D&S Proj. #: MS 12-344

ASB-41

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

(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 10 | 12 | 8 | / 1 | 2 | 8 HILL HOFFMANN Agencies Notified Type Notification Street Address X Initial ☐ EPA 100 PAIGET AVENUE Amended DEP City, State, Zip Code Amendment #: DOL CLIFTON, NJ 07012 Emergency (including Telephone Number DOH. Name of Contact justification) ☐ DCA **BILL HOFFMANN** Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) BILL HOFFMANN Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. 100 PAIGET AVENUE # of Floors Bldg. Age Square Feet County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) PASSAIC CLIFTON Name of Abatement Contractor (9) 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 Project Manager for Monitoring Firm Phone Number 973-345-8020 01169 Name of OSHA Monitor Sched, Completion Date (11) Start Date (10) D & S Restoration, Inc. Street Address 10/29/12 10/16/12 Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Full Containment w/negative pressure Scope of Work (check all that apply) Mini-enclosure \times >3 sf or >3 lf X Renovation Glovebag procedure Demolition ≥160 sf or ≥260 lf Non-Exempted (*) and Non-friable procedure E Is location normally used solely Ε Location of е е by maintenance/custodial n Amount n Description of asbestos-containing asbestos-containing m p C staff(12) (Specify SF or material (acm) to be material (ACM) С 0 a abated in facility (13) ٧ Yes No N/A е 100 L FT X PIPE INSULATION Basement Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# Registered Waste Hauler TULLYTOWN, RESOURCE RECOVERY D & S RESTORATION, INC. 13506 1 YD Disposal Date City, State City, State 10/17/12 TULLYTOWN, PA PATERSON, NJ 07503 Date Signature Completed by (Print or Type) Title 09/28/12 BOGDAN JOLDZIC PRESIDENT

Do not use this form for asbestos licensure exempted activities.

D&S Proj. #: MS 12-345

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

D&S Proj. #: MS 12-345	•		(Pursu			0 and 12:120)		RE	CEI	1-			
Date of Notification (1) 1 0 / 0 1 / 1 2			Building Own	er/Operator (2)				2012 OCT .	-5 AM	2.	<i>D_</i>		
Agencies Notified Type Notifical Initial Amended DEP Amended Amendment #		-	ress ANGS AV , Zip Code	ENUE			3	RESTOS LICE	CON	RO	3 		
DOL Emergency (including justification)		NEPTU lame of Co	JNE, NJ ontact			12		Telephon			Y.		
☐ DCA ☐ Cancellation	1	MRS. I	DALTHEA	A BROWN									
-			FAC	ILITY INFORM	ATIO	N							
Name of facility where abatement i	s taking pla	ace (3)					Ту	pe of Facility (4) I (K - 12)				
MRS. DALTHEA Beavers							П	=	apter 8 (0		ban k	(40)	
Street Address							11	Other ((-12)	
2017 BANGS AVENUE							<u> </u>	Bldgs./	Homes, e	etc.		lala A	
City (5)	Cou	nty (6)			Co	unty Code (7)	°	quare Feet	# of Floo	rs	B	ldg. A	\ge
NEPTUNE)NMOU'	TH			ate use only)	C	Current Use (Pr	rior if beir	ng den	nolish	ed)	
Name of Monitoring Firm Hired by	Bldg. Owne	er (8)		ASCM No.		Name of Abatemer	nt Cont	tractor (9)					
						D & S RESTO	RATI	ON, INC.					
Street Address						Street Address							
City, State, Zip Code					_	20 California A							
						Paterson, NJ (
Project Manager for Monitoring Firm		Р	hone Numb	er	-	Telephone Number			License	Numi	ber		_
						973-345-802	.0		0	1169			
Start Date (10)	Sched	I. Complet	tion Date (11	1)	_	Name of OSHA Mo		<u> </u>					
10/11/12	10/19	9/12				D & S Restora Street Address	ition, l	Inc.		-	_		
Occupancy Status During Abatemer	nt (Check o	nly one)				20 California A	Avenu	e					
Facility closed/vacated during Abatement performed outside Describe:						City, State, Zip Cod							
Other-Describe: NORMAL H	OURS				-	Paterson, NJ 0	07503						
Scope of Work (check all that apply >3 sf or >3 lf	/) Renovatio	on] Mini-	Containment was enclosure ebag procedure		press	ure		
≥160 sf or ≥260 lf	Demolition	1		van -ta grotus a				Exempted (*)		friable	proc	edure	
Location of asbestos-containing		n normally enance/cu	used solely stodial	Descriptio		sbestos-containing		Amount		R e m	R e p	E n	E n
material (acm) to be abated in facility (13)	Yes	No	N/A	material (A				(Specify SI LF)	F or	o v e	a i r	a p	C L
Basement				PIPE INSUI	LAT	ION		15 L FT		X			
							_						
		<u></u>			_					ዙ	부	부	님
		_								片	井	屵	片
Registered Waste Hauler D & S RESTORATION, INC.	NJDE 135	EP Hauler 06	AVERON: 1800	ubic Yards of W YD	aste	Name of Registere TULLYTOWN			COVER	<u>Ш</u>] Ү	ш	<u> </u>	
City, State PATERSON, NJ 07503	1	-511	Disposal Di 10/12/12			City, State							
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESID	FNT	10/12/12	Signature		TULLYTOWN	, PA		Date 10/01/1	12			
			for ashesto	s licensure exer	moter	activities			10/01/	LZ			

