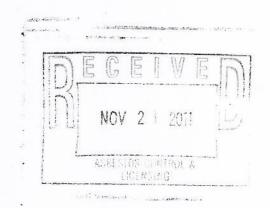
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP. Date of Notification (1) /11 Street Address 11 NOV 126 E. LINCOLN AVENUE Agencies Notified Type Notification Initial Notification City, State, Zip Code **EPA** RAHWAY, NEW JERSEY 07065 DEP Amended Notification DOL Cancellation On Hold Name of Contact Telephone Number DOH **EMERGENCY NOTIFICATION** DCA GERRY STANKOVITZ FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 71 126 EAST LINCOLN AVENUE - BUILDING 71 39,250 County Code (7) Current Use (Prior if being demolished) City (5) County (6) RAHWAY UNION (STATE USE ONLY) COMMERCIAL OFFICE Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. PAR ENVIRONMENTAL CORPORATION ENVIRONMETAL HEALTH INVESTIGATIONS, INC. 17 Street Address Street Address 313 SPOOK ROCK ROAD 655 WEST SHORE TRAIL City, State, Zip Code City, State, Zip Code SUFFERN, NEW YORK 10901 SPARTA, NEW JERSEY 07871 License Number Project Manager for Monitoring Firm Telephone Number Telephone Number WILLIAM S. KERBEL 845-369-7500 973-729-5649 Name of OSHA Monitor Sched. Completion Date (11) Expected State Date (10) QUALITY ENVIRONMENTAL /11 4/ 30/ 12 11 / Day Day Year Month Year Month Occupancy Status During Abatement (Check only one) Street Address 1376 ROUTE 9 W Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM City, State, Zip Code WAPPINGERS FALLS, NY 12590 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini-Englos >3SF OR LF Glovebag Procedure >160 SF OR Non-Friable Procedure Description of Asbestos-Abatement Type Location of Is Location Asbestos-containing normally used Containing Material (ACM) Amount ENCLOSURE ENCAPSULE REPAIR (Specify (ie. Thermal systems solely by Material (ACM) TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) Staff (12) or other miscellaneous) in Facility (13) Yes No N/A 6.5 SF WINDOW GLAZING **BUILDING 71 - 2ND FLOOR** х WINDOW GLAZING 6.5 SF **BUILDING 71-3RD FLOOR** 

Name of Registered Waste Hauler DJM TRANSPORT , LLC		Hauler	Waste ID No.	Cubic Yar	ds of Waste 10	Name of Regis			
City, State KEARNEY, NEW JERSEY				Disposal 11/28/201	Date 1-04/30/2012	City, State MORRISVILLE	, PA		
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRE	CTOR	OF OPER	RATIONS	Signature		Date	11/1	18/11



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State of NJ Notification of Asbestos Abatement

	e Hauler ORATION, INC		EP Hauler 506		Cubic Yards o 3 CY	of Waste	Nam TT	ne of Register	red Lan N, RE	SOURCE R	ECOVE.	RY			
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Basement			X		Pipe Insu					10 LF					
abated in		Yes	No	N/A	Pipe Insu	lation				40 LF		e ⊠	6	P	
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11/26/11		11	/27/11				Street	Address							
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Project Manager f			Pho	one Numbe	er	_	Teleph	erson, NJ 0 one Number 73-345-802			License 0	Numbo	er		
Street Address  City, State, Zip Co	de				-		California A ate, Zip Code				- 1				
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	ng Firm Hired by B	ldg. Owner	(8)		ASCM No.			S RESTOR							
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Fax:

ASB-41

State of NJ Notification of Asbestos Abatement APPROVED (Pursuant to NJAC 8:60 and 12:120) No Degl. of Health & Senior Services D&S Prof. #: MS 11-464 Name of Building Owner/Operator (2) Date of Notification (1) Date: Time 11 1/1 6 1/11 BARBARA SCHENKERBERG Type Notification Agencies Notified Street Address NOV 21 2011 Initial I EPA 148 LINWOOD AVENUE Amended DEP City, State, Zip Code Amendment #: ASBESTOS CONTROL & DOL. BOGOTA, NJ M Emergency Telephone Number Name of Contact (including X DOH justification) BARBARA SCHENKERBERG ☐ DCA Cancellation FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) BARBARA SCHENKERBERG Other (Private/Commercial Bidgs, Homes, etc. Street Address Bldg. Ago Square Feet # of Floors 148 LINWOOD AVENUE County Code (7) County (6) Current Use (Prior if being demolished) City (5) (State use only) Name of Absternant Contractor (9) BOGOTA ASCM No. Name of Monitoring Firm Hired by Bidg. Owner (8) D & S RESTORATION, INC Street Address Street Address 20 California Ave. Cltv. State, Zip Code City, State, Zip Code Paterson, NJ 07503 License Number Telephone Number Phone Number 00159 Project Manager for Monitoring Firm 973-345-8020 Name of OSHA Monitor Sched, Completion Date (11) D & S Restoration, Inc. Start Date (10) Street Address 11/30/11 11/21/11 20 California Avenue Occupancy Status During Abatement (Check only one) City, State, Zlp Code Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-Paterson, NJ 07503 Describe: Other-Describe: NORMAL HOURS Full Containment winegative pressure Scope of Work (check all that apply) Mini-enclosure Glovehap procedure Renovation >3 sf or >3 If Non-Exempted (\*) and Non-friable procedure Demolition \_\_ ≥160 of or ≥260 If R F is location normally used solely e 0 n п by instrienance/custodial Amount m Location of Description of asbestos-containing p C (Specify SF or C asbestos-containing o a staff(12) material (ACM) material (acm) to be V p abated in facility (13) N/A No Yes R  $\boxtimes$ 20 L FT PIPE INSULATION DASEMENT X 40 SQ FT BOILER INSULATION BASEMENT BOILER Name of Registered Landfill Cubic Yards of Waste NJDEP Hauter ID# TULLYTOWN, RESOURCE RECOVERY Registered Waste Hauler 1 YD 13506 D & S RESTORATION, INC. City, State Disposal Date TULLYTOWN, PA City, Stato 11/22/11 PATERSON, NJ 07503 Date Signature Completed by (Print or Type) Title 11/16/11 BOGDAN JOLDZIC PRESIDENT Do not use this form for asbestos licensure exempted activities.

