			(1	ursuant	to NJAC	0.00 am	u 12.120) A	Him Just Free	1100	that were					
Date of Notification (1) November 27 ,2012	2				f Building eld Pub		ools		COL	Check	# 5508					
Agencies Notified	Type Notification			Street A 302 El	ddress m Stree	t		2012 1	10V 30	PH .	2:43	-				
EPA DEP DOL	Iniţial Amended Amendment		_		ate, Zip Co eld, NJ		Į.	505E	STOS LICEN	CUMI	ROL			*		
DOH DCA	Emergency justification) Cancellation				f Contact I Board			Œ	LILEN	A HEG	hha *			-		
	- Currounation			FACI	LITY INFO	RMATI	ON	_	3.				48 - 63	7		_
Name of Facility Where McKinley School	Abatement is Takin	g Place (3)	1 401		JUNATI	O.C	_	of Facility (0.00.00			
Street Address						er sekireteni			School (K-1 Subchapter Other (i.e. p	8 (Othe			ildin	ne h	ome	e
500 First Street City (5)								ш е	etc.) re Feet		Floors			. Ag		3,
Westfield								20,0	00	3			75	. Ay		
County (6) Union				County (Code (7) USE ONLY,			Curre Sch	nt Use (Prid ool	or if bei	ng demol	ished)				
Name of Monitoring Firm MECS	Hired by Building	Owner (8)		ASCN	No.				tement Cor vironmen						V.	
Street Address PO Box 341	V		7.	•				Addres Cutler								
City, State, Zip Code Chesterfield, NJ 08	3515								p Code ide, NJ (08052						
Project Manager for Mor	nitoring Firm	T	Telepho	ne No. 98-4070		Teleph	none No 755-0	D.		License 00842	No.		-			
Bill Weisgarber Start Date (10)		Schedule	ed Con		Date (11)				IA Monitor		00842			_		
December 7, 2012		Decem		3,2012	2		EMS									
Occupancy Status Durin Facility Closed/Vac			- 150 m . - 150 m .	nent				Addres Rt. 13	s 0 North							
Abatement Perform Other – Describe:	ned Outside of Norn								p Code son, NJ(08077						
Scope of Work (Check A	II That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Section 1	tenova emolit				×	Min Glo	Containme i-Enclosure vebag Prod -Exempted	e cedure	Wrap	N (Cut	; lure		
		1250	Locati										10000		nent e	
Location			lormal d Sole	3			scription		(4004)				T	Ť		\dashv
Asbestos-Containing <u>TO BE AB</u> In Facil (13)	ATED		intena odial S (12) No					s insula T, or		(S	mount pecify or LF)	Removal	- Acpail		Encapsulate	Enclosure
Gym Storag	e Poom			XXX		Pir	e Fittii	na			LF	xxx	+	+	\dashv	-
Cylli Storag	e Room			7.00		1 14	76 1 1111					222	+	+	-	
													İ			
Name of Devices	to Haviss		1	UDED !!	lants	Costs	Vard		Name of	Doniet-	rod I s = 1	611				
Name of Registered Was Freehold Cartage	ste nauter		Н	IJDEP W lauler ID 2253		Oubic of Was 1			Name of Grows	5 NO.		IIII				
City, State Freehold, NJ						1.0000000000000000000000000000000000000	sal Date 3-2012	0	City, State Tullytov		·.					
Completed by William Lynch		Title Owne	er	4		The second second			J-L			Date Nov. 2	7-	201	2	
	200					U	uce		1-04	non			-			

te of Notification (1) ovember 27 ,2012		Nar We	me of Bui estfield	ding Owner Public Sp ess	Operator ((2)	Chec	ck # !	5507				1
encies Notified Type Notification	,		eet Addre 2 Elm S	Street									-
EPA Initial Amended Amendment #_	,	City	y, State, Z estfield	Zip Code , NJ 0709	90 & L	US CU CENSI	₩G		Numbo				-
DOH Emergency (in justification)	cluding		me of Co chool B					Telen	none Numbe				-
DCA Cancellation		<u> </u>	FACILIT	Y INFORM	ATION	Type of F	ocility (4)	ř.					1
ame of Facility Where Abatement is Taking Vestfield High School treet Address	Place (3)					Scho	ool (K-12) chapter 8 (er (i.e. priva	Other	than K-12) commercial t	ouilding	s, ho	mes,	
550 Dorian Road						Square F	eet	# of F	loors	Bldg 75	Age		
ity (5) Westfield		TC	ounty Co	de (7)		Current	Jse (Prior i		g demolished	i)			7
County (6) Union		(S	STATE US	E ONLY) _	Name	High S		actor (9)				-
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM N	10.	Sha	de Envir	onmenta	I, LL	<u> </u>				4
Street Address					Stree 623	et Address Cutler A	ve						
PO Box 341 City, State, Zip Code	-				City,	State, Zip ple Shad	Code e, NJ 08	3052					
Chesterfield, NJ 08515 Project Manager for Monitoring Firm		T	Telephone	e No.	Tele	phone No. 3-755-009			License No 00842				5
Bill Weisgarber	Scheduled		609-298		0.00	ne of OSHA							
Start Date (10) December 7, 2012	Decembe	er 8	, 2012			ISL et Address	- 15			7.2		à	
Occupancy Status During Abatement (Chec	k Only One)	atam	nent		20	0 Rt. 130	North						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe: 4pm -Midnight	nal Facility H	lours	3		- City	, State, Zip nnaminso	on, NJ 0	8077					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Re De	nova	ation			× Mini	-Enclosure	edure	h Negative F nd Non-Friab			e	
	le l	ocat	tion			L 1401	- Lxemptes	- 1.7		1	Abate	ement vpe	75 02
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	No Used Mair Custo	orma I Sole ntena	ally ely by ance/ Staff?	(i.e. t	nermal sys	ng Material tems insula	(ACM)		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	-	Pipe In:	sulation			5 LF	XXX			
Mechanical Room (roof)	XXX		-			sulation			3 LF	XXX			
Mechanical Room (roof)	-		-							+-	-	+	+
						-do	Name	f Regi	stered Land	ill			1_
Name of Registered Waste Hauler			NJDEP I		Cubic Ya of Waste		Grows						
Freehold Cartage			22253		1 Disposal	Date	City, Sta	ate	DA	Ž de d			
City, State Freehold, NJ			i.,		12-08-2		Tullyto			Date			
	Title				Sign	2000	_	/		Nov 2	27. 2	2012	

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

State of New Jersey

RECEIVED Check# 8029

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NIAC 8:60 and 12: 2012 NOV 30 PM 2: 42 NA Dept. of Health & Senior Services Name of Building Owner/Operator (Z) Date of Notification (1) MULLARENT Domer 11/27/12 ginature) Street Address ICE HSING Type Notification 11 Agencies Notified 35 SPRINEWALL Time Inilial **EPA** City, State, Zip Code Amended 07601 DEP HACKELLACK Amendment # 区 DOL Emergency (including Telephone Number Name of Contact Justification) X DOH JIM Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Absternant is Taking Place (3) School (K-12) MI MULLANE Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, Street Address SPRINGUACIEY AVE etc.) Bldg, Age # of Floors Square Feet 58 City (5) **.** 1600 HACKEOUSACK Current Use (Prior if being demolished) County Code (7) n=3 County (6) (STATE USE ONLY) BERGE Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. A. Mac Contracting Inc. Street Address Street Address 105 Lowell Road City, State, Zip Code City, State, Zip Code Glen Rock, N.J. 07452 Telephone No. License No. Telephone No. Project Manager for Monitoring Firm 00156 201-262-5841 Name of OSHA Monitor Schedulet Completion Date (11) Omega Environmental Services Inc. Start Date (10) 11/38/12 11/27/12 Street Address Occupancy Status During Abatement (Check Only One) 280 Huyler Street Facility Closed/Vacated During Entire Period of Abetement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Hackensack, NJ 07606 Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Į V Renovation ≥3 sf or ≥3 lf Mira Endosure notificansG 2160 sfor ≥260 if Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Location of Used Solely by Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) :Specify (i.e. thermal systems insulation, Rumova Maintenance/ Repair TO BE ABATED SF or LF) Custodial Staff? surfacing, VAT, or other misossamsous) to Facility (12)(13) N/A YES No 200 CAM AREA 354 × OINE BASSMEN T Name of Registered Landfill NJOEP Waste Cubic Yards Name of Registered Waste Hauler IESI PA Bethlehem Landfill Corp. Hauler 10 No. of Waste 20785 Rovic Transport City, State Disposal Date Bethlehem, PA 18015 City, State 11/77/17 Riverdale, New Jersey 07457 Date Signature Tille 33 Completed by President R. McDonald