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

			(P	ursuant	to NJAC	8:60 and	d 12:120	0)	CHE	田C	Hilek	3			
Date of Notification (1) 9/28/12				Name o	f Building (asters R	Owner/C esiden	operator tial Pro	(2) operty	(U29A) F	Hud	5 000	-13			
Agencies Notified	Type Notification			Street A	ddress						S AM	2: 47	,		
DEP X DOL	Amended Amendment		_	City, Sta	ate, Zip Co / City, N	ode		4	-30E	LICE	CONT	ROL			
X DOH DCA	Emergency (justification) Cancellation	ncluding	Ī		f Contact Bailey					Tele	ephone Nu	mber	, .,		
Emil				FAC	LITY INFO	ORMATI	ON					-			
Name of Facility Where	Abatement is Taking	Place (3	3)					_	of Facility (School (K-1						
Street Address 132 Propsect Street	et .								Subchapter Other (i.e. p	8 (Othe	er than K-1 & commerc		dings,	home	es,
City (5) Jersey City		1	UH-						etc.) re Feet	# of	Floors	B 8	ldg. A	ge	0
County (6)			Т		Code (7)	,				- N. S. C.	ng demolis	1000			W-20
Hudson					USE ONLY,			L							
Name of Monitoring Firm	n Hired by Building C	Owner (8)		ASC	ЛNo.				tement Cor onmenta		ices, LLC	2			
Street Address								Addres Gate D	s Orive, PC	Box 4	483				
City, State, Zip Code								State, Zi	p Code NJ 074	18			20-11-1		
Project Manager for Monitoring Firm Telephone No. 973-583-8500 License No. 703															
Start Date (10) 10/12/12		Scheduled Completion Date (11) Name of OSHA Monitor 10/26/12													
Occupancy Status Durin	g Abatement (Chec	k Only Or	ne)				Street	Addres	S						
	ated During Entire F led Outside of Norm											-			
Scope of Work (Check A															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ш ттас съргу	-	Renova Demolif				2	Min Glo	i-Enclosur vebag Pro	e cedure	Negative I			9	
		10000	Locat						•				Abate	-	
Location Asbestos-Containing <u>TO BE AB</u> In Facil (13)	Material (ACM) <u>ATED</u> lity	Use Ma	ed Sole intena todial (12)	ly by nce/	Asbes (i.e.	tos Con thermal surfa	scriptior taining N system cing, VA miscellar	Material is insula AT, or	(ACM)	(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A										te	
basem	ent			Х		<u> </u>	insula				00 LF	x			
1st floor kitcher	n,pantry,hall			X		fl	loor tile	9		33	30 SF	х			
Name of Registered Was Freehold Cartage	ste Hauler		F	IJDEP V lauler ID 5939		Cubic of Wa 10	Yards ste		Name of GROW		ered Landfil andfill	I			
City, State Freehold, NJ						Dispo: TBD	sal Date	•	City, Stat Morrisv		A		110.50		
Completed by		Title				1 5	Signature	e			D	ate			