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

D&S Proj. #: MS 11-464	<del></del>	(Pursuar	nt to	NJAC 8:6	0 and	12:120)		WE	m			
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BARBARA SCHENKERBER	.G						Subcha	pter 8 (Othe Private/Com	r than I mercial	K-12) I		
Street Address							Bldgs./h	lomes, etc.		3ldg.	Age	_
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BOGOTA  Name of Monitoring Firm Hired by			AS	SCM No.		me of Abatement						
Name of Monitoring Firm Fines by	D.103					& S RESTOR	ATION, INC.					
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Street Address					11	20 California A	ve.			-		
City, State, Zip Code						, State, Zip Code						
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Project Manager for Monitoring Fire	n ·	Phone Num	ber		Tel	973-345-8020			159			1944 <u>-19</u>
Project Manager for Memoring					1	ame of OSHA Mor		<del></del>				
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Start Date (10)					11	reet Address				93		
11/21/11	11/30/11			- Total		20 California A	venue					
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Registered Waste Hauler D & S RESTORATION, IT		)6	-1 -	YD		City, State	it, itbooker					
City, State		Dispo				TULLYTOV	VN, PA					
PATERSON, NJ 07503			22/1	Signature	===			Date				
Completed by (Print or Type)	Title PRESIDI	ENT		O.g.i.a.ta.i.a				11/1	6/11			

State of NJ

Notification of Asbestos Abatement

Pursuant to NIAC 8:60.7 and 12:120.

(Pursuant to NJAC 8:60-7 and 12:120-7) Check # 4897 2011-233 B & G proj. #: Name of Building Owner/Operator (2) Date of Notification (1) 11/17/11 Estate of Gerald McCormick Type Notification NOV 2 1 2011 Street Address Agencies Notified ] EPA 4 Highwood Terrace Initial ☐ DEP City, State, Zip Code ASBESTOS CONTROL & Amendment Boonton, NJ 07005 DOL Live Telephone Number Name of Contact DOH. A Maria Baraga Maria Cancellation Bob Vuolo ☐ DCA FACILITY INFORMATION Type of Facility (4) School (K - 12) Name of facility where abatement is taking place (3) Subchapter 8 (Other than K-12) Other (Private/Commercial Estate of Gerald McCormick Bldgs./Homes, etc. Street Address Bldg. Age Square Feet # of Floors 4 Highwood Terrace County Code (7) County (6) Current Use (Prior if being demolished) (State use only) residential Morris Name of Abatement Contractor (9) Boonton, NJ 07005 Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. B & G Restoration, Inc. Street Address n/a Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Phone Number Project Manager for Monitoring Firm 0378 973-696-6869 Name of OSHA Monitor Sched. Completion Date (11) B & G Restoration, Inc. Scheduled Start Date (10) Street Address 11/29/2011 11/28/2011 105 Ryerson Road Occupancy Status During Abatement (Check only one) ☑ Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Lincoln Park, NJ 07035 Describe: Other-Describe: Scope of Work (check all that apply) Glovebag procedure ☐ Full Containment w/negative pressure Renovation Non-friable procedure Demolition Mini-enclosure ≥160 sf or ≥260 lf E  $\boxtimes$  >3 sf or >3 If Ε e e Is location normally used solely n Amount m by maintenance/custodial p Location of Description of asbestos-containing C (Specify SF or 0 asbestos-containing staff(12) material (ACM) LF) D material to be abated in facility (13) No N/A e Yes  $\boxtimes$ 84 lf pipe insulation basement Cubic Yards of Waste Name of Registered Landfill Tullytown Resource & Recovery Center NJDEP Hauler ID# Registered Waste Hauler 1 yard 19563 B & G Restoration, Inc. City, State Disposal Date Tullytown, PA City, State 11/29/2011 Lincoln Park, NJ 07035 Date Signature Gordana Luna Completed by (Print or Type) 11/17/2011 Title Treasurer Gordana Luna

Nov 17 2011 10:56am P001/001 Fax: APPROVED State of NJ Notification of Asbestos Abatement NJ Deptrof Health & Senior Services (Pursuant to NJAC 8:60 and 12:120) (signature) D&S Proj. #: MS 11-468 200 Name of Building Owner/Operator (2) Date of Notification (1) 111/17/11 ELAINE SCALAMONI Type Notification Street Address Agencies Notified NOV 2 1 2011 Initial ☐ FPA 27 SWAINE PLACE Amended DEP City, State, Zip Code Amendment #: WEST ORANGE, NJ DOL. X Emergency Name of Contact (induding DOH DOH justification) A Stranger ELAINE SCALAMONI DCA Cancellation FACILITY INFORMATION Type of Facility (4) School (K-12) Name of facility where abatement is taking place (3) Subchapter 8 (Other than K-12) Other (Private/Commercial ELAINE SCALAMONI Bldgs./Homes, etc. Street Address Bldg. Age # of Floors Square Feet 27 SWAINE PLACE County Code (7) Current Use (Prior if being demolished) County (6) City (5) (State use only) ESSEX Name of Abatement Contractor (9) WEST ORANGE Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 License Number Telephona Number Phone Number 00159 Project Manager for Monitoring Firm 973-345-8020 Name of OSHA Monitor Sched. Completion Date (11) D & S Restoration, Inc. Start Date (10) Street Address 11/25/11 11/18/11 20 California Avenue Occupancy Status During Abatement (Check only one) City, State, Zip Code Pacility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-Paterson, NJ 07503 Uther-Describe: NORMAL TIOURS Describe: Full Containment w/negative pressure Scope of Work (check all that apply) Mini-enclosure Glovebag procedure × >3 af or >3 if Renovation X Non-Exempted (\*) and Non-friable procedure Demolition ≥100 sf or ≥260 if R E E 8 e n is location normally used solely n Amount m by maintenance/custodial Description of asbestos-containing C Location of (Specify SF or C 0 a a asbestos-containing staff(12) material (ACM) L LF) material (acm) to be P abated in facility (13) N/A No Yes X 60 LF T PIPE INSIII ATION BASEMENT Name of Registered Landfill Cubic Yards of Waste TULLYTOWN, RESOURCE RECOVERY NJDEP Hauler ID# Registered Waste Hauler 13506 1 YD D & S RESTORATION, INC. City, State Disposal Date City, State TULLYTOWN, PA 11/19/11 PATERSON, NJ 07503 Date Signature 11/17/11 Title Completed by (Print or Type) PRESIDENT BOGDAN JOLDZIC Do not use this form for asbestos licensure exempted activities. ASB-41