Cheex# 8880

Date of Notification (1)					Building Owner					-		
Agencies Notified	Type Notification		-	Street Ac		, , , , ,	COLLIN	V 30 PH 2: 4	1			
i i	105.6	į.			est State	Stree						
DEP EPA	IX Initial ☐ Amended			City, Sta	te, Zip Code		8 I	TUS CUNTRE	IL			
₩ DOL	Amendment #		_ [Tren	ton, NJ	08625	GC L	LUS CONTRO				
DE DOH	☐ Emergency (ir justification)	ncluding			Contact			Telephone Nun	nber			
₩ DCA -	☐ Cancellation			Richa	ard Ferra	ca		5				
				FACIL	ITY INFORMA	TION	T	(4)				
Name of Facility Where		Place (3)					Type of Facility					
NJ State Museu	m				X - X (1.5		☐ School (K	-12) er 8 (Other than K-12)			
Street Address							Other (i.e.	private & commercia	al build	dings,	home	es,
205 W. State S	treet						etc.) Square Feet	# of Floors	IP	ldg. A	ae	
City (5)							35,000	3		42yı		
TRenton County (6)			-	County C	ode (7)			rior if being demolish		12 y 1		
Carrier STATE IN					ISE ONLY)		museum		53			
Mercer Name of Monitoring Firm	Hired by Building O	wner (8)		ASCM	No.	Name	of Abatement Co	ontractor (9)				
USA Environmen				112		Plyr	nouth Envi	ronmental Co	.,I	nc.		
Street Address	ranagan.	arc		1112	-		Address					
344 West State	Street						Haws Aven	ue		-		
City, State, Zip Code Trenton, NJ 0	8618						State, Zip Code	A 19401				
Project Manager for Mon			T	Telephor	ne No.	Telepi	none No.	License N				637-626-
Billy Weisgarb	er		16	509-65	56-8101		-239–9920	00398				
Start Date (10)	= 1	Schedule	d Con	npletion [Date (11)		of OSHA Monito		_			
12–10–12	48	12-2	17/4	2				ronmental Co	., lī	nc.		-
Occupancy Status Durin	g Abatement (Check	Only One	9)				Address					
[[] 기계시키 [ated During Entire Pe						Haws Avenu	ie				
	ed Outside of Norma						State, Zip Code	10401				
		TOOT	ate	*		MOLI	istown,PA	19401				
Scope of Work (Check A	II I nat Apply)											
□ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			enova emolit				Full Contains Mini-Enclosu	ment with Negative P ire	ressu	re		
≥160 sf or ≥260 lf			CITIOIII	lion			Glovebag Pr	ocedure			_	
							Non-Exempt	ed (*) and Non-Friab	le Pro		e ement	
			Locati								pe	Š.
Location			ormal d Sole			escription		Amount			_	
Asbestos-Containing TO BE AB	100 100 100 100 100 100 100 100 100 100	Mai	ntena	nce/			Material (ACM) s insulation,	(Specify	20	מ	nc	딸
In Facil		Custo	odial 3 (12)	Staff?	surl	acing, VA	AT, or	SF or LF)	Removal	Repair	apsı	Enclosure
(13)			(1-)		other	miscella	neous)		val	Ŧ	Encapsulate	ure
		Yes	No	N/A				204 07			-	-
2nd floor galle	ery		x		plaster			384 SF	X			
2nd floor galle	ery		x		globe sk	im co	at	200 SF	x			
Name of Registered Was	ete Hauler	LL	TN	JDEP W	aste Cubi	c Yards	Name o	of Registered Landfill	1			
Robinson Waste			H	lauler ID	No. of W	aste /	GRO					
			_ 1	7304		5		On (1997)				
City, State						osal Date						
Bellmawr, NJ		1 =			12-	21-12		isville, PA	ite		-	_
Completed by		Title	-			Signatur /	1	10.				14
Timothy E. Bry	/an	Vic	e-P	resid	ent 🕢	/		y - 11	-26	-12		

State of New Jersey - Notification of Asbestos Abatement

			(Pursi	iant to N.J.A.C	. 8:60-7 and 12:120-7)	Pos					
GAC Project # 060-12						RE		IVE	: P3		
Client Project #								A ST Ava			11000000
Date of Notification (1) Noven	nber 26,	2012			Name of Building Owner RUTGERS, THE S	Operator (2) IVBRS	зіту, с)F NJ		
Agencies Notified		Notification	Туре		Street Address		* 00	111	2:41		()
X EPA		☑ Initial I		ation	ENVIRONMENTAL	HEALTH	& SA				
X DCA		□Amende			27 ROAD 1, BLDG	1086 LIV	INCS	TON:	AMDII	9	
		A CONTRACTOR OF CHES			27 ROAD 1, BLDG	4000, EN	INCO	Sold C	TO TO		
⊠ DOL		☐ Emerg		ncluaing	City, State, Zip Code		ICEN	SING	100000		
☑ DEP- No Longer REQUI	RED	justific	ation)		PISCATAWAY, NJ	08854					
▼ DOH		☐ Cance	lled		Name of Contact		l Tele	phone I	Number		
	-				MICHAEL SMITH,	ENV.					
					HEALTH & SAFET		1				
				FACILITY INF		-				-	
Name of Facility Where Abate	ment is Tak	ing Place (3)		THOILIT III	Type of Facility (4)						
CONKLIN HALL, BLD					School (K-12)						
OOMMENT TIMEE, DED	011 1210	•			Subchapter 8 (other t	h 1/ 10\					
Street Address							ta 10		\$2.00		
NEWARK CAMPUS					Other (i.e. private & co						
					Sq. Feet: N/A	of Floors:	4 Blo	lg. Age	<u>e:</u> 60+y	ears	
City (5)	County (6)			Code (7)							
NEWARK	ES	SEX	State	Use Only)	Current Use (prior if bein	g demolishe	d): AC	ADEMI	С		
Name of Monitoring Firm Hired	by Bldg. C	Owner (8)	ASCM	No.	Name of Contractor (9)						
ATC ASSOCIATES			0098								
					GREENWOOD ABA	TEMENT (CONSU	JLTAN	NTS. INC) .	
Street Address	7.	-			Street Address						
3 TERRI LANE											
					268 MAIN STREET						
City, State, Zip Code					City State, ZipCode						
BURLINGTON, NJ 0	8016				BUTLER, NJ 07405						
Project Manager for Monitoring		Telephone N	umher		Telephone Number		Licer	nse Num	her		
BRIAN KEARNY	4.11111	609-386-			releptione (variber		Licei	ise ivuii	ibei		
BRIAN KLAKINI		009-300-	0000		973-492-0477		008	40			
Scheduled Start Date (10)		Scheduled C	ompletio	n Date (11)	Name of OSHA Monitor		1 000				
12/21/12		01/03/12	ompicae	II Date (11)	1						
12/21/12		01/00/12			ENVIROVISION, INC	C.	1)				
Occupancy Status During At	patement (Check only or	ne)		Street Address			-	-		
▼Facility Closed/Vacated D				nt .							
					20-21 WARGARAW	ROAD					
☐ Abatement Performed Out	tside of No	rmai Facility i	Hours -		City, State, Zip Code	ROAD			_		
Describe			F-00 D	MADAILY	Oity, Otato, Elp Code						
☑Other – Describe: Shift				WIDAILY							
	- 24 H	R AS NEE	DED -		FAIRLAWN, NJ						
0					*						
Scope of Work (Check all that	apply)						20.000000000000000000000000000000000000				
F-62.17				(0.12)	X	Full Conta	inment	with Ne	gative Pre	essure	
≥ 3 sf or ≥ 3				☑ Renovation		Mini-Enclo	sure				
≥ 160 sf or 3	≥ 260			Demolition		Glovebag	Procedu	ire			
						Non-Exemp	ted (*) a	and Non	-Friable P	rocedu	ure
Location of Asbestos-Containing	ng Is Lo	cation Normall	y Used	Description of Asb	estos Containing Material	Amou		-	ement Type		
Material (ACM) in Facility (13)		y by Maint./Cu	stodial	(ACM) (i.e. therma	al systems insulation, surfac	ing, (Spec	ify SF	_			
		? (12)		VAT, or other misc	cell.)	or LF)	Remov	ve Repair	Encap	Enclose
	YES		NA		****						
201 Lobby		X		SURFACING		900	SF	X	and the second		
Name of Reg. Waste Hauler		NJDEP Wast		ID#	Cubic Yards of Waste:	20 CY			istered La		1000
See Hauler Below #1 &	2	See Below		93			G.R.	.O.W.S	. North	Landf	ill
Hauler #1) Greenwood Abate	ment Core	ultante Inc	Rutler N	11 07405		Disposal D	ate		City, Stat	Α	
NJDEP # 12561	ment Const	a, IHC. —	Duner, P	0 0 1 703	10	01/03/12			100 New		Aill
Hauler #2) Horizon Disposal S	Services In	c Trenton N	J 08611			01/03/12			Rd. Morr		
NJ DEP # 22612		,	00011					- 8	19067		5
						-102			215-736-	1700	

Signature

Raymand C. Pedalino

Date

November 26, 2012

MANAGER

Title
SENIOR PROJECT

Completed by (Print or Type)
RAYMOND C. PEDALINO

Check# 1979

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

GAC Project # 060-12 RECEIVED Client Project # Name of Building Owner/Operator (2)
RUTGERS, THE STATE UNIVERSITY OF NJ Name of Building Owner/Operator (2) Date of Notification (1) November 26, 2012 Agencies Notified Street Address Notification Type ENVIRONMENTAL HEALTH & SAFETY DEPT. ☑ Initial Notification ☐ EPA 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS. DCA ☐ Amended Notification City, State, Zip Code X DOL ■ Emergency (including & LICENSING PISCATAWAY, NJ 08854 justification) ▼ DEP- No Longer REQUIRED Tolonhone Number Name of Contact X DOH □ Cancelled MICHAEL SMITH, ENV. **HEALTH & SAFETY FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **BLUMENTHAL HALL, BLDG#7493** School (K-12) ☐ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **NEWARK CAMPUS** # of Floors: 3 Bldg. Age: 80+ years Sq. Feet: N/A County Code (7) County (6) City (5) Current Use (prior if being demolished): ACADEMIC **ESSEX** (State Use Only) **NEWARK** Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) 0098 ATC ASSOCIATES GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City State, ZipCode City, State, Zip Code BUTLER, NJ 07405 BURLINGTON, NJ 08016 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number BRIAN KEARNY 609-386-8800 00840 973-492-0477 Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) 12/17/12 12/14/12 ENVIROVISION, INC. Street Address Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ■ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe ☑Other - Describe: Shift Hours: 3:00 PM FRI - 5:00 AM MON FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥ 3 sf or ≥ 3 lf Renovation Mini-Enclosure Demolition Glovebag Procedure X ≥ 160 sf or ≥ 260 X Non-Exempted (*) and Non-Friable Procedure Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Location of Asbestos-Containing (ACM) (i.e. thermal systems insulation, surfacing, Solely by Maint./Custodial (Specify SF Material (ACM) in Facility (13) Remove Repair Encap Enclose or LF) VAT, or other miscell.) Staff? (12) YES NO Room 339 X VAT 2000 SF Name of Registered Landfill Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste: 20 CY G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State 100 New Ford Mill 12/17/12 NJDEP # 12561 Rd. Morrisville, Pa Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 19067 NJ DEP# 22612 215-736-1700 Date Completed by (Print or Type) November 26, 2012 SENIOR PROJECT RAYMOND C. PEDALINO Raymand C. Pedalino MANAGER

