1	
□ DCA □ Cancellation			MR	- DALY					_	_
*			FACI	LITY INFORMATION		(4) O	63		-	
Name of Facility Where Abatement is Taking F	Hace (3)			•	Type of Facility	(4)	0,			
MR. DALY.			¥		School (K-12	1				
Street Address				<del>, , , , , , , , , , , , , , , , , , , </del>	☐ Subchapter 8	(Other than K-12)	• •			
512 DRCHARN					Other (i.e. pr	ivate & commercial	buildings	•		
SI3 ORCHARD		-		<del></del>	Square Feet	# of Floors	Bldg. Ag	ae	-	-
CRANTORN			=		1800			T Y	4-5	A
County (6)		-	Coumb	Code (7) (STATE USE		rior if being demolish		1		
CRANTORD COUNTY (6) UNION			ONLY			ESIDEN CE	10			
Name of Monitoring Firm Hired by Building Ow	ther /	ASCM	No	Nama of Abator	ment Contractor (9				-	
(8)	1	TOOM	140.			- Table 1				
Street Address				Street Address	emoval I	ne			_	_
Outet Auguss					D: C+					
City, State, Zip Code				City, State, Zip	River St					_
Ony, Gate, 2p Code					isack, N.	T 07601				
Project Manager for Monitoring Firm	To	lephon	o Mo	Telephone No.	STANDOM NORMAN COMP.	License No.				
. reject manager for internating I am	1.0	chion	e No.		-7444 -					
Start Date (10) / Scheduled	Completi	on Dot	0 (11)	Name of OSHA	A CONTRACTOR OF THE PROPERTY O	00300			_	_
3/8/13		13	7		vironmen	tal Inc				
Occupancy Status During Abatement (Check of	1 . 1	13	1	Street Address				1	-	
				280 Huy	ler St					
☐ Facility Closed/Vacated During Entire Period ☐ Absternent Performed Outside of Normal Fa				City, State, Zip (						
POther - Describe: 70 70 50		113				k, N.J. 0	7606			
Scope of Work (Check all that apply)				. I South h	lackelisac	K, N.O. 0	, 000			-
Dr≥3sfor≥3lf			20-			Negative Pressure				
□ ≥ 160 sf or ≥ 260 lf			THE PROPERTY OF THE PARTY OF TH		-Enclosure rebag Procedure	18				
						Non-Friable Procee				
	Is	Locatio	on					Abat	eme /pe	nt
Location of		ormali Solei		Description	of			T		Т
Asbestos-Containing Material (ACM)		ntenan		Asbestos Containing M	aterial (ACM)	Amount	_		9	-
TO BE ABATED  IN Facility		ustodia		(i.e., thermal systems		(Specify SF or LF)	l en	8	200	Enclosure
(13)	1	Staff? (12)	*****	surfacing, VAT		SE OF LE	Kemova	pair	Encapsulate	l le
	-						=		6	9
	Yes	No	N/A					4	_	L
BASELENT			×.	THERMAL INSULAT	101	90 LE	= >	-		L
		10,7								L
		1 12	1							
										Г
Name of Registered Waste Hauler			aste l		Name of Regis	tered Landfill			-	-
Best Removal Inc	IDI			Waste			000			
	1.	7109	9	204		Enterpri	ses			
City, State	0760	11	The state of the s	Disposal Date	City, State	urg , Oh				
Hackensack, N.J.	0/00	JI		3/9/13	waynest	are, on			, in	
										-
Completed by Title	mato	_	9	Signature	Parione		2/2	27 /	113	3