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) D&S Proj. #: MS 11-468 Name of Building Owner/Operator (2) Date of Notification (1) MUA 2011  $\frac{1}{1}$   $\frac{1}{1}$   $\frac{1}{1}$   $\frac{1}{1}$   $\frac{1}{1}$   $\frac{1}{1}$ ELAINE SCALAMONI Type Notification Street Address Agencies Notified Initial EPA 27 SWAINE PLACE Amended LICENSING City, State, Zip Code DEP Amendment #: DOL WEST ORANGE, NJ X Telephone Number Emergency \*\*\* Name of Contact (including **⋈** DOH iustification) ELAINE SCALAMONI ☐ DCA Cancellation FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) ELAINE SCALAMONI Other (Private/Commercial Bldgs./Homes, etc. Street Address Bldg. Age # of Floors Square Feet 27 SWAINE PLACE County Code (7) County (6) Current Use (Prior if being demolished) (State use only) **ESSEX** Name of Abatement Contractor (9) WEST ORANGE Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 License Number Telephone Number Phone Number 00159 Project Manager for Monitoring Firm 973-345-8020 Name of OSHA Monitor Sched. Completion Date (11) D & S Restoration, Inc. Start Date (10) Street Address 11/25/11 11/18/11 20 California Avenue Occupancy Status During Abatement (Check only one) City, State, Zip Code Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-Paterson, NJ 07503 Other-Describe: NORMAL HOURS Full Containment w/negative pressure Scope of Work (check all that apply) Mini-enclosure Glovebag procedure  $\boxtimes$  >3 sf or >3 lf Non-Exempted (\*) and Non-friable procedure Demolition R E >160 sf or ≥260 lf E e Is location normally used solely n n Amount m p by maintenance/custodial C Location of Description of asbestos-containing (Specify SF or C 0 a a asbestos-containing staff(12) material (ACM) V material (acm) to be abated in facility (13) N/A No Yes 図 60 LF T PIPE INSULATION BASEMENT

Name of Registered Landfill Cubic Yards of Waste TULLYTOWN, RESOURCE RECOVERY NJDEP Hauler ID# Registered Waste Hauler 13506 1 YD D & S RESTORATION, INC. City, State Disposal Date TULLYTOWN, PA City, State 11/19/11 PATERSON, NJ 07503 Date Signature 11/17/11 Title Completed by (Print or Type) PRESIDENT **BOGDAN JOLDZIC** Do not use this form for asbestos licensure exempted activities.

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SB-41	34		,.,,		1/30	m /			/ /	7	

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) STATE OF STREET D&S Proj. #: MS 11-462 Name of Building Owner/Operator (2) Date of Notification (1)  $|\frac{1}{1}|^{1}/|\frac{1}{4}|^{4}/|\frac{1}{1}|^{1}$ ERNEST SMITH Type Notification Agencies Notified Street Address ✓ Initial EPA 100 PARKER ROAD Amended LICENSING DEP City, State, Zip Code Amendment #: DOL ELIZABETH, NJ Telephone Number Emergency Name of Contact (including DOH. justification) ERNEST SMITH ☐ DCA Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) **ERNEST SMITH** Bldgs./Homes, etc. Street Address Square Feet # of Floors 100 PARKER ROAD County Code (7) County (6) City (5) (State use only) UNION Name of Abatement Contractor (9) ELIZABETH Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Telephone Number Phone Number 00159 Project Manager for Monitoring Firm 973-345-8020 Name of OSHA Monitor Sched. Completion Date (11) D & S Restoration, Inc. Start Date (10) Street Address 12/07/11 11/28/11 20 California Avenue Occupancy Status During Abatement (Check only one) City, State, Zip Code Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-

Subchapter 8 (Other than K-12) Other (Private/Commercial Bldg. Age Current Use (Prior if being demolished) License Number Paterson, NJ 07503 Describe: Other-Describe: NORMAL HOURS Full Containment w/negative pressure Scope of Work (check all that apply) Mini-enclosure Glovebag procedure  $\times$  >3 sf or >3 lf Non-Exempted (\*) and Non-friable procedure Demolition E ≥160 sf or ≥260 lf E Is location normally used solely e n n Amount m by maintenance/custodial Description of asbestos-containing C Location of (Specify SF or 0 a asbestos-containing a staff(12) material (ACM) LF) material (acm) to be p N/A abated in facility (13) No Yes M 80 L FT PIPE INSULATION BASEMENT Name of Registered Landfill Cubic Yards of Waste TULLYTOWN, RESOURCE RECOVERY NJDEP Hauler ID# Registered Waste Hauler 13506 1 YD D & S RESTORATION, INC. City, State Disposal Date TULLYTOWN, PA City, State 11/29/11 PATERSON, NJ 07503 Date Signature 11/14/11 Completed by (Print or Type) Title

PRESIDENT BOGDAN JOLDZIC antad activities

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D&S Proj. #: MS 11-463		(i	ursaari	10 110/10		F	NECE		T	7		
	I I Name	of Building	Owner/C	Operator (2)			<del>儿————————————————————————————————————</del>		1		25-012	
Date of Notification (1)	A CONTRACTOR	NFORD N					) NOV 2	- د د د	11:	1		
Agencies Notified Type Notification		Address	MOSTER				LI NUV Z	7 ZUIT	lare?	<i>7</i> ,		
☐ EPA ☐ Initial	1000		TETEL D	AVENUE		A CONTRACTOR			-			_
☐ DEP ☐ Amended		State, Zip C		AVEITOE			ASBESTOS CO		Than	1		
Amendment #:_	_	ONTCLA		7042			LICENS	ING	adan anno 1964 i de			
Emergency (including		of Contact		7042		<del></del>	Telephone	Number	1	1		
DOH (Including justification)				- D		There was a			50-1	14.	· No	
☐ DCA ☐ Cancellation	SA	NFORD						=	77.75			_
			FACILI	TY INFORMA	ATION		T=	,				
Name of facility where abatement is	aking place (	(3)					Type of Facility (4	) (K - 12)				
							Subcha	pter 8 (Othe	er than	K-12	2)	
SANFORD MOSTER							Other (F	rivate/Com	merci	al		
Street Address							Company of the Compan	Homes, etc.		Bldg	. Age	
399 BLOOMFIELD AVENUE							Square reet	F 01 1 10013				
City (5)	County (	(6)				Code (7) use only)	Current Use (Pr	or if being o	lemoli	shed	)	===
	FOCE	or .			(State)	use omy/	Current cas (					
MONTCLAIR	ESSEX			ASCM No.	IN	ame of Abatement	Contractor (9)					
Name of Monitoring Firm Hired by B	lag. Owner (c	,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		D & S RESTOR	ATION, INC.					
					S	treet Address						
Street Address						20 California A	The second secon					
City, State, Zip Code					Ci	ity, State, Zip Code						
City, State, Zip Code						Paterson, NJ 0	7503	T				
Project Manager for Monitoring Firm		Phor	ne Numbe	r	T	elephone Number		License N	iumbe 159	1		
Project Manager 16. Inc. Inc.						973-345-8020		1				
Start Date (10)	ISched. C	completion	Date (11)			Name of OSHA Mo D & S Restora						
Start Date (10)					1 3	Street Address	don, me					
11/25/11	11/30/1	the state of the s			-1	20 California A	venue					
Occupancy Status During Abatemen  Facility closed/vacated during	entire period	of abatem	ent.		1	City, State, Zip Cod						
Abatement performed outside	of normal fac	cility hours-	-									
Describe: NORMAL H						Paterson, NJ (			_			
Other-Describe:	W						Full Containment	w/negative p	oressi	ure		
Scope of Work (check all that apply >3 sf or >3 lf	Renovation						Mini-enclosure Glovebag proced	ıre				
Marketin and Alexander and Ale	Demolition					ř	Non-Exempted (*	) and Non-fi	riable	proce	edure	
≥160 sf or ≥260 lf	Is location	normally us	sed solely	,					R	R	E n	E
Location of	by mainten	ance/custo	odial	Descrip	tion of as	sbestos-containing	Amount (Specify	SF or	m	р	c	n
asbestos-containing material (acm) to be	staff(12)			materia	I (ACM)		LF)	01 01	0	i	a p	L
abated in facility (13)	Yes	No	N/A			11 11 11 11		-	e	-	-	
BASEMENT	-	X		PIPE INS	ULATI	ON	125 L FT		M	片	片	屵
DASEMENT									ዙ	片	H	片
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Registered Waste Hauler		P Hauler II		Cubic Yards	of Waste	Name of Registe	red Landfill N, RESOURCE I	RECOVER	RY	19 <u>2</u>		
D & S RESTORATION, INC	. 135		Disposal	2 YDS		City, State						
City, State			11/28/		<u></u>	TULLYTOW	/N, PA					
PATERSON, NJ 07503	Title			Signature		· -		Date	/1.1			
Completed by (Print or Type) BOGDAN JOLDZIC	PRESID	ENT						11/14	/11			
	* Do not use	e this form	for asbes	tos licensure	exempte	d activities.						