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

GAC Project # 000-12						RECE	* 11 4 5	34			
Client Project #					Name of Building Owner/0	Incretor (2)	TYE				
Date of Notification (1)	00	0040			RUTGERS, THE	ATE IINI	/FRSI	TYOF	N.I		
Novemb	er 26,		-		Chroat Address	7\0\ 200 \ 700	Die	1101			
Agencies Notified		Notification			Street Address ENVIRONMENTAL	HEALTH	REAL	Pirevin	FPT		
□ EPA		☑ Initial I			27 ROAD 1. BLDG	1006 11/1	NICET		MPIIS		
□ DCA		Amende		The state of the s	27 ROAD 1, BLDG	LUOD, LIVI	NGSI	A CA	MAILOO	£	
IX DOL		□ Emerg		ncluding	City, State, Zip Code PISCATAWAY, NJ	LICEN	21110	代制			
■ DEP- No Longer REQUIRE	D	justific	ation)			18854	OIME	hone Nu			
⊠ DOH		□ Cance	led		Name of Contact	2017	I I DIAN	nana Kili	mner		
	1				MICHAEL SMITH, E		1		*		
				32	HEALTH & SAFETY						
				FACILITY INF							
Name of Facility Where Abateme					Type of Facility (4)						
LANGUAGE LAB, BLD	S# 303	36			School (K-12)	K 12\					
Street Address					Subchapter 8 (other th		diana he	maa ata			
COLLEGE AVENUE CA	MPUS	5			Other (i.e. private & co	of Floors:			.) 60+ ye	are	1
	76.00			0 1 (7)	Sq. Feet: N/A #	01 110015.	i <u>biuc</u>	. Age.	oo. ye	ais	la de
NEW BRUNSWICK	MIDD	LESEX		Code (7) Jse Only)	Current Use (prior if being	demolished	i): ACA	DEMIC			
Name of Monitoring Firm Hired b	y Bldg. C	Owner (8)	ASCM		Name of Contractor (9)						
ATC ASSOCIATES			0098		GREENWOOD ABAT	EMENT C	ONSU	LTANT	S, INC.		
Street Address					Street Address						
3 TERRI LANE					268 MAIN STREET						
City, State, Zip Code					City State, ZipCode	1					
BURLINGTON, NJ 080					BUTLER, NJ 07405		Licon	se Numbe	or.		
Project Manager for Monitoring F	irm	Telephone N			Telephone Number		Licens	SC INGILIDO	21		
BRIAN KEARNY		609-386			973-492-0477		0084	10			
Scheduled Start Date (10)		Scheduled (n Date (11)	Name of OSHA Monitor						
12/21/12		12/24/12		6	ENVIROVISION, INC	C .	25.00		¥		
Occupancy Status During Abat	tement (Check only o	ne)		Street Address						
☐Facility Closed/Vacated Dur	ing Entir	re Period of A	batemen	t	OO OA WADCADAW	DOAD					
☐Abatement Performed Outsi	de of No	ormal Facility	Hours -		20-21 WARGARAW	KUAD					
Describe					City, State, Zip Code						
☑Other - Describe: Shift H	ours:	4:00 PM F	RI – 5:0	OO AM MON							
					FAIRLAWN, NJ						
0 (11/1/2)									-		-
Scope of Work (Check all that an	ODIAI					Full Conta	inment w	ith Nega	ative Pres	sure	
	ı.			⊠ Renovation	ā	Mini-Enclo					
□ ≥3 sf or ≥31				☐ Demolition	_	Glovebag		re			
≥ 160 sf or ≥ 2	260			Demonition	<u> </u>				-Friable F	Proced	ure
Landing of Ashastas Containing	Lola	ocation Norma	lly I lead	Description of Asi	pestos Containing Material	Amou			nent Type		
Location of Asbestos-Containing Material (ACM) in Facility (13)		ely by Maint./C		(ACM) (i.e. therm	al systems insulation, surfac		cify SF	D	Dennis F	5	Englaca
material (vielly in vielli) (ve)		f? (12)		VAT, or other mis	cell.)	or LF)	Remove	Repair E	ncap E	Incluse
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1 st Floor Corridor		X		VAT		600	SF	X			
			ligate in the		Name and the second						
-A							.,				
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Was		r ID#	Cubic Yards of Waste:	10 CY	G.R.	of Regis	North I	ndfill Landfi	ill
Hauler #1) Greenwood Abatem		cultante Inc	Rutler	N.I 07405		Disposal D	Date		City, State		
NJDEP # 12561	CHI COH	sanants, Inc.	Daner,			12/24/12			100 New		
Hauler #2) Horizon Disposal Se	ervices, I	nc., Trenton,	NJ 08611						Rd. Morri 19067	sville,	ra
NJ DEP# 22612	50								215-736-	1700	
Completed by (Print or Type)	- 1	Title			Signature		Date				
RAYMOND C. PEDALIN	188	SENIOR P	ROJE	CT	Raymand C. Fe	delin-		Noven	nber 20	5, 201	2
		MANAGE			raymana c. 12	uacero					

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INIO# 20142461421						8:60 and 5:10	1011			Octil	Cach	P4.8
Date of Notification (1)	if.			Name	of Building	Owner/Operator (90 F . 111 Dits	Bernot Health &	Velili Sonior	Carri		
	26 , 12	_	18	Shana	Cohen	A 1.324	Creek, Comment	Leve ()	me	2	668	
Agencies Notified	Type Notification			Street	Address	P.	Y US CUM	TRAN (Signatu	re)			
□ EPA			12	Beek	man Place	3	LICENSIN	ge 11-36/12	Time:	37	PM	1
₩ DOLWO	Amended Amendment #		Ī	City. \$	tate, Zip Co	rde			-	TO SECURE		
☑ DHS\$	Emergency (inc	dudino	l ₁	Fair Le	iwn, NJ 0	7410						
(NJAC 5:23-8)	justification)	N O O I I I I			of Contact	3.		Telephone Num	ber			
	☐ Cancellation		15	Shana	Cohen			• = ====				
				FAC	ILITY IN	ORMATION						_
Name of Facility Where	a Abatement is Taking	Place	(3)		_,		Type of Facility	(4)			•	
Private home	-						School (K-1)					
Street Address								6 (Other than K-1 2 private and comme		Idina		
4 Beekman Place							homes, etc.		rcial Du	ioing:	s:	
City (5)				- ~		~~ ~~	Square Feet	# of Floors	813	ig. Ac	e	
Fair Lawn, NJ 07410)										2	
County (6)				Count	y Code (7) (STATE USE ONLY)	Current Use (P	rior if being demoli	shed)			1000
Bergen				100000000000000000000000000000000000000			Technology and the control of the co	2 7 00000 - 12000 2 7 00000 - 12000				
Name of Monitoring Fil	rm Hired by Bullding C	wner (8) /	ASCM !	No.	Name of Abatem	ent Contractor (9)		_		
						Gr Tech LLC						
Street Address						Street Address						
					į	576 Valley Rd	#283					
City, State, Zip Code						City, State, Zip C	A shifted and a second as a se					
						Wayne, NJ 074	70					
Project Manager for M	onitoting Firm		Tele	phone 1		Telephone No.		License No.			-	
					- 1	973-638-1777		01127				
Start Date (10)	Sched	luled C	omple	ion Dal	te (11)	Name of OSHA	Monitor					7
11 / 27	/ <u>12</u>	1_/	28	/ _	12	Envirovision C	onsulfants Inc					
Occupancy Status Dur	ing Abatement (Check	only o	ne)	Was nearly		Street Address						
☑ Facility Closed/Vac	ated During Entire Pe	riod of	Abater	nent		20-21 Wagarau	v Road, Bldg #	34A				
Abatement Perform	ned Outside of Normal	Facility	Hour		cribe	City, State, Zip C				200		
Time of Abatement	AMP	W	PM_		AM I	Fair Lawn, NJ	07410					
Scope of Work (Check	all that apply)		-									
S7 > 2 - 5 - 1 - 2 1 6		KK n.				Full Co	ntainment with Ne closure	igative Pressure				
>3 sf or >3 lf > 160 sf or >260 lf	2.	De	novati molitic	au Gui			ag Procedure					
	· - 122							on-Friable Proced	ure	1		
		1	Local						Ab	atem	ent T	ype
Locati Asbestos-Containin			d Sole			Description tos Containing M		Amount	20	N	5	E
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Name of Registered V	vaste Hauler				e Hauter ID No.		sta Name of Reg					
Gr Tech LLC			1	00337	8.5	TBD	T.R.R.F. Inc	<u> </u>				
City, State	THE RESERVE OF THE PARTY OF THE					Disposal Date	City, State					
Wayne, NJ 07470						TBD	Tullytown,	PA				100
Completed By (Print o	or Type) Titl	e				Signature	11	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED I	Dale			
N.Jevtic	0.0	ner			**	1. 1	whice Ne	1	1/26/20	012		
IN JEVILO	- 104	YIOI						<u> </u>				