APPRONED  NJ Dept. # Health & Senier Services									10		
Date: Z Z Triffe: S		NO	THICATI (Puisua	ON OF	f New Jer ASBESTO IAC 8:60	sey 25 ABATI and 12:1;	EMENT (0)	2013	Che	**************************************	8
Date of Notification (1)		-	Name	e of Bulko	ling Owne	a/Operato	0 (2)	200		- 4	1/2
Agencies Notified Type Notification		(	LA	RIGO	ph of c		nort ju	e & Z	100	16.	
口 EPA 区 Indial	nt.			Addres		جريم ب	Muny		\$7	SIN	TAC
☐ DEP ☐ Amended Amendme	-1-8		City.	State, Zip	Code	•	DOOR			. ()	
Emergence	y (includa	ng	2			102	07068		10		
DOH Lustification Cancelletis				of Cent				Talophone	himh	ar .	
Name of Facility Where Abatement is Tak	fate Diame	/20	FA	CILITY	NFORMA	TION		-			F
CONTINENTAL GAR	distrib	(a)					Type of Facility			-	•
Street Adverss 6 A COLONIAC COM	72F						Other (i.e.	-12) er 8 (Other than i . private & comm	(-12) ercial b	widings.	home
RIVEN ESGE							Square Feet 8000	# of Floors		Blog. A	ge
County (6) (5 S.C.G.S. a.			County (STATE	Code (	7) En		Current Use (P	nor if being demo	(Ished)	Note that the second	
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASC	M No.		Name	of Abatement Co				
Street Address						A.M	ac Contractir	g Inc.			
						Street 105	Address Lowell Road				Technic
City, State, Zip Code			-			City, S	late, Zip Code				
Project Manager for Monitoring Firm			Teleph	one No		1	Rock, N.J. 0				
			reaspira	DESC 14U.			one No. 262-5841	Uicense 00158			
Start Dete (10) 2   2-6   17		3/2	mpletion 5/i_3	Date (1	1)	Name o	of OSHA Monitor				
Occupancy Status During Abatement (Cher	ok Only O	ne)		-	<del></del>	Street /	voldress	THE DESTREES	nic.		
Facility Closed/Vacaled During Entire Abatement Performed Outside of Norr Other - Describe:	Period of nai Facility	Abater y Hour	ment 5				tuyler Street ale, Zip Code	<u> </u>			
Scope of Work (Check At That Apply)							ensack, NJ 0	7608			
23 sf or ≥3 ff ≥160 sf or ≥260 ff	I DESCRIPTION .	Romac			a P		Mini-Endosun Glovebag Pro				
		Locat	70.7					()	1	Abatem	
Location of Asbestos-Containing Material (ACM)	Use	Vorma d Sole	vd vle	Asbe	De:	scription o	it terial (AGM)		-	Typ	-
TO BE ABATED In Facility (13)	Cust	intena logal ( (12)	nce/ Staff?	(î.e	් ආයාන් දේඛයන	systems i ling, VAT, miscellene	nsulation, or	Amount (Specify SF or UF)	Removal	Repete	Encapsulate
	Yes	Na	N/A						No.	*	Har S
CRAWL SPACE AT#91			x	1725	100 and 10	PIP	6	280	×		+
CRASI SPACE ANT # 100	-		75			PID	£	380	×		
									-	-	1
Name of Registered Waste Hauler Rovic Transport		H	IDEP W		Cubic of Was	Vards le 3		tegistered Landin Bethlehem Landin		Com	
City, State Riverdale, New Jersey 07457		12			Dienah	at Date	Ct. Ct.			OUID.	
Completed by	Title	-		45		16/13	Beffileh	em, PA 18015			
R. McDonald	Presid	dent			a	gnatole /	111	De	1/2	6/10	

Ch Irds

APPROVED	7
NJ Pept. of Health & Senior Ser	I de Felan,
(signature)	-1.
Date: 3/20/27 17 2-30	Hm

Date of Notification (1)			1 Name	of Rulldin	on Owne	t/Onorot				lime;	=		· · ·	
02/25/13 CK# 2498 \$200			Name of Building Owner/Operator (2) County of Union Department of Engineering, Public Works Eacilities											
Agencies Notified Type Notificatio	n	Street Address 2 Broad Street							201		五 五 五 五 二 二 二 二			
DEP Amended Amendment #			City, State, Zip Code					•			70			
Emergency	g	Elizabeth, New Jersey 07.				07		. m		t_				
DOH justification Cancellation		Name of Contact Niel Palmeri					17	alanham at	/ b.a.	120				
Name of Facility Where Abatement is Tak	ng Place	(3)	FA	CILITY IN	FORMA	TION	Time of the life		65		- 53		100	
Union County Motor Vehicle Build				Type of Facility	8000		$\subseteq$	O.	· ·					
Street Address 79 West Grand Street							Other (i.e.	er 8 (Of	her than K-	12) cial bu	ıilding:	s, hor	nes,	
City (5) Elizabeth, New Jersey 07207							Square Feet 10,000	# of Floors   Bidg. Age   55÷					_	
County (6) Union				County Code (7) (STATE USE ONLY)			Current Use (Prior If being demolished) Motor Vehicle Building							
Name of Manitoring Firm Hired by Building Owner (8) Birdsall Services Group				ASCM No. Name Lilic			e of Abstement Contractor (9)  th Corporation							
Street Address 65 Jackson Drive						Street Address 606 McBride Avenue								
City, State, Zip Code Cranford, New Jersey 07016						City, State, Zip Code Woodland Park, New Jersey 07424								
Project Manager for Monitoring Firm Keyin Burns				Telephane No.			lephone No. License No.							
Start Date (10) 02/28/13	npletion Date (11) Name			of OSHA Monitor		01104								
Occupancy Status During Alamanda							Environmental Labs							
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Cit Other - Describe: BAM Start						2333	2333 Route 22 West							
						City, State, Zip Code Union, New Jersey 07083								
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 if	POTE						-							
23 sf or 23 if 2160 sf or 2260 if	Renovation Demolition					IX.	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
	ls	Is Location				- Nov Exempled			T Jana Non-Fliable			Abatement		
Location of Asbestos-Containing Material (ACM)	Use	Normally Used Solely by			Description				Amount (Specify SF or LF)		Туре			
TO BE ABATED In Facility (13)	Ma	nce/ Staff?	Aspessos Containing M			insulation, T. or		Repair			Encapsulate	Enclosure		
	Yes	No	N/A					H		Removal		ate	đ	
Garage Bay	X			O&M Air cell Pipe			nsulation		BLF	1		-		
	+ +		-		199		100,000							
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Lilich Corporation			auler ID No.		Cubic	Yards	Name of	Registe	ned Lendfill	<u></u>	1			
					of Wat 1/2	ste	Name of Registered Landfill G.R.O.W.S Landfill							
City, State Woodland Park, New Jersey 07424						Disposal Date City, State 03/02/13 Morrisville, Pennsylvania								
Completed by Fatiana Kalenikova	resid	dent			Ignature	ure Data						7		
					/	Talina Caleta 02/25/13								