CX 2137U

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

Date of Notification (1)	18 /	11				g Owner/Operator ( y Investors, LLC		<u>Gelw</u>				
Agencies Notified T	ype Notification	on			Address			IOV 2 1 201				
	Initial					ld Avenue	n n	, L , LU		- NA CHA		
DEP DCA (NJAC 5:16)	Amended Amendmen	+ #		- 2700	tate, Zip C							
	] Emergency			Mou	untain La	kes, NJ 07046	AS	BESTOS CONTROL	&		İ	
□ DCA	justification	)		Name	of Contac	t	,	Telenhanam		20.000		
(NJAC 5:23-8)	☐ Cancellation	n		Ros	s Chom	ik .	- mile siles in server					
				FAC	CILITY IN	FORMATION	Marie Committee of the	Malatha signary - Yasay sa	Olean Jos			
Name of Facility Where Aba	atement is Tak	king Place	(3)				Type of Facility (4		- 3 / 10/2 - 1	7 - 2-0	CIT-TAIR	
67 Whippany Road - I		ung ridoo	(0)				☐ School (K-12)					
Street Address	Diag. 11D	-	-					(Other than K-12)				
67 Whippany Road				27.			Other (i.e., pri homes, etc.)	vate & commercia		×		
City (5)				ACCEPATION CO.			Square Feet	# of Floors	Blo	lg. Ag	ge	
Whippany							42,335	3		8 ye	ears	
County (6)				Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Price	or if being demolis	hed)			
Morris							Vacant					
Name of Monitoring Firm Hi	ired by Buildin	ng Owner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9)					-
ISES, Inc.				N/A		Superior Aba	tement Inc.					
Street Address						Street Address		-			-	-
3300 Hudson Ave						2 Henderson	Drive. Ste A					
City, State, Zip Code						City, State, Zip Co						
Union City, NJ 07087						West Caldwe						
70			Tolo	phone	No	Telephone No.	, 140 07 000	License No.		-		
Project Manager for Monitor	ning Film				5-0055	The second secon	ıc	00411				
	David Camacho					(973) 808-161 Name of OSHA N		00411				
Start Date (10)	- American	heduled C										
11 /28 /	11	12 /	02	_ ′ -		Superior Aba	itement, inc.					
Occupancy Status During A	batement (Ch	neck only o	ne)			Street Address						
						2 Henderson	Drive, Ste A					
Abatement Performed O Time of Abatement:						City, State, Zip C						
	Records devices					West Caldwe	III, NJ 07000					-
Scope of Work (Check all the	nat apply)					□ Full Con	tainment with Nega	ative Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		☐ Re ☑ De	novati molitic	on on			closure g Procedure					
						☐ Non-Exe	empted (*) and Nor	-Friable Procedur				
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Location of			d Sole		Acho	Description of stos Containing Ma		Amount	R	Re	m	m
Asbestos-Containing Ma TO BE ABATE			intena			rmal systems insul		(Specify	Removal	Repair	cap	<u>c</u>
IN Facility		Cus	todial ( (12)	Starr?		VAT, or		SF or LF)	\sigma	,	Encapsulate	Enclosure
(13)		Yes	No	N/A		other miscellane	eous)				ate	
1 <sup>st</sup> and 2 <sup>nd</sup> Floors		l les			Windov	v Caulking		1,836 LF				
1 <sup>st</sup> and 2 <sup>nd</sup> Floors						On Floor		150 SF		П	П	
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Name of Registered Waste Service Transport Gr			. A 1503	JDEP I	O No.	Cubic Yards of Waste 60	Name of Regist  Minerva La					
City, State				SW21	117	Disposal Date	City, State				O	
New Castle, DE						12/02/2011	Waynesbur	gh OH				
Completed By (Print or Type	e)  -	Title				Signature	7/1/11	Da	ate		<i>r</i> .	_
Nick Petrovski		Preside	ent			1/1	11/1/11	Zuni	//-	-11	X-	11

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 18 / 67 Whippany Investors, LLC 11 2 1 2011 Type Notification Street Address Agencies Notified 49 Bloomfield Avenue ☐ EPA ASBESTOS CONTROL A ☐ Amended □ DEP City, State, Zip Code LICENSING □ DCA (NJAC 5:16) Amendment # Mountain Lakes, NJ 07046 ☑ DHSS Emergency (including ☐ DCA Telephone Number Name of Contact justification) (NJAC 5:23-8) ☐ Cancellation Ross Chomik **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) 67 Whippany Road - Bldg. 14 ☐ School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial buildings, 67 Whippany Road homes, etc.) # of Floors Bldg. Age Square Feet City (5) 163.245 5 48 years Whippany Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) County (6) Morris Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) N/A Superior Abatement Inc. ISES, Inc. Street Address Street Address 2 Henderson Drive, Ste A 3300 Hudson Ave City, State, Zip Code City, State, Zip Code West Caldwell, NJ 07006 Union City, NJ 07087 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00411 (201)325-0055 (973) 808-1616 David Camacho Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) Superior Abatement, Inc. 11 / 28 / 11 12 / 02 / 11 Street Address Occupancy Status During Abatement (Check only one) 2 Henderson Drive, Ste A □ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_PM/\_\_PM-West Caldwell, NJ 07006 Scope of Work (Check all that apply) Full Containment with Negative Pressure ☐ Renovation ☐ Mini-Enclosure  $\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$  □ Demolition Glovebag Procedure ≥160 sf or ≥260 lf Non-Exempted (\*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Location of Enclosure Remova Encapsulate Repair Used Solely by Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Maintenance/ (i.e., thermal systems insulation, surfacing, (Specify TO BE ABATED **Custodial Staff?** SF or LF) VAT, or IN Facility (12)other miscellaneous) (13)Yes No N/A 1,280 sf  $\boxtimes$ Roof Roof Flashing Material  $\boxtimes$ П П П Name of Registered Landfill Cubic Yards of NJDEP Waste Name of Registered Waste Hauler Hauler ID No. Waste Minerva Landfill Service Transport Group, Inc. SW2117 30 Disposal Date City, State City, State Waynesburgh OH 12/02/2011 New Castle, DE Signature Completed By (Print or Type) 11-18-11 Nick Petrovski President