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

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e of Notification (1)	37	i	m	RS_	PALA	Τ!	A ingres	1031	signature)				
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	: <u>2</u>	-	-	- TOWN /	ede		-076						
EPA DEP	Amended Amendment		100	257		<i></i>	076	Te	iephone Number				
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DCA CONTRACTOR	Cancellation	1	FA	CILITY I	REORMATION		Type of Fac	aity (4)					
one of Facility Whate	Abelement is Taking Place	e (3)				1	ET School	(16-12)	her than K-12)				
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MEDINGE	· ·		Cour	ny Code	(7)		Cunent U						
County (6) CHEAL			1.	TE USE		Name	of Abatem	ent Contrac	tor (9)				
Name of Monitoring F	ion Hired by Building Own	gs (8)	A	SCM No	•	AF	Mac Contr	acting in	<u>. </u>				
						Stree 105	t Address Lowell R	osd	SS				_
Street Address	·					1-000	Otata 7in C	cote	2				
City, State, Zip Code					and the second strategy		n Rock, I	MM- 0132	License No.				-
Project Manager for	Monitoring Firm		Te	ephone	No.	Tels 20	phone No. 1-252-584	41	00156				
FAIGRAT Menter Act in		chedulati	Combi	enion Da	le (11)	Man	no of OSHA	Monitor	al Services Inc.		8		
Start Date (10) / 1	7	LE	न्	-			nega Env						
Company Status	During Abstement [Check	Only One)			28	10 Huyler	Street				_	
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Asbestos-Con	scation of National Material (ACM) REABATED To Facility (13)	Use Mai	Location losmeth o Solet interien lodial S (12)	ice; À pà	Asbertos C (i.e. then	Containi mal sys urfacing	otion of ng Malanal derps insula , VAT. or salancous)	(ACM) Non,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	The state of the s
the second	97 (-5)	Yes	No	NIA					PR 0 E	11	-	-	+
BASEMI	200			V	Pi	P. E.			75-45	X	-	+	-
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Name of Register Rovic Transpo	red Waste Hauler	<u> </u>	1	LIDEP V lauler 10 20785	No. of	ubic Ya Wasta	rds \$\int		Registered Landin A Bethlehem La		l Co	rp.	
Cay, State	w Jersey 07457		12		D	isposal	Distre ON	City, Star Bettwle	te hem, PA 18015				_
Completed by R. McDonald		Pre	sideni	3		Sign	nature /	1941	Da	ne/d	6/1	2	-

State of New Jersey
MOTHFICATION OF ASBESTOS ABATEMENT

CK 1652	i	NLOTHE P()	HCATIKON HITSUBHIN	OF ASBESTOR	S ABATE	MEMT 図 の C い		Enr		21		
Date of Notification ((1)) 10-13-2012			Name of Danny	OF ASBESTOR TO NUAC 2:50 at Figure Owner Minervini	Operato	T ((2))	20100	Em 1 Po 1	YE	1)		
Agencies Notified Type Notification		i	Street A	ddress st 19th Stree	CUIZE	10 V 30 P	M 2:38	DV 21	MI	ii	<u>.</u>	
EPA : Unitial Amended Amended Amended Amended				te, Zip Code awken NJ 070	60)#c	STOS CO LICENS	Ning!	TOS C	ONT	ROL		
DOH justification) DCA Cancellation				Contact Minervini	G.	LIULIAN	Te	lepitrome (Nu	miber		A Page 1990	at the second second
Sand			FAC	LITY INFORMA	MONT			1				
Name of Facility Where Abatement is Takin Private Property	g Place (3	3))					1 (HK-11Z))	near titheann 11K-11	77A)			
Street Address 41 West 19th Street								& commenc		dlings	, Itmanimi	æs.
City (5) Weehawken NJ 07086						Square Fee 1500		f Floors Noors		11dg. / 50	fgjæ	
County (6) Hudson			County C	Codie (7) USE CHILV)		Cumremit Ulsa	e ((Pulicar iff libre	ing diemolis	hedi))			OM CONTRACTOR
Name of Munitaring Firm Hired by Building only	Dwamear ((8)))	ASCM m/a	T INIO.		of Abatement Phase Gro		r ((9))				
Street Address			1	(*)		t Address 52nd stree	t Suite#1	5				
City, State, Zip Code						State, Zip Cod It New York		3				
Project Manager for Moniburing Firm n/a			Telephon n/a	ne No.		home No. 758-7158		Licemse to 001144	lto			
Start Date (10) 11/15/2012	Schedule 11/17/2		mpiletiom (Date (11)		of OSHA Mo Environme)				
Occupancy Status During Abatement (Chec				in the second	Street	Address						
Facility Closed/Vacated Duning Entire I Abatement Performed Outside of Norm Other – Describe: 8 hours					City, S	3 Route 22 State, Zip Cod on NJ 0708	e					
Scope of Work ((Check All That Apply))												
23 sf or ≥3 lf ≥160 sf or ≥260 lf		Remova Demolit				Mimi-Emal Glowelbag	osune Procedure	n Megadixe A di Mon-Friat			æ	
		Locati									emen Ipe	tt
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Nommall ad Sole iintener todial S (12)	lky Ibyy micsey/	Asibestos Cor (i.e. themma surf		Material (ACIM s insulation, AT, or	1 (6	Annocumit Specify Four (LIF)	Removal	Repair	Encapsulate	Enclosure
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basement boiler room			X		e iinsulla er iinsulla			BOLF 24 SF	x			
basement boiler room	1 1		X					4 31	A.			
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Name of Registered Waste Hauter Asbestos Transportation Company	1 1	H	UDEP W lauler ID I 1310		c Yards este	1	e of Registr erva Ente	ered Landfil erprises	1			
City, State Shirley NJ 11967		"		Dispo	osal Date		State ynsburg ()H 44689				
Completed by Edwin Precilla	Title Proje	ct Ma	ınager	-	Signature ESC	m //	ull		ide 1//13//2	2012		



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Date of Notification (1) 11-19-2012					owner chip	erator	0 1	M 2: 3	71	DAY	,	1700		
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DOCA CO	mocition) realisation		Joe			1	11/	1.47				-		
Name of Facility Whote Abotemen Former Car Dealership for Street Address			FACUL	ALT UNIT	CRMATIC	F/1-7	A S	of Facility (School (K-1 Subchapter	(2) 8 (Oth	with the Man K-1	2)	-	٠.	
68-72 Franklin Place								Other (i.c. p Rc.)	vivate è	commorc	tol build			05,
City (5) Summit	•				٠		3000	e Fest		· Floors	1	idg. /	ege.	
County (6) Union			County C	ode (7) SE GALL	7	_	Car	Dealarsi	qir	ng demolis	hed)			
Name of Manitoring Firm Harod by	Building Owner (B)		ASCM 11/a	No.				tement Con stracting,		(9)				No.
Street Address:						Street 22 T	Addres							
City, State Zip Code		22.20				City, S Linc	tete, Zi oln Pa	p Code ark, NJ O	7035					
Project Manager for Monitoring Fit rVa	Tri.		Telephon n/a	e No.			706-7	950		License (01088	WO.			
Start Date (10) 11-20-2012	Schedule 12-31-2		Property of the second	late (11)				IA Monitor ibracting.						
Occupancy Status During Abatem			0 800			Street 22 T	Addres						W	
Facility Closed/Vecetted Durist Abstement Performed Outsid Other - Describe: 9am - 6pm	le of Normal Facility	batom Houra	iont i		_	City, 8	tate, Zi	p Code ark, NJ 0	7035					
Scope of Work (Check All That Ap 23 sf or 23 lf 2160 sf or 2280 lf	□ R	enova emolit			•		Mir	i Endocum webso Pro	catopina B	Negative			re	
	ls	Locati	OH		;						T	Abat	omen /pa	t
Location of Asbestos-Containing Material (10 HE ARATED In Facility (13)	(ACM) Usos Mak	i Sole dene dene dial 8 (12)	ly by nobi statt?	Asbe (i.s	stos Conto	systems ing, VA	lotorial o insult T, or	(ACM) don,	(5	mount Specify or LF)	Removes	Reper	Encapsulate	Endosure
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Entire Structures - Dealers House on Same Prope				-	asbes									
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City, State Hillsborough, NJ					Dispos			City, Star Bethle	hem, I					
Completed by Lillie Lazarevich	Title Sacre	abary	.87		Si	700	int	azer	125	2 13	ete 1-19-	201:	2	

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Noneck

ONLY FINISH DATE IS AMENDED NOTIFICATION OF ASBESTOS AE (Pursuant to NJAC 8:60 and 1)

Date of Notification (1) 11-27-2012					Building O			al	The C		VED				
Agencies Notified	Type Notification		5	Street Ad				21	112 NOV	30	PM 2: 50				
DEP DOL	Initial Amended Amendment				e, Zip Cod range, N)18	A	ار 3ھر اللہ	ÚS (ONTRO				
DOH DCA D	Emergency (justification) Cancellation	including			Donahue					Tele	ephone Numi	oer			
Name of Facility Where	Abatement is Taking	Place (3)		FACIL	ITY INFO	RMATIC	ON	Type o	f Facility (4)					
East Orange Gene			ıg				1	T s	chool (K-12	2)					15
Street Address									ubchapter ((Other	er than K-12) & commercial	build	inas.	home	s.
300 Central Ave.								et	.c.)		1882				
City (5)								Square	Feet	# of	Floors		dg. A 0+	ge	
East Orange			T (County C	ode (7)			Curren	t Use (Prio	100	ng demolishe				-
County (6) Essex					SE ONLY))	_	Hosp			•				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.				ement Cont		(9)				
Prime Environment	tal, Inc.								tracting,	LLC					
Street Address							Street A								
28 East Hanover A	venue						22 Tr			-		-			
City, State, Zip Code Morris Plains, NJ 0	7950						Linco	In Pa	rk, NJ 07	035					
Project Manager for Mor Keith Savel	nitoring Firm			Telephon 973-32	e No. 26-8800		Telepho 973-7	06-79	950		License No 01088				
Start Date (10)		Scheduled		pletion [Date (11)		Property of the second sections		A Monitor	10					
10-29-2012	- Al-AA (Cha	12-31-2					Street A		tracting L	LU					-
Occupancy Status Durin							22 Tr								
Facility Closed/Vac Abatement Perform	ned Outside of Norm	Period of Ab nal Facility F	atem lours	ent			City, Sta	ate, Zip	Code					-	
X Other - Describe:	9 am - 5 pm						Linco	In Pa	rk, NJ 07	7035					
Scope of Work (Check A	All That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			novat moliti				×	Mini	-Enclosure vebag Prod	edure	n Negative Pool			e	
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Location Asbestos-Containing	Material (ACM)	Used Main				tos Con	taining M	aterial			Amount Specify	71		m	m
TO BE AB		Custo	dial S	SCHOOL 0	(I.e.		I systems cing, VAT		uon,		F or LF)	Remova	Repair	caps	Enclosure
(13)			(12)			other r	miscellan	eous)				val	ai-	Encapsulate	ure
		Yes	No	N/A									-	-	-
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Name of Registered Wa	ste Hauler			JDEP W		100000000000000000000000000000000000000	Yards		Name of	Regist	ered Landfill	L		1	
Jadar Contracting L			5/8	lauler ID 033137		of Wa			GROW	/S La	ndfill				
City, State Lincoln Park, NJ 07	7035					Dispo	sal Date		City, Stat Morris		PA 19067				
Completed by		Title					Cianaturo		\cap		Da Da	570			-
Lillie Lazarevich		Secre	tary			b	Lilly	ed	4221	w	X 1	1-27	-201	2	