9/28/12

Andrew Scott Higgins

President

State of New Jersey APPROVED: TOM VOORHEES, NJPOL

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12/120) EIVED CL# 2352

Date of Notification	(1)			lama	of Duildin	~ O.	.mar / Onasat	(2)		- 0			-	
	10/2/12			ACTA	VIS	ig O	wriei / Operati	Polyhi	^T -					
Agencies Notified	Type Notific	cation	5	Street	Address			- 00	CT-5 AMI	2: 1.1				
☐ EPA	1 15:50 N		2	200 E	LMORA	AVI	ENUE A	SREC	TOS CONT	44				
☐ DEP	☐ Initia	al			tate & Zip		de 7207	201	OS COMT	Da				-
⊠ DOL	(7 a-con)	ended			BETH, I		7207	OF [ICENSING	KUL				
⊠ DOH		ergency			of Contac						Telepho	ne N	umb	er
☐ DCA	☐ Can	cellation	II.	/like	Piccorel	lo								
				FΔC	II ITY IN	JEO	RMATION						**	
Name of Facility Wh	ere Abatem	ent is Taking P	lace (3)	/ILIT I III	41 0	Type of Faci	lity (4)			-		_	
ACTAVIS			(0	,			School (
Street Address								TO 189	Other than K-	12)				
200 ELMORA AV	ENUE								ate & commerc		as hom	es e	tc.)	
							Square Feet		# of Floors		ldg. Age		,	
City (5)		County (6)	Cou	inty C	ode (7)		30,000		4			70 +/·		
ELIZABETH, NJ		UNION		8					f being demoli	shed)		0 .7		-
							PHARMAC			,				
Name of Monitoring	Firm Hired I	y Building Own	ner (8)		ASCM N	lo.		-	t Contractor (9	9)				
EAGLE INDUSTR	IAL HYGIE	NE							ONMENTAL					
Street Address						- 11.0	Street Addre							
359 DRESHER RO							1123 BEAV	ER ST	REET					
City, State & Zip Coo							City, State &							
HORSHAM, PA 19							BRISTOL, I		007					
Project Manager for LARRY NAGELBE		-irm			Number		Telephone N			License N		_		
Scheduled Start Date		Sabadulad Car	215-6	0.00		_	215-788-60				0050	9		
10/2/12	(10)	Scheduled Cor	10/3/		(11)		Name of OSI BRISTOL E		nitor ONMENTAL	INC				7/19
Occupancy Status D	uring Abate	ment (Check or	nly one)			Street Addres							
		During Entire P					1123 BEAV	ER ST	REET					
		utside of Norma	al Hou	rs - 7a	am to 3pn	n	City, State &	Zip Co	de					
Describe:	5pm-midn	ight					BRISTOL, F	PA 190	07					
Facility Occu														
Scope of Work (Che	ck all that ap	opiy)							F 0			_	AMBOON	
≥3 sf or ≥3 lf			\square	Pono	vation				Full Containm		egative	Press	sure	
2160 sf ≥260	If		Ħ	Demo	750-5650-5650		F 1		Mini-Enclosur					
	33 7 5			Dem	JIIIIOII				Glove Bag Pro		Crichle	Dese		
Loc	cation of		ls I	ocatio	n l		Description		Non-Exempte	Amount				
Asbesto	s-Containin	g	Norma			A	Asbestos-Con			Specify	Aba	reme	nt 1)	pe
	rial (ACM)		Sol	ely by	,		Material (A0	CM)		F or LF)			m	
	EABATED		Mainte	nance	e or		.e., thermal sy		_		Removal	R	Encapsulate	Enclsoure
	Facility (13)		Custoo	กลา 50 12)	ап?		ulation, surfact other miscella				l vor	Repair	usc	Sou
	()	1			N/A	Oi	other miscens	aneous	,		<u>m</u>		ate	6
1 st floor cooridor o	nutside ca	feteria		011000			Dina incula	tion		2515			-	
. Hoor coondor (Julisiue ca	icteria	H	=+	 		Pipe insula	tion		25 LF		-	丩	뷔
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			HH	4	 						井井		4	닖
			井ㅐ	=	 						 	닖!!	4	뷔
Name of Registered \	Naste Haule	er		NIDI	EP Waste	C	bic Yards	Namo	of Registered	Landell				Щ
	ruoto riuut				er ID No.		Waste	Ivallie	or Registered	Landilli				
SERVICE TRANSP	ORT GRO	UP, INC.		2099		2		MINE	RVA LANDE	ILL				
City, State					-		sposal Date	City, S						-
NEW CASTLE, DE	19720					"			NESBURG,	OH 44688				
Completed By (Print of				Title		Sin	nature		7		Date			
PATRICK T. DeCA					J. MGR.		1++	7 81	10 -		10/2/1	2		
						19	want -	1/4	larg			90 .0 7///		
														- 1