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMEN (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) NOV 2 1 2011 67 Whippany Investors, LLC 11 18 1 11 Type Notification Street Address Agencies Notified ☐ EPA M Initial 49 Bloomfield Avenue ASBESTOS CONTROL & □ DEP ☐ Amended LICENSING City, State, Zip Code □ DCA (NJAC 5:16) Amendment # Mountain Lakes, NJ 07046 Contains. ☑ DHSS ☐ Emergency (including □ DCA justification) Name of Contact Telephone Number (NJAC 5:23-8) ☐ Cancellation Ross Chomik **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) 67 Whippany Road - Bldg. 9 ☐ School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial buildings, 67 Whippany Road homes, etc.) Square Feet # of Floors Bldg. Age City (5) 8,700 1 54 years Whippany County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Vacant Morris Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Superior Abatement Inc. ISES, Inc. N/A Street Address Street Address 2 Henderson Drive, Ste A 3300 Hudson Ave City, State, Zip Code City, State, Zip Code Union City, NJ 07087 West Caldwell, NJ 07006 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 00411 **David Camacho** (201)325-0055 (973) 808-1616 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) Superior Abatement, Inc. 11 / 28 / 11 12 / 16 / 11 Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 2 Henderson Drive, Ste A ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_\_PM-\_\_AM West Caldwell, NJ 07006 Scope of Work (Check all that apply) □ Full Containment with Negative Pressure Mini-Enclosure ≥3 sf or ≥3 lf ☐ Renovation ≥160 sf or ≥260 lf □ Demolition ☐ Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Description of Location of Used Solely by Remova Encapsulate Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Maintenance/ (Specify TO BE ABATED (i.e., thermal systems insulation, surfacing, Custodial Staff? VAT, or SF or LF) IN Facility (12)other miscellaneous) (13)Yes No N/A 1<sup>st</sup> Floor 8,700 sf  $\boxtimes$  $\boxtimes$ **VAT & Mastic**  $\boxtimes$ Roof and Flashing Material 6,400 sf  $\boxtimes$ П Roof Cubic Yards of Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Waste Minerva Landfill Service Transport Group, Inc SW2117 160 City, State City, State Disposal Date

New Castle, DE Completed By (Print or Type)

Nick Petrovski

Title

President

12/16/2011

Signature

Waynesburgh OH

11-18-11

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Date of Notification (1)		(	Na	me of Bu	ilding Ow	o and 12:1 ner/Opera residen	tor (2)	The state of the s	GEIV	E	n		
11/17/11 Agencies Notified	Type Notification		Str	reet Addr				HENN N	OV 2 1 2011				
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DOL DOH DCA	Emergency (i justification) Cancellation		Na	ame of Co	ontact		THE STATE OF	ASE	ESTOS CONTROL Elephone Numb	jer			
		- 461		FACILIT	YINFOR	MATION	- Francisco	pe of Facility (4)					$\neg$
Name of Facility Where Kevin Engelken / Street Address 216 West 20th St	residence	Place (3)			H <sub>=</sub>			School (K-12)		buildir	ngs, h	omes	
City (5) Ship Bottom NJ 0				***			4	uare Feet 00 +	# of Floors 2	Bld 35	g. Ag +	е	
County (6)				ounty Co	de (7) E ONLY)		R	esidence	r if being demolishe	ed)			
Name of Monitoring Fi	irm Hired by Building	Owner (8)	1	ASCM N	No.		ernace	batement Cont Inc	ractor (9)				
Street Address							reet Add		7				
City, State, Zip Code			37573			Ci	ty, State	e, Zip Code erlin NJ 0809	91				
Project Manager for M	Monitoring Firm		T	elephone	e No.		elephon	e No. 3-9800	License No 00727	o.			
Start Date (10) 11/30/11		Scheduled	Com	pletion D	ate (11)	2118	ame of o	OSHA Monitor o Inc					
1	uring Abatement (Che	ck Only One)					treet Ad						
Facility Closed	/acated During Entire ormed Outside of Nor	Period of Aba	atem ours	ent		C		e, Zip Code Berlin NJ 080	91				
Scope of Work (Chec			-										
≥3 sf or ≥3 lf ≥160 sf or ≥260			novat moliti		*		×	Mini-Enclosure	ent with Negative F e cedure d (*) and Non-Friat			е	
		T		·				Tron English			Abate	ement	t
Asbestos-Contai <u>TO BE</u> In I	ation of ning Material (ACM) ABATED Facility (13)	No Used Main Custo	Sole tenar	ly ↓ ly by nce/	Asbest (i.e.	Descr tos Contair thermal sy surfacin other mis	stems i	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	e Encapsulate	Enclosure
		Yes	No	N/A			0:-!		2400 SF	×	-	-	+
Exteri	or Siding			X		Exterio	or Siai	ng	2400 31	_			F
				-			34 113			+			
Name of Registered United Containe			1	NJDEP W Hauler ID 22459		Cubic Y of Waste 3		Name of G.R.O	Registered Landf .W.S.	ill			
City, State Elm NJ						Disposa 12/5/1		City, Sta Morris	vile NJ 19067	¥			