Fax:

MAN TI TRIE POTE

State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7) Check # 5626 Emergency Non Sub-8-2012-230 B& G proj. #: I APPROVED No Dept. of Health & Senior Services Name of Building Owner/Operator (2) Date of Notification (1) Northern Valley Regional High School Dahtelnv 20 111/2/7/11/1 Type Notification Street Address Agencies Notified 162 Knickerbocker Road ☐ EPA Initial & LICENSING City, State, Zip Code DEP Amandment Demarest, NJ 07627 Telephone Number DOL. Name of Contact M DOH Canonilation Janet Camicelli ☐ 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) Northern Valley Regional High School (Non Sub 8) Other (Private/Commercial Bldgs /Homes, etc. Bldg. Age Street Address Square Feet | # of Floors 150 Knickerbocker Road County Code (7) Current Use (Prior if being demolished) County (6) (Scate use only) City (5) School (non sub 8) Name of Abatement Contractor (9) Bergen Demarest, NJ 07627 ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) B & G Restoration, Inc. n/a Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number 0378 Phone Number Project Manager for Monitoring Firm 973-696-6869 Name of OSHA Monitor Sched, Completion Date (11) B & G Restoration, Inc. Schedulad Start Date (10) Street Address 12/01/12 11/30/12 105 Ryerson Road Occupancy Status During Abatement (Check only one) City, State, Zip Code Facility closed/vacated during entire period of ebatement. Abatement performed outside of normal facility hours-Lincoln Park, NJ 07035 Other-Describe: start job 4:00pm - 12:30mm Describe: Glovebag procedure Scope of Work (check all that apply) Full Containment w/negative pressure Non-friable procedure Renovation ☐ Demolition Mini-enclosure ≥160 sf or ≥280 lf E E 3 sf or >3 if Is location normally used solely 6 n n Ampunt m ¢ Description of asbestos-containing by maintenance/custodial Location of (Specify SF or Ç ٥ a asbestos-containing staff(12) material (ACM) V P material to be No NA abated in facility (13) Yes X 950 sf VAT Room B101 Name of Registered Landfill Cubic Yards of Waste Tullytown Resource & Recovery Conter NUDEP Hauler ID# Registered Waste Rauler 10 yards 19563 B & G Restoration, Inc. Disposal Date Tullytown, PA City, State 12/03/12 Date Lincoln Park, NJ 07035 Signature 11/27/12 Completed by (Print or Type) Title

Treasurer

Gordana Luna

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

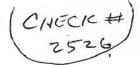
B & G proj. #:	2012-230		(Pursua	ant to I Emer	NJAC 8:6 gency	0-7 an Non S	a Su	ib 8 ECE	YE	Heck #	5626					
			f Building Ow					2812 NOV 30								
Date of Notification		Name o	ern Valley	Dagior	al High S	chool I	Dis	trict			_			_		•
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Agencies Notified	Type Notification	Street A		*!	•			& LICE	HSIN	G	,			_	_	-
☐ EPA		162 1	Knickerboc	ker Ro	ad		_	C LIVE	-							
☐ DEP	V	City, St	ate, Zip Code	Э												dia.
⊠ DOL	☐ Amendment	Den	narest, NJ 0	7627			_		TT	elephon	e Numb	er		***************************************		
		Name o	of Contact													
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☐ DCA		Jan	et Carnicell			TION							55 55			_
			F	ACILIT	Y INFORMA	ATION	_		Type of	Facility	(4)					
		ing place (3	3)						X	School	ol (K - 1	2)				
	vhere abatement is tak								Ī	Subc	hapter 8	(Other	than h	(-12)		
Nalle and Valle	ey Regional High S	chool (No	n Sub 8)				-		Ī	1 Other	(Private	/Comm	ercial			
Street Address	cy region								_		./Homes		TE	Bldg. A	Age	
									Squar	e Feet	# of FI	0015	1		•	
150 Knickerb	ocker Road		21			Coun	ty (Code (7)				aina do	molis	hed)	_	_
City (5)		County (0)			(State	e u	se only)	Curre	nt Use (Prior if b	eing de	HOHS	ilcuj		
		Damasan									sub 8)					_
Demarest, N	J 07627	Bergen		TA	SCM No.	1	Na	me of Abatement	Contract	or (9)						
Name of Monito	ring Firm Hired by Bld	g. Owner (c	,,	-	/a	- 11	Ε	3 & G Restoration	on, Inc.							==
					/a		Str	eet Address								
Street Address							,	105 Ryerson Ro	ad					-	-	
								y, State, Zip Code								
City, State, Zip C	Code							Lincoln Park, N	J 0703	5						_
J.,							Te	elephone Number				ense Nu	mber			
Project Manage	r for Monitoring Firm		Phone	Numbe	r			973-696-6869			03	78		_	_	=
1 10,000							N	ame of OSHA Mor	nitor	10.75						
	Deta (10)	Sched.	Completion D	ate (11)				B & G Restorat		:			escole t	- Poster _	_	_
Scheduled Star	(Date (10)					- 1		treet Address								
11/30/12		12/01/					1	105 Ryerson R	oad						_	=
Occupancy Sta	tus During Abatement	(Check on	y one)	nt			c	ity, State, Zip Cod	е							
	the potent during 6	ntire period	Ul abatemo.				1									
☐ Abateme	ent performed outside of	i Homina ia	· · · · · ·				1	Lincoln Park,	NJ 0703	35			_	_	=	=
Other-De	escribe: _start job 4:00p	m - 12:30an	1													
Scope of Wor	k (check all that apply))					г	II Containment w/r	negative	pressure		Gloveba				
Demolit		Renovation				ᆜ					Ø	Non-fria	able p	roced	ure	
		≥160 sf or ≥	260 If			Ц	M	ini-enclosure			<u> </u>	$\neg \neg$	R	R	E	E
☐ > <u>3</u> sf or	>311	le location	normally use	ed solely	/					Amo	unt	- 1	e m	e p	n	n
Location	n of	by mainte	nance/custod	lial	Descr	ription of	as	bestos-containing		(Spe	cify SF	or	0	a	c	C
asbesto materia	os-containing	staff(12)			mater	ial (ACN	Л)		- 1	LF)			٧	i	р	١,
abated	in facility (13)	Yes	No	N/A						250 6			e	П	П	T
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					Cubic Yard	s of Was	ste	Name of Registe	ered Lan	dfill		\tom				
Registered W	Vaste Hauler	NJD	EP Hauler ID 563)#	10 yards	5 0		Tullytown Re	esource	& Rec	overy C	enter				_
B & G Res	storation, Inc.		JUJ Ir	isposal				City, State			74.					
City, State				12/03				Tullytown, I	PA			Date				=
Lincoln P	Park, NJ 07035	Tue			Signatu	ire		Gordana Lui	m.a			11/27	/12			
Completed b	by (Print or Type)	Title	er					Gordana Lui				11/2/				_
Gordana	Luna	Treasur	Çī		=		_									



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

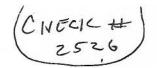
Date of Notification	(1)		Na	me o	f Bu	ilding O	wner / Operator						
	11-27-2012		Ke	nne	dy l	Jnivers	sity Hospital	2012 NOV 3	30 PH 2: 34)		1770	-
Agencies Notified	Type Notifica	ation		eet A			Campus						
	_ `					Zip Co	Campus	あり見しるこ	JU CONTROL		600		
☐ DEP ☐ DOL	☐ Initial		CIL	y, ou	Lil	I, NJ 0	2002		FRSING				
		nded (2 nd)	No	me	f Co	ntact	0002		Tel	ephone	Nur	nber	
□ DOH □ DCA		gency ellation				on Pet	ers		L				
☐ DCA	L Canc	enation	-										\neg
				FAC	ILIT	YINFO	Type of Facility	(4)					\neg
Name of Facility W	here Abatem	ent is Taking Pla	ice (3)				School (K-						
Kennedy Univer	sity Hospita	1						er 8 (Other than	K-12)				
Street Address							Other (i.e.	private & comm	ercial buildings,	home	s, etc	:.)	
2201 Chapel Hill	Campus						Square Feet	# of Floors		g. Age			
		T	10	-t C	odo	(7)	250,000		2		52		- 1
City (5)		County (6)	Cour	nty C	oue	(1)	Current Use (F	rior if being den	nolished)				
Cherry Hill		Camden					Hospital	nor it boing con					
			(0)		TAC	CM No.		ement Contracto	r (9)				
Name of Monitoring	g Firm Hired I	by Building Own	er (8)		117		Resource Ma	anagement G	roup, LLC				
Healthy & Safety	y Services,	LLC			111		Street Address	3					
Street Address							2115 Hamilto	on Ave, Ste 20)2				
318 12 th Street	ada						City, State & Z						
City, State & Zip C Hammonton, N.	1 02037						Trenton, NJ	08619					_
Project Manager for	or Monitoring	Firm	Teleph	none	Nun	nber	Telephone Nu		License Nu		-		
Mr. Jim Proctor	,		609-7				609-977-615			01185			
Scheduled Start D		Scheduled Con	npletion	n Dat	e (1	1)	Name of OSH	A Monitor	torios Inc				
10-29-2	012		12-1-2	-				nmental Labo	ratories inc				-
Occupancy Status	During Ahate	ement (Check or	nly one)		20	Street Addres						
Facility Clo	osed/Vacated	During Entire P	erioa o	II ADa	atem	ent	2333 Route				-90-110-		
Abatemen	t Performed (Outside of Norma	al Hour	s 4:3	0pm	1-1:00at	m City, State & 2			35			
Describe:							Union, NJ 0	1003					
		g Abatement											
Scope of Work (C	heck all that	apply)							ainment with Ne	gative	Pres	sure	
	0.16		\boxtimes	Ren	iova	tion		Mini-Encl					
≥3 sf or ≥3			Ħ		nolit			Glove Ba	g Procedures			24	
∑ ≥160 sf ≥2	260 11		ш					☐ Non-Exe	mpted and Non-				
	Location of		Isl	Locat	ion		Description		Amount	Aba	ateme	ent I	ype
	estos-Contain	ing	Norn	nally	Use	d	Asbestos-Con		(Specify SF or LF)			т	_
M	laterial (ACM)			olely			Material (A (i.e., thermal s	vstems	Of Of Lif	Removal	Z Z	Encapsulate	Encisoure
IC	D BE ABATE	<u>D</u>	Main				insulation, surface	cing, VAT		Nou	Repair	psu	Soc
-	in Facility		Cusic	(12)	Otai		or other miscell	aneous)		8		late	5
	(13)		Yes	No	N/	Ά							
			\vdash \sqcap	M	T	7	Spray on co	eiling	251 SF		닏	LH.	님
Same Day Sur			卄片	Ø	TF	1	Plaster ce	iling	3,076 SF	\boxtimes	H	H	님
Same Day Sur			H	X	忭	11	Floor tile &		3,550 SF		Ц	Щ	H
Same Day Sur			卄片	X	忭	1	Floor tile &		160 SF	\boxtimes	닏	Щ	H
Records Room			++	X	十	Sp	ray on exterior	wall ceiling	200 SF		111	닏	님
Records Room			卄	X	T	1	Floor tile &	Mastic	2,000 SF			Ш	
Records Room Name of Registe	red Waste H	auler		N			e Cubic Yards	Name of Regi	stered Landfill				
Name of Registe	ieu vvasio i i	20.01				r ID No			agist				
Robinson Was	ste Disposa	I Service, Inc.		1	730	4	TBD	Grows Land	11111				
City, State						24 9	Disposal Date	City, State	DA				
Voorhees, NJ							TBD /	Morrisville,	FA	Date			
Completed By (F	Print or Type)			1	itle		Signature	101			: 27/2	011)
Mr. Brian Ha				P	res	ident	1 67/	110	.	1 1/4	5114	.014	Ħ
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Date of Notification ((1)					wner / Operator (2)		IVED				
Agencies Notified	Type Notification			Street A	ddress		2812 1	lov -		-			
□EPA ; □DEP	Emergency			176 Sou	uth Street	į.	AUGE	Sin 30	PM 2: 33 ONTROL ING				
DOL	☐ Initial	ded		Constant and	ate & Zip Co , NJ 07114		É [LICENS	ONTROL ING				
⊠DOH □DCA	Amend	dment # llation		Name o	f Contact				Tele	ohone	Num	ber	
				FAC	ILITY IN	FORMATION							
Name of Facility Wh	nere Abatement is	Taking Place	ce (3)			Type of Facilit	K-12)	N					
Street Address							ter 8 (Other the.e., private &		cial buildings,	hom	e, et	c.)	
						Square Feet 10,000	# of	Floors 2	Bldg.		63		
City (5) Newark						Current Use (Bank	Prior if being o	demolished)				
County (6) Essex		USE	nty Code	(7)									
Name of Monitoring Environmental Tes	Firm Hired by Bu sting Consultant	iilding Owne s, LLC	r (8)		ASCM No	Name of Abat Synatech, Inc Street Addres	C	ctor (9)					
Street Address One Mall Drive, Su						829 Radio Ro	oad				-		
City, State & Zip Co Cherry Hill, NJ 086	ode 002					City, State & 2 Little Egg Ha	rbor, NJ 080	87	I Variation Normalia				
Project Manager for Howard Zenobi	Monitoring Firm			ephone N 5-482-131		Telephone No 609-296-6916			License Numb	er 0081	7		
Scheduled Start Da November 2		Scheduled C	ompletic Novem	on Date (1 ber 28, 20	11) : 012	Name of OSI Synatech, In	Section and the section of the secti				_		
Occupancy Status I		t (Check only ing Entire Pe	y one) eriod of	Abatemer	nt	Street Addres 829 Radio Re							
Abatement Other – De	t Performed Outsi	ide of Norma				City, State & Little Egg Ha	Zip Code arbor, NJ 080	187					
Scope of Work (Ch				50			5 11 October	n and widh A	legative Pressu	IFO.			
≥3 sf or ≥ 50 ≥160 sf or ≥2				Renovatio Demolitio			Mini-Enclosu Glovebag Pro	re ocedure	Non-Friable Pro		re		
Asbestos-Con	ocation of taining Material (A BE ABATED		Solely b	on Norma y Mainten	ance or	Descript Asbestos-C Material	ion of ontaining	Am	ount (Specify SF or LF)		ateme	ent T	уре
101			N/A	(i.e., therma insulation, sur or other miso	l systems facing, VAT			Removal	Repair	Encapsulate	Enclosure		
F	Yes	No	X	Pipe and Fittin	ng Insulation		30 LF	Н	X	е			
	Basement												
Name of Registered Waste Hauler NJDEP Waste Hauler ID No.						rds of Waste	Name of Re	2000	andfill				
Synatech, Inc. 27429 1 City, State					1 Disposal	Date	Grows Lan City, State	atill				-	
Little Egg Harbor, NJ 08087						er 29, 2012	Morrisville	, PA					
Completed By	Admini	strator	Signature			Date Novem	ber 26, 2012		14				



RECEIVER

, CS CO NOT	TFICATION OF ASBES Pursuant to NJAC 8:	60 and 12:120)	P 1 5.	VEIVED	
	Name of Building	Owner/Operator (2	C 2 241240	4 TONG	
Date of Notification (1)	-su	FATECI		F 30 PH 2: 33	
11/2/1/2000	Street Address	A+, 50		TUS LIBITERS	. 7
rdeudes Hoomes		da	· 4. T. BX	ICE PSING	
Amended Amended	(inc	-EN 1-15L	7 Teles	shone Number	-
7 DOL Francouncy (including	I Captact				
justification) Cancellation	Bruce	BREUN			
0 00A	FACILITY INF	ORMATION	Type of Facility (4)		
Taking Place	(3)		- school (K-12)	ner (han K-12)	
Name of Facility Where Abatement is Yaking Place			Down (re buser		1
P. 6. 9. 1.72	1 -		Square Fool	Elooks Didy	0 +
Siree Address 636 SIMPSON	AVO				
Cir (5) 0 - 20 City		15) ISTATE	Current Use (Prior M	A) T	
CIT (5) DCEAN CITY	County Code USE ONLY	(1) (3.1.	7/30/2	10	
County (6) CADE MAY		Name of Abate	meni Convador (9)	/	
Name of Morvioning Firm Hired by Building Owner	ASOM III			- 1400	
Name of Movioning NA		Sveet Address	9. 7.		
Street Address		Ca. State Zi	COO. SHOPS	NJ 0805	
		MI) p C C - 11 - 1	Tara NO	
City State Up Code	T. Yelephone No.	Yelephone No	779-0472	00444	
La Maniana Firm		- 000	HA Monitor	M	
Cohecul	ed Completion Date (11)	JOS	E MAD		
100	17110	Sueel Addr	855 7 0 11 1	=1051	
12/10/12-	aniv and)	369	5,51100		×57
Occupancy Status During Abatement (Check The Facility Closed Vacated During Entire Pen The Facility Closed Vacated Outside of Normal	od of Abatemen	Ciry, State.	DP-E SHAD	E, N, 5, 08	
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		므	M. Euclosus		
Scape of Work (Check all that apply)	M Renovation	83	How Exempled (1) and h	Non-Frable Procedure	ADa:e
7-3-10(-)311	O o mail on		Or Dury		
23-51 or 23 il	Is Location	0.455	aption of	Amount	_z
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Location of Location Material (ACM) Aspessos · Containing Material (ACM) TO BE ABATED	Staff? (12)	ower w	scallaneous)		1
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			Name 0	Registered Landfill	, ,
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Name of Registered Waste Hauter Kiemco Inc.		ORD	Osal Date City. 31	OODBINE DOIL	
·	1,5,08052		Signature	Cerm 1	1/2
CIN State MAPLE SHADE N		1	Joseph 1		
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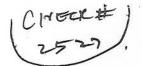