Signature

Date

11/17/11

Completed by Anthony T Perna Title

President

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) A to Z Site Contra Date of Notification (1) November 16, 2011 Street Address Type of Notification 940 Park Avenue Agencies Notified Initial Notification [X] EPA Amended Notification City, State, Zip Code Lakewood, New Jersey 08701 ] DEP Amendment #\_ [X] DOL Telephane Nimbeontrol & Emergency (including [x]Name of Contact justification) Irving Perlstein [x] DOH Cancellation 1 ] DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (k-12) Subchapter 8 (other than k-12) Residence Other (i.e., private & commercial buildings, [x]homes, etc.) Street Address 921 Ocean Avenue Bldg. Age # of Floors Square feet County Code (7) 60 2000 sf County (6) (STATE USE ONLY) Current Use (Prior if being demolished) City Residence Ocean Lakewood Name of Abatement Contractor (9) ASCM No. Guardian Contracting, Inc. Name of Monitoring Firm Hired by Building Owner (8) Street Address N/A 1889 Route 9, Unit 61 Street Address City, State, Zip Code Toms River, New Jersey 08755-1271 City, State, Zip Code License Number Telephone Number Telephone Number 00624 Project Manager for Monitoring Firm 732-349-9932 Name of OSHA Monitor Scheduled Completion Date (11) E.M.S.L. Analytical Scheduled Start Date (10) 11/21/11 Street Address 11/17/11 Occupancy Status During Abatement (Check only one) 1056 Stelton Road Facility Closed/Vacated During Entire Period of Abatement [x]Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Piscataway, New Jersey 08854 Other - Describe Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Renovation 1 >3 sf or ≥3 lf [x] Demolition [ x ] ≥160 sf or ≥260 lf Abatement Type [x] E E Description of R N Amount N E Is Location E Asbestos-Containing C C (Specify SF P Normally used Material (ACM) M Location of A A or LF) Solely by Asbestos-Containing Material (ACM) (i.e., thermal systems 0 0 P Maintenance/Custodial insulation, surfacing, TO BE ABATED S V R Staff VAT, or U in facility A (12)other miscellaneous) L (13)E N/A NO YES X 1600sf Asbestos siding X Exterior Name of Registered Landfill Cubic Yards of Waste NJDEP Waste Hauler ID No. T.R.R.F. Name of Registered Waste Hauler 20223 Guardian Contracting, Inc. City, State Disposal Date Tullytown, Pennsylvania Date City, State 11/22/11 Toms River, New Jersey 11/16/11 Signature Title Completed by (Print or Type) Project Manager \*Do not use this form for asbestos licensure exempted activities. Nicholas Fernicola

MAC FAX #	201-21	12-03	21				1	STATES TO STATES	1402	and the second second	\$ about	ib-ian)	p.21-	. 3
	¥	NO	YIFIC,	O NOTA	of New Jersey F ASBESTOS NJAC 8:60 and	ABATEN	MENT	, Ch	eck :	(A) (F)	0	fl:	7	Milito
0			2,600,000		wilding Owner			+HD	ILE	Jent of Healt		7	r Cot	T
Date of Notification (1)	15/11	* *	1	11	RS. CA	HIL	Ü			ormon	5		1 001	-
Agencies Notified Type	e Notification		Si	treet Add	iress Anan	25	AUE.			11779 13	nature P	911	gue	
EPA	Initial Amended		C	ily. State	. Zip Code				Dat	9: 18		une:	1	=
DEP DEP	Amendment		-	RI	ver elle	$6, \lambda$	150	1981		ASBESTOS CO	NTR	3 10		
NOOH X	Emergency (injustification)	including	N	ame of (	ico:act			L	Tel	ahaad Michael				
G CCA	Cancellation			FACILI	TY INFORMAT	ON		-	G.				200	54.
Name of Facility Where Abate	ment is Taking	Place (3)		FAGILI	() IIII Ordani		Type of	Facility (4)		infanction base business			•	4
CAHLL	1						Sci	add (K-12)	) (Othe	r (han K-12)				
Street Address	A16						一页 Oth	er (i.e. pr)	vata 8	commercial t	uildīr	igs. h	omes	
10 Anams City (5) Rivan EAGR					<del></del>	~	Square		# of	Floors		g. Ag		
DUEN EAGR								525		2	1	2 6		
County (6) RESE				County Co	ode (7) SEONLY)		N	21		ng demolished	D 			
Name of Monitoring Firm Hire	d by Building (	(8) isnwC		ASCM	No.		of Abater			(9)			-00000000	
Street Address			!	-			Address Lowell 1	Road						
City, State, Zip Code						City, S	State, Zip n Rock.	Code NJ 0745	52					
Project Manager for Monitorin	Firm		T	elephon	r No		none No.			License No.	-			
Project Marager for Monitorii	13 1 11111		1				-262-58			00156 A				_
Sian Date (10) /		Scheduled //			ate (11)	Name	of OSHA ega Env	Monitor ironmer	ıtal S	ervices Inc				
Occupancy Status During Ab	atement (Che:				~~		1 Address	Street						
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Facility Closed/Vacated Abatement Performed C Other – Describe:	Sulside of Norr	nal Facility I	Hours			Had	ckensac	K, NJ 07	606					
Scope of Work (Check All Th	al Apply)						=*1							
23 sf or ≥3 lf ≥160 sf or ≥250 lf	*		movat moviti				X Min≻	Enclosure	odi re	n Negative Pre				
						<u>}</u>	Non-	Exempted	( ) ar	d Non-Friable	Proc	Abate	ment	
•		74				escriptio						Ту	pe	_
Location of Asbestos-Containing Mat	eria. (ACM)	Usec	Sole	y by	Achestos Co	ntaining	Material (	ACM)		Specify	20	-	Enc	n
TO BE ABATE	D		ntenar		SUF	facing, V	ms insula: /AT, or	ion,	S	ForLF)	Removal	Repair	Encapsulate	FUCIOSUIE
(13)			(12)		othe	miscell	aneous)	I			<u>a</u>	7	ale	6
*	A*	Yes	No.	N/A									-	-
GASEMENT				χ.		own				85 LE	×		-	
										~~		1	-	+
												1	1	H
					L Cut	ic Yards	· · · · · ·	Name of	Regis	lered Landfill	L			1_
Name of Registered Waste to DJM Transport Inc.	Hauler		H	IJDEP W Buler ID 19681		Vaste				d County La	andf	1		
City, State Kearny, New Jersey						ogal Da		City, Stal	le Irg, F	A 17242		1		
Completed by		Title		-		Sinople	110	11%	*****	Da	te f	-	-1	
R. McDonald		Pres	ident			36	111-70				j	1		-