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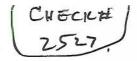
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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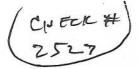
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Date of Notification (1)	127/12.			Esn	FNFEC	14	28 P2 WOW	LACTIN				_
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County (6)	MAY		U	SE ONLY)		1-						=
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treet Address					369	<u> </u>	271000					
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in State Zp C∞de	W 20				MA		SAN	T License No				
	- Eign	1.10	elepho	ne No.	Telephone No. 856-7	70	0477	7. 7. 7. 7.	144			
Project Manager for h	Youround Little	· · ·	1									
	T Scha	duled Comy	delion	Date (11)	Name of OSH	A MOON	YLEM	M				
Stan Date (10) .	, 34~	1/9	1,		1 305 6	1-12/	1 1-1					
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-	too Abalament (Che	ck only one	8)		Sueel Addres	5,5	PILUC	=1 UE.			<u>.</u>	==
Occupancy Status D	uring Abatement (Che	eriod of Aba	e) ateme		Sueel Addres	5,5	PILUC	=1 UE.		105		
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		(P	ursu	ant to	NJAC 8:60 and 12:	120)	P	A CILL					
Date of Notification (1)	-7/12 .		(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) CANTHER CITY (2)										
Agencies Nouned	Type Notification		S	reel A	idress 155 RT.	50	reiz MO	V 30 PH 2	52				
	☑ Johnal ☐ Amended Amendedment #_		c		e. Zip Code		1 38 3	82301		. -	=		
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□ 00H	justification) Cancellation		N		Contact NUCE BREU	NIG							
			=ك		TY INFORMATION								
		Al 751		FACIL	TT INFORMATION	Typ	e of Facility (1)					
Name of Facility Where A	DENCE	Place (3)				_ 8	School (K-12)	(Other than K-12)				
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Name of Monitoring Firm	Hired by Bullound	WITCI	'-		KLO		IN		,				
(8)	//		-1=		Sueet Addre	SS	500.11	E Ave.			ļ		
Street Address					369		27120						
City, State, Zip C∞le					City, State, 2	jp C∞e ∧ P , .3	SHOT	E. N.J.	0805	٢	>		
City, State, Dip Cook							-313/6	License No.					
Project Manager for Mon	niloning Firm		Teleph	none No	856-	779	-0472	004	49_				
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Stan Date (10)		uled Cor	npielk		JOS	E PK	HLEM	M					
12/10/12	- /2	1//	(00)										
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Other - Describe.	10 OUBICC 01 110				$ M_{\perp}$	opie	JAND	<u> </u>	0000		===		
Scope of Work (Check	all that apoly)				□ Fu	II Contai	nmeni with Ne	gative Pressure					
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City State			٠,٠	<>	Usposai	5010	Woo	DBINE	, N, Y	,			
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Date of Notification (1)	27/12.		Name of Building Owner/Operator (2)											
	Type Notification		Street	Address	FYFES	901/	W1297	1132:37		-	=			
Agencies Notified	Ministra .		0000		- RT, 5	U		, , ,			_			
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☐ &	Cancellation				BREUN	10					- 1			
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	· · · · ·	Olace (3)				Type of Facility (4)								
Name of Facility Where	Abatement is Taking	Place (3)					School (K-12)		_		1			
	DENCE					Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings.								
Street Address	ASBURY A	I E.		¥0		1 1	nomes, etc.)		Bido Ace					
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Name of Morvioning Firm	Hiteg by Bollows o			-		mco INC,								
(8)	7/1				Sveel Address		500.11	= Ave.			1			
Street Acoress			25 - 5900 <u>0.44</u>		369 S. SPRUCE AVE.									
					City. State. Zip	Cry. State. Zip Code MAPLE SHADE, NJ. 08052 -								
City State Zip Code							SHAV	License No			=			
Project Manager for Mo	outono Firm	1.76	elephone	No.	Telephone No.	79	-0472	004	44					
Project Manager for mo		<u></u>				1110120								
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Stan Date (10)	2 /2	1	12											
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Abatement Perform	ed Outside of Norma	Facility H	ours		City, State, Ag	, Cooe	SUADE	E, N, 5	, 0805	52				
Other - Describe.					MAR	000	2007							
Scope of Work (Check	all that apoly)				T FULL	Contair	meni with Ne	gative Pressure	:					
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5 (1) (1)		Nam	e of Buildin	ng Owner/Op	erstor (2)	1 42 4 44 B.				\neg
Date of Notification (1)			Esi	KPKF	E 24/7/ NO	CONT	MICTIN	۵		
Agencies Notified Type Notification		Sve	al Address			חד טטיי	C 35 .			
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☐ Œ ☐ Amended ☐ Amendment #_		City.	State, Zip	cae CEN1	15181	WERS &	8 200	· ·		_
Emergency (inc	luding	Nam	e of Conta	cl			dephone Humb	eı		
□ DOH □ Cancellation		140111		= BRE	UNIC		1			
				FORMATION						
Y-line	Place /3\				Тур	e of Facility (4)		19	
Name of Facility Where Abatement is Taking	Place (3)			te - protesta representa	_ 0 5	chool (K-12)	O	100		1
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Alle		1	VI No.	Name of	Abatement C	(6) (a)	,			İ
Name of Morvioning Firm Hired by Building O	wuer	~~		KL	GMC0	IN	ر ر 	-,		$=$ \downarrow
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Street Address						J PILO C				_
				City, Stall	e. Zip Code	SHAD	E. NJ.	0805		
City State Zip Code				Telephon		300	License No	1.11	A201685	
Project Manager for Monitoring Firm	1.16	lephor	ne No.	856	,-779	-0472	004	<u>49</u>		
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C. 20 [1318 [111]	/12 /	//2	Date (1.1)	Jo	SEPK	HIEM	<u>~</u>		===	=-
12/10/12 12	ok only ma	1		Sueel A	ddress		=110=1			
Occupancy Status During Abatement (Che	riod of Aba	temer	nt			PILUCE				
Facility Closed/Vacated, During Entire Pe	Facility Ho	ours		City, Sta	ie, Xip C∞de	SUAD	E, N, 5	. 0805	2	
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Scope of Work (Check all that apply)					Full Contain	nmeni with Ne	gative Pressure			
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Name of Registered Waste Hauler		Ha	uler D No.	01 W3	510					
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JOSEPH KLEMM	_ <u>_</u>				U	pled activitie	5 -			

M D 201412 13460D

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

RECEIVED

	ate of Notification (1) 11/27/2012						Name of Building Owner/Operator (2) Fairview Cemetary Street Address								
Agencies Notified		otification									J: i	8			
☐ EPA	Initia					Street Addr	ess Broad St	0	310	S CONT ENSING	0 -				
DEP DOL	Ame	ended				ity, State, 2		@t	TIC	MSINO	KU			_	
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DOH DCA	justi	ification)	ioida	my		ame of Cor		I Tolophora VI							
	L Cano	cellation				ichard Ra			Telephone Number						
No.						FACILITY	INFORMATION			V.	-		_	=	
Name of Facility Where Fairview Cemetary	Abatemen	t is Taking	g Pla	ce (3)				Type of Fa	Type of Facility (4)						
Street Address			_					School	(K-12)						
1100 East Broad St								Subchar	pter 8 (Other than K	-1 2)				
City (5)								homes,	e., priva	ate & comme	rcial b	ouildii	ngs,		
Westfield								Square Fee		# of Floors Bldg. A			g. Ag	e	
County (6)			_	=	T 6			2500		2		60-		<u> </u>	
Union					U	SE ONLY)	e (7) (STATE	(Prior	if being dem	olishe	d)				
Name of Monitoring Firm	n Hired by E	Building O	wner		ASC	CM No.	Name of Abate	Office Bui						_	
(°) N/A							Valiant Ass	ociates, LL)r (9)			65			
Street Address							Street Address					_	_	_	
							145 Mill Str								
City, State, Zip Code							City, State, Zip	Code							
Project Manager for Mon	itorina Firm		_					Paterson, NJ 07501							
representant agent for Mon	noring Firm	1		Tel	ephor	ne No.	Telephone No.		71	License No.				=	
Start Date (10)		Schedul	led C		otion I	Date (11)		973-553-5374 01108							
12/07/12		12/08	/12		etion t	Date (11)	Name of OSHA Monitor Valiant Associates, LLC								
Occupancy Status During	Abatemen	t (Check	only	one)			Street Address	ociates, LLC							
Facility Closed/Vacate	d During Er	ntire Perio	d of	Abata	ment		145 Mill Stre	et							
Abatement Performed Other - Describe:	Outside of	Normal Fa	acility	/ Hou	rs		City, State, Zip C							_	
							Paterson, N.								
cope of Work (Check all	that apply)										_				
>3 sf or >3 lf		\triangleright	Rer	novati	on		Full Cor Mini-End	tainment with M	Negative	e Pressure					
≥160 sf or ≥260 If			De	moli	tion		Goveba	g Procedure							
			Isla	ocatio	n		Non-Ex	empted (*) and	Non-F	riable Proce	edure				
Location of	·		Nor	mally								Abate		it	
Asbestos-Containing Mar	terial (ACM)			Solely enanc		Ashasi	Description of				_	Т	pe		
TO BE ABATE IN Facility	D		Cus	todial		(i.e.,	tos Containing Mate thermal systems in	sulation.	1000	mount Specify	1_		Щ	1	
(13)				aff? 12)		1	surfacing, VAT, other miscellaneou	or (s)		or LF)	Rem	Re	cap		
			Ť	Ť		1	other miscellaneon	15)			Remova	Repair	Encapsulate		
awl Space /Basemen	-	Ye	s	No	N/A						-		fe f		
twi Space / Basemen	ı		1	2	X	Pipe/Ell	oow Insulation		20 I	F				t	
												-		+	
			-											H	
me of Registered Waste	Hauler													-	
	1100					Vaste No.	Cubic Yards of Waste	Name of Regi	stered	Landfill					
20					ller ID 990	110.	2 vvaste	Minerva La	andfill						
, State w Castle, DE							Disposal Date	City, State			_	-		=	
npleted By	Int. I B				12/08/2012 Waynesburgh, OH										
drag Stamenovic	0'				Signature				7.7	=					
	g Stamenovic President					Mishallmenkovil 11/27/2012									

Job #: 1211-1692 Check #: 2924

Date of Notification (11/27/12 Agencies Notified T		KML	of Bu	С	Owner / Operato	or (2)	30 PM 3: 18	12							
EPA	Type Notifica	ation	10				et #1000								
☐ DEP		Į.	-		-	& Zip C		ASSES!	OS CONTROL CENSING						
⊠ DOL	Amer Amer	nded				TX 77	002	& LI	CENSING						
☑ DOH ☐ DCA		gency			of Co				T	elepho	ne N	umbe	er		
☐ DCA	Cand	ellation	l l	Nizai	m Na	jati			•						
					CILIT	Y INF	ORMATION								
Name of Facility Whe Kindermorgan (Ki				3)			Type of Facil								
Street Address	WILI) DOC	k z Approac	11					oter 8 (Other	than K-12)						
78 Lafayette Aven	ue								commercial building	is, homes, etc.)					
							Square Feet			Bldg. Age					
City (5)		County (6)	Co	unty	Code	(7)	NA								
Cartaret		Middlesex					Current Use (Prior if being demolished)								
							Liquid Terr	minal							
Name of Monitoring F		y Building Owr	er (8)		ASCM No. Name of Abatement Contractor (9)										
Tiger Environmen Street Address		-1					ervices, Corp.		700						
234 20 th Avenue					Street Addre										
City, State & Zip Cod					3859 Sylon Blvd. City, State & Zip Code										
Brick, NJ		× .					Hainesport								
Project Manager for N	Monitoring F	irm			Num	ber	Telephone N		License N						
Kelly Walton Scheduled Start Date	(10)	Cabadulad Car	908-	0.007127527457			609-702-0400 00862 Name of OSHA Monitor								
12/10/12	2 2	Scheduled Cor	npietic	on Da	ite (11)	EMSL Anal								
Occupancy Status Di			nly one	e)	1		Street Addre	-							
Contract of the Contract of th		During Entire P			ateme	ent	107 Haddo		-						
	erformed O	utside of Norm	al Hou	ırs			City, State &								
Describe:							Westmont,	NJ 08108							
Scope of Work (Chec		anlu)	_	-	_	100000000000000000000000000000000000000									
Scope of Work (Offer	ck all that ap	(Piy)						☐ Full C	Containment with No	egative	Pres	sure	<u>.</u>		
≥3 sf or ≥3 lf			\boxtimes	Rer	novati	on			Enclosure	-3	1000				
≥160 sf ≥260	If			Der	molitio	n		Glove	Bag Procedures						
							4000		Exempted and Non-						
	cation of os-Containin	g.		Locat	tion Used		Descriptio Asbestos-Cor		Amount	Aba	tem	ent T	ype		
	rial (ACM)	9		olely			Material (A		(Specify SF or LF)			т	_		
	E ABATED		Main	tenar	nce or		(i.e., thermal s	systems	,	Remova	Re	Encapsulate	Enclsoure		
in	Facility (13)		Custo	odial (12)	Staff?		insulation, surfa or other miscel			NOV	Repair	usc	sou		
	(10)		Yes	No	N/A		or other miscer	ianeous)	*	=		ate	6		
Exterior			П			Pipe	Coverings		70 LF		П	П	П		
			Ħ	Ħ					1.0-	A	Ħ	Ħ	H		
							-10-10-10-10-10-10-10-10-10-10-10-10-10-								
					\boxtimes		THE STATE OF THE S								
							10 1: 1/	Iu 75							
Name of Registered Waste Hauler					uler II		Cubic Yards of Waste	Name of R	egistered Landfill						
Horizon Disposal					226		10	GROWS							
City, State							Disposal Date	City, State							
Trenton, NJ							12/24/12	Morrisvill	e, PA	500					
Completed By (Print or Type)					9.5	Signature									
Kim Trumbetti					dmir	1.	Pul-	_		11/2	7/1	2			

CK #2K979

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

RECEIVED

Date of Notification (1)	/28/12			Name of Building Owner/Operator (2) Palmyra Harbour Condom 21 1/14 Also gration, Inc. 7									
Agencies Notified	Type Notification		\dashv	Street	Address	20	000 Harbour	Drive Los Cr	s re	3 63 1			
EPA DEP DOL	Amended Amendment #		-	City, S	state, Zip C	Code	almyra, NJ 0	& LICENSI		\ ⊍ [.			
M DOH □ DCA	justification) Cancellation	oluumg	'	Name	of Contac	t Chris Popoli		Telephone Numb	er		-		
				FAC	CILITY INF	ORMATION							
	Abatement is Taking Palmyra Harbo	g Place ur Co	(3) ondo	miniu	m	Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12)							
Street Address	2000 Har	bour	Driv	re			al buil						
City (5)	Pal	myra				Square Feet # of Floors 5000 1					ge ()		
County (6)	rlington				nty Code (* ONLY)	7) (STATE	Current Use (P	Prior if being demolis					
Name of Monitoring Firm		Owner	T	ASCM	No.		nent Contractor (9) mental Service	e Ir	ıc			
Street Address	MECS		_			Street Address	VCIIS ETIVITOTI	mentar Service	, II	ic.		_	
Oli Got / Idai Goo	PO Box 341	1		41174			PO I	Box 322				- 10	
City, State, Zip Code	rosswicks, NJ	0851	5			City, State, Zip C		n, NJ 08501					
Project Manager for Mo William	nitoring Firm Weisgarber		-23.23	phone 9) 29	No. 8-4070	Telephone No. (609) 2:	59-9688	License No.	049	3			
Start Date (10) 12/10/12	Sched		omple 2/12	tion Da	te (11)	Name of OSHA Monitor DB Environmental							
Occupancy Status Duri	representation of the second contribution of the	ck only	one)			Street Address	4 Berk	eley Place				_	
☐ Facility Closed/Vaca☐ Abatement Performe	ed Outside of Norma	l Facilit				City, State, Zip C	Code					_	
Scope of Work (Check							Freenoid	d, NJ 07728	-	-	-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ан шат арруу)		enovat emolitic			☐ Mini-En ☑ Gloveb	ntainment with Ne closure ag Procedure tempted (*) and N	egative Pressure on-Friable Procedu	re				
			Locatio				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1	Abatement Type			
Location Asbestos-Containing <u>TO BE ABA</u> IN Facilit (13)	Material (ACM)	Used Mair Cr	l Solel ntenan ustodia Staff? (12)	y by ice/		Description o tos Containing Ma thermal systems surfacing, VAT other miscellane	terial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
		Yes	No	N/A							te		
Club House Men	s Locker Rm			×		pipe insulat	tion	80 LF	×		_		
Name of Registered Wa	aste Hauler		1	JDEP V		Cubic Yards	Name of Reg	istered Landfill					
Stevens Environmental Services Inc He					0 No. 292	of Waste 2 CU		T.R.R.F., In	ıc.				
City, State						Disposal Date	City, State	T 11 /	D.4				
Allentown, NJ Completed By Title						12/12/12 Signatur	N //	Tullytown,	PA	-		_	
Mahlon E. Stevens Project					nager	Signatura	1		11/2	8/12	_		
ASB-41 MAR 00	* D	o not u	se thi	s form	for asbest	os licensure exen	npted activities.						



RECEIVED

Date of Notification (1) 11 / 29 / 20	100	Name of Building Owner/Operator (2) CSX Corporation 2012 NOV 30 PM 3: 66												
Agencies Notified Type Notification ☐ EPA ☐ Initial ☐ DOLWD ☐ Amended	on		5	500 V	oddress Vater S			& LICE	CO, (S)	411 10	(OL			
DHSS Amendmen	t# 1				ate, Zip Co	, FL 32202			•	٠.۵				
□ DCA □ Emergency		ng	0		f Contact	, FL 32202		Telephone Number	er			_		
(NJAC 5:23-8) justification			100		Wywra	1		I.						
						ORMATION		2						
Name of Facility Where Abatement is Tal	king Pla	ce (3)		FAG	ILIT III	ORMATION	(4)	_		-	\neg			
CSX Railyard - Police Head							School (K-12	2)						
Street Address	quart						Subchapter	8 (Other than K-12) rivate and commerc	ial hui	ldinas				
25 Pennsylvania Avenue							homes, etc.)	Bldg. Age			_		
City (5)				3375				# of Floors	30	_	е			
Kearny				Count	Codo (7)	(STATE USE ONLY)		ior if being demolish		4.00		-		
County (6)				Count	y Code (1)	(STATE USE ONLT)	Industrial	ioi ii being demonsi	ou,					
Hudson Name of Monitoring Firm Hired by Buildin	og Owne	or (8)	ΙΔ	SCM N	lo T	Name of Abateme)			_	-		
Shaw Environmental, Inc.	^	SOWIN		Prism Respo										
Street Address		_			Street Address	o					_			
128 S. Tryon Street - Inters	tate T	owe	ar.			102 Techno	logy Lane							
City, State, Zip Code	iato i	0				City, State, Zip Co	•							
Charlotta, NC 28202						Export, PA								
Project Manager for Monitoring Firm		7	elep	hone N	10.	Telephone No.		License No.		-				
Gary Wywra		7	732	-939	-3707	724-325-33	30	01121						
Start Date (10) Sc	heduled					Name of OSHA M				+0				
12 / 10 / 2012	12	/ 2	21	_ / 2	2012	Shaw Envi	ronmenta	l, Inc.	let a second					
Occupancy Status During Abatement (C	heck on	ly one	:)	Street Address										
Facility Closed/Vacated During Entire	Period	of Ab	atem	nent				t, Interstate To	owe	r				
Abatement Performed Outside of Nor Time of Abatement:AM	mal Fac _PM/_	cility F	lours PM	- Desc	cribe AM	City, State, Zip Control Charlotte, N								
Scope of Work (Check all that apply)		-911 mass			2005	E Full Con	tainment with Ne	native Pressure						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		Reno				☐ Mini-End	closure a Procedure							
		1-1				☐ Non-Exe	empted () and N	on-Friable Procedure	_	ateme	ent Ty	vne		
Location of			ocati rmall			Description of	of		-					
Asbestos-Containing Material (ACM)		Jsed Maint				stos Containing Ma	aterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure		
TO BE ABATED IN Facility		Custo			(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)	val	=	psul	sure		
(13)	_		(12)	1		other miscellane	eous)				ate			
	Ye	-	No]	N/A		Floor Tile & M	lastic	3375 SF	x		П	П		
Entire First Floor First Floor		-		×		Insulation		18 SF	×					
				×		Pipe Fittin		10	x					
Above Drop Ceiling - 1st Floo	or [-				ripe i ituii	93							
Negto Haular	_J TN	JDEP V	Naste	Cubic Yards of	Name of Reg	istered Landfill			200, 200					
Name of Registered Waste Hauler Waste Management	Н	auler ID		Waste		Central Sanit	ary	Lar	ndfi	II				
City, State	SV	W1724		Disposal Date	City, State			1927						
Camden, New Jersey						12/21/201:		gyl, PA						
Completed By (Print or Type)				Signature	Λ	/ Da								
Jessica Busch	stra	ative	Supp	ort fess	ica Bu	ich. 1	1/29	/20	12					