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

Chick# 5982

Date of Notification (1)	hor 17, 2011				wner / Operator (	2)	times or with maintaining in	J.A			
	ber 17, 2011 e Notification	•	Street /	Address	Agen, a con-	DECE	IVEI				
□ DOH □	Initial Amended Amendment #		Control of the control of	ate & Zip Co	4 1	MOV 2	1 2011	1	7		
DCA	Cancellation		Name o	of Contact	IL	ASBESTOS LICEN	OUNTING A	ephone	Nun	nber	
			FAC	CILITY IN	FORMATION.	A Company of the Comp	F				
Name of Facility Where Ab Bayshore Community Ho Street Address	eatement is Taking P spital	lace (3)				(K-12) oter 8 (Other than k	(-12) nmercial buildings	hom	a et	c)	
727 North Beers Street					Other (			. Age	5560	·.,	
City (5) Holmdel					100,00 Current Use ( N/A	(Prior if being demo	5 olished)		60		
County (6) Monmouth		ounty Code	(7)								
Name of Monitoring Firm H N/A				ASCM No	Name of Aba Synatech, In		(9)	1		- 47.	
Street Address					829 Radio R	oad					
City, State & Zip Code					City, State & Little Egg Ha	arbor, NJ 08087					
Project Manager for Monito			lephone N		Telephone N 609-296-691	6	License Num	ber 00817			
Scheduled Start Date (10) 11/28/11 Occupancy Status During		12	on Date (1 2/02/11	11)	Name of OSI Synatech, In Street Addre	ıc.					
Facility Closed/Va  Abatement Perfor  Other – Describe:	acated During Entire med Outside of Nor	Period of		nt	829 Radio R City, State & Little Egg H						
Scope of Work (Check all  ≥3 sf or ≥ If  ≥160 sf or ≥260 If	that apply)		Renovatio Demolitio			Mini-Enclosure Glovebag Proced	with Negative Press ure ) and Non-Friable Pr		e		
Location Asbestos-Containing TO BE ABA	Material (ACM)	Solely b	on Norma y Mainter dial Staff	ance or	Descrip Asbestos-C Material	Containing	Amount (Specify SF or LF)	Aba	atem	ent T	уре
IN Facil (13)		Yes	No	N/A	(i.e., therma insulation, sur or other miso	facing, VAT		Removal	Repair	Encapsulate	Enclosure
Mail Room				X	Spray-on Firepro	ofing on Ceiling	350 SF	X			
Name of Registered Waste	e Hauler	NJDEP \	No.	Cubic Yar	ds of Waste	Name of Registe	ered Landfill				
Synatech, Inc. City, State		27	429	Disposal	3 Date	City, State				- and	
	087			Dece	mber 5, 2011	Morrisville, PA					
Completed By  Diane Aloia	Title	ve Admini		Signature		, [	oate lovember 17, 2011				



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

Date of Notification (1) 11/16/11				Name of Wex T	Building rust / Hi	Owner/C	perator	(2) Fund	DO BIA	kpor	E	$\mathbb{V}$	E	M	
Agencies Notified	Type Notification	*******		Street A			500		IM		N 2 1	201		رنا	
DEP DOL	Amended Amendment				te, Zip Co auderda		3316	-	10 11	199	) · ·	201		- Control of the Cont	1
DOH DCA	justification) Cancellation			Company of the control of	Contact Herrigel	/ Owne	er Rep	200		+			Ē		
Name of Facility Where Former Residential		g Place (3	)	FACI	LITY INFO	ORMATI	ON	H.	of Facility (A School (K-1) Subchapter	2) 8 (Oth	er than K-	12)	· inites		مسدة سر
3827 Boardwalk								E	Other (i.e. p				dings,		es,
City (5) Atlantic City								20,9		5	Floors		920'	0.7510	
County (6) Atlantic				County ( (STATE L	Code (7) JSE ONLY	)			nt Use (Prio dential H			ished)			
Name of Monitoring Fire	m Hired by Building	Owner (8)		ASCM	l No.				tement Con fety Contr						-W-2.22
Street Address								Addres Fores							
City, State, Zip Code									ip Code , NJ 0707	1					
Project Manager for Mo	oject Manager for Monitoring Firm							none No 685-6			License 01038	No.			
Start Date (10) 12/5/11	20 CUTS A BROWN TO A COURS OF THE PROPERTY OF								HA Monitor on Consu	Itants					
Occupancy Status Duri	ng Abatement (Chec	k Only On	e)					Addres	ss garaw Ro	ad					
Facility Closed/Va Abatement Perform Other – Describe:	cated During Entire I med Outside of Norm	Period of Anal Facility	Hours	nent		_	City, S	state, Z	ip Code , NJ 0740						
Scope of Work (Check	All That Apply)							7							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit				2	Mir	I Containme ni-Enclosure ovebag Prod n-Exempted	e cedure				re	
		1	Locati						Lxcmptot	, , ,			Abat	emen ype	t
Locatic Asbestos-Containin <u>TO BE Al</u> In Fac (13	ig Material (ACM) BATED cility	Use Ma Cust	lormal d Sole intena odial s (12)	ly by nce/		tos Cont thermal surfa		Material s insula T, or		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
Please See A	Please See Attached list					ease se	ee atta	ched	list			X	-		
r lease dee r		X						10000							
terms in the same The same of	Name of Registered Waste Hauler Global Safety Contracting Corp						Yards ste		Name of T.R.R.F		ered Land	Ifili			
City, State Lyndhurst, NJ						Dispos	sal Date		City, State Tullytov		A				
Completed by Mark Jovic		Presi	dent		S	Signatur	/	1/			Date 11/16	11			

CX 0

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

11/16/11  Agencies Notified Type Notification  EPA Initial Amended Amendment			Wex Ir	rust / HI	PI: MORE								
EPA Initial Amended			Street Ad		- O WOIN	gage	Fund C/Q	1			-1	1	
DEP Amended					h Street	Suite	206	MON	2 1 20	111	house	1 .	
				e, Zip Co	ode ile FL 33	216	1. 1					1	ŕ
Emergency		- 1	0.000	Contact	ile FL 33.	310	1	ASSE	STOS CONTR	OL &			
DOH justification)					/ Owner	Rep		STATE STATE OF	EMMORIES		lack to have		***************************************
					ORMATION		The same of the latest and the lates			Calcard		enth-market	policy to the
Name of Facility Where Abatement is Takin Former Residential Housing	g Place (3)						Type of Fac	(K-12)					
Street Address 111 Lincoln Place							Other (		ner than K-12 & commerci		dings,	hom	es,
City (5)						-	etc.) Square Fee	# (	of Floors	TE	Bldg. A	ge	
Atlantic City							10000	3			920'		
County (6) Atlantic			County C	ode (7) SE ONLY	)		Current Use Residenti			ned)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM			Vame	of Abatemen		<u> </u>				
realize of Morniconing Continuous by Bulloung	oo. (0)		7.00				al Safety C						
Street Address					1.00		Address Forest Ave						
City, State, Zip Code	97 <u>1999</u>						tate, Zip Cod						
Project Manager for Monitoring Firm		Т т	elephon	o No			hurst, NJ C	7071	License N	lo.	1,722		
Project Manager for Monitoring Firm		,	eleprior	ie ivo.			885-6625		01038				
Start Date (10) 12/5/11	Scheduled 02/29/11		pletion [	Date (11)	100		of OSHA Mor ovision Co		3				
Occupancy Status During Abatement (Chec	k Only One	)			100		Address						
Facility Closed/Vacated During Entire	Period of Ab	ateme	ent				1 Wagaraw			1			
Abatement Performed Outside of Norm Other – Describe:	nal Facility F	iours				-	tate, Zip Cod Lawn, NJ (						
Scope of Work (Check All That Apply)							_						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat molitic				×		osure Procedure					
		7010	1				I Non-Exer	npted (*) ai	nd Non-Friat	ne Pro		emen	t
Location of		ocation rmally			Desci	ription	of				Т	ре	_
Asbestos-Containing Material (ACM)	Used Main	Solely			stos Contain	ning M	laterial (ACM s insulation,		Amount Specify	77		Ē	т
TO BE ABATED In Facility	Custo	dial Si (12)	taff?	(i.e.	surfacin	ig, VA	T, or		F or LF)	Remova	Repair	Encapsulate	Enclosure
(13)			N/A	- 1	other mis	scellan	eous)			Val	=	ulate	E E
Please See Attached list	Yes	No	N/A X	DI	ease see	atta	chod liet			x			-
Please See Attached list		^	FI	ease see	alla	cried list	-		A			-	
										-			
		51.AU(1)								-			
Name of Registered Waste Hauler		0.0000	JDEP W		Cubic Ya		Nam	e of Regist	ered Landfill				
Global Safety Contracting Corp		275.6397.65	auler ID I 2604	No.	of Waste	9	T.R	.R.F.			40		
City, State Lyndhurst, NJ	<del> </del>				Disposal	l Date		State ytown, P	Α				
Completed by	Title				Sig	nature		/ / /		ate		75	550
Mark Jovic	Vice P	resid	dent			12	NN		11	1/16/	11		

\* Emergency \*

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

Date of Notification (1) 11/16/11				Name of E Karon F				(2)	)EC	) E	1 1	E	n		
Agencies Notified	Type Notification		2	Street Add 128 Mai		t ·	William		NC	)V 2	1 201	1			
EPA DEP DOL	Amended Amendment			City, State Rancoc			0807	3					net Suesi		
DOH DCA	Emergency ( justification) Cancellation			Name of C Chuck	Contact		Alexandre de la company de la	Legenter	ASBU	Pele	nhone Ni	imbor			
- CF 171 145	At -11: T-1:-	- Diese (2)		FACIL	ITY INFO	RMATIC		49-2	of Facility (4	1	Commence and Market, In.	-			_
Name of Facility Where Karon Fenton / Res		g Place (3)						☐ s	chool (K-12	2)	which first alternation		is. In these	zev +	
Street Address 128 Main Street								X C	ubchapter ( other (i.e. pr tc.)	ivate 8	commer	12) cial buil	dings	home	s,
City (5) Rancocas Village,	NJ 08073							Square 1000	+	2	Floors	3	ldg. / 5+	\ge	
County (6) Burlington				County Co				Currer	nt Use (Prio	r if bei	ng demoli	shed)			
Name of Monitoring Firm	m Hired by Building	Owner (8)		ASCM	No.			of Abat aco In	ement Conf	tractor	(9)				
Street Address								Addres 30x 32							
City, State, Zip Code								state, Zi t Berlii	p Code n NJ 080	91		-			
Project Manager for Mo			Telephon	e No.			none No 753-9			License 00727	No.				
Start Date (10) 11/17/11	d Con	mpletion D	ate (11)			of OSF aco Ir	IA Monitor								
Occupancy Status Duri	ng Abatement (Che	ck Only One	e)					Addres			NAME OF THE PARTY				
Abatement Perform	cated During Entire med Outside of Nor Home owner will be	mal Facility	baten Hours	nent s			City, S	State, Zi	p Code n NJ 080	91			•		
Scope of Work (Check	All That Apply)							_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		the same of the sa	enova emoli					Mir Slo	l Containme ni-Enclosure ovebag Proc	e cedure	-		8		
							E	No	n-Exempted	d (*) ar	id Non-Fri	lable Pr	Website	re temen	ıt
Locatio		N	Locat lorma			De tos Con	scriptio		(ACM)		Amount	$\vdash$	T	уре	Т
Asbestos-Containin TO BE A In Fac (13	BATED cility	Cust	odial (12)			thermal surfa	systen	ns insula		(	Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		Dina	insul	ation			60 If	×	+	-	-
Baser		X		Pipe	IIISUI	allon		-		+	+	+			
		+		-						_	+	+	$\vdash$		
									- 35					+	
Name of Registered W	aste Hauler		1.752	NJDEP W		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Yards		Name of	Regist	ered Land	dfill	1.		-
United Containers	1.500	Hauler ID 22459	No.	of Wa	.XC30/59		G.R.O.								
City, State Elm NJ					11/18	sal Dat 8/11	е	City, Sta		A 1906	7				
Completed by Anthony T Perna		Title Presi	ident	t			Signatu	re				Date 11/16	/11		

18				ATION C	e of New OF ASBES NJAC 8:	STOS A		ENT		D/E	G [	E (	IV	7 [	3
Date of Notification (1) 11/16/11				Name of Building Owner/Operator (2) Wex Trust / HPC Mortgage Fund C/O Blackport NOV 2 1 2011										1	
Agencies Notified Type Notification				Street Address 901 South 17th Street Suite 206											1 1
EPA DEP Amended Amendment # Emergency (including			City, State, Zip Code Fort Lauderdale FL 33316					ASBESTOS CONTROL & LICENSING						1	
DOH DCA	10000	ame of 0 eter H	Contact errigel /	Owner	r Rep		e i l'	~i ejepnone.i	Muun						
Name of Facility Where A	hatament is Takin	p Place (3)		FACIL	ITY INFO	RMATIO	N	Type of	Facility (4)			-			
Former Residential						School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)									
Street Address 3825 Boardwalk															
City (5) Atlantic City								Square 19100	Feet	# of Floors 5		7/2/20	ig. Ag 20's	е	
County (6)				County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Residential Housing							
Atlantic  Name of Monitoring Firm Hired by Building Owner (8)				ASCM			Name of Abatement Contractor (9) Global Safety Contracting Corp								
Street Address				Stre			Street A	eet Address							
				in the second se				151 Forest Ave City, State, Zip Code							
City, State, Zip Code		L				Lyndhurst, NJ 07071									
Project Manager for Monitoring Firm				Telephone No.			Telephone No. 973-685-6625			License No. 01038					
Start Date (10) 12/5/11	Comp				Name of OSHA Monitor Envirovision Consultants										
Occupancy Status During							Street A		araw Roa	d					
Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility H Other – Describe:				urs City				, State, Zip Code ir Lawn, NJ 07406							
Scope of Work (Check A	II That Apply)		-		SIL SIL										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Samuel Co.	ovati nolitic				×	Mini-	Enclosure	it with Negation dure (*) and Non-F				)	
	Is Lo	ocation									Abatement Type				
Location Asbestos-Containing <u>TO BE AB/</u> In Facil (13)	Used S Maint Custod	enan	ely by ance/ Staff? Asbestos (i.e. the				Material (ACM) ns insulation, AT, or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Endosure	
		Yes	No	N/A				1 15-4				X			-
Please See At		_	X Ple		ease se	se see atta		St			Λ				
1															
Name of Registered Waste Hauler			Ha	Hauler ID No.			Yards ste		Name of Registered Landfill T.R.R.F.						
Global Safety Contracting Corp  City, State				32604			posal Date City, Sta			ate					
Lyndhurst, NJ Completed by Title							Tullytown, PA  Date 11/16/11					11			
Mark Jovic	resid	lent			/	111	///	5000	1 17	10/					

Print Form