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)				Nama	of Duilding	Oumar/On	proton (2)		TEO	£ .			-		
October 2, 201				Name of Building Owner/Operator (2) New Jersey Eastern Star Home Street Address 111 Finderne Avenue Sass AH 2: 38 City, State, Zip Code Bridgewater, NJ 08807											
	al Notifi	ication otification			Address	111 F	inderne Avent	id Saf	570-	AHI	2. 30				
[x] DOL Ame	ndment rgency (# (including		City, S	tate, Zip Co	de Bridg	ewater, NJ 08	807 € ∠	ICENSI	NATA	201				
I I DCA	fication) cellation			Name o	of Contact	Garlatti		Teleph	one Numbe	, G	-				
			FAC	CILITY	INFORM	IATION									
Name of Facility Where Abatement is Takin New Jersey Easter				Type of Facility (4)) School (k-12)						
Street Address 111 Finderne Ave	nue				[x] Oth						an k12 ommer		ildings,		
City	Cour	nty (6)			Code (7) USE ONL	Y)	Square feet 12,000 st	#	nes, etc.) of Floors	Blo	lg. Age	60			
Bridgewater	Son	nerset					Current Use (P			d)		00			
Name of Monitoring Firm Hired by Building Guardian Contract				ASCM 1	No.	Name of	Abatement Conti	ractor (9)	ontracting	. Inc.					
Street Address							ldress		9, Unit 61						
City, State, Zip Code	a 13					City, Sta	te, Zip Code								
Toms River, NJ 09 Project Manager for Monitoring Firm	8755	Telephone	Number			Talanha		ns River	New Jers			271			
Nicholas Fernicola		732-349		Telephone Number 732-349-9932					00624	Number					
Scheduled Start Date (10) 10/19/12		Scheduled	7	mpletion Date (11) Name of OSHA Monitor					nalytical			=11-74-45			
Occupancy Status During Abatement (Check		ne)				Street Ac	ldress								
[X] Facility Closed/Vacate [] Abatement Performed							105	6 Steltor	Road						
Other – Describe	Outside	OI NOIMAI	racinty n	iours		City, Sta	e, Zip Code Pise	cataway,	New Jerse	ey 088	854				
Scope of Work (Check all that apply)		V				[]	Full Contain		Negative Pre	essure					
[x] >3 sf or ≥3 lf		ſ 1	Renova	ition		[x] [x]	Mini-Enclos Glovebag Pr								
[] ≥160 sf or ≥260 lf		[x]	Demoli			[]	Non-Exempt		Non-Friable	Proced	ure				
				Т						Aba	tement	Tyne			
		Is Location	on			Description		1			Т	T .			
Location of	1	Normally u				estos-Con		1	Amount	R E	R E	E	E N		
Asbestos-Containing Material (ACM) TO BE ABATED	Mair	Solely by ntenance/C				laterial (A , thermal s			pecify SF or LF)	M	P	C	C		
in facility	141411	Staff	usiouiai			lation, sur			of Lity	0	A I	A P	L		
(13)		(12)				VAT, o	r			V	R	S	S		
	YES	NO	N/A		othe	r miscella	neous)			A		U	U R		
Des	TLS	1	Water Care	D ::						L		Е	Е		
Basement		-	X		r breechir			70		X	_				
Attic	/	N/	X	Total Control	tion cloth	1		5 s		X	_				
Exterior		X	37		oating	979 Sept.		40		X					
Bathroom wall Name of Registered Waste Hauler	- 15	NJDEP Was	X to Haulor	1	stos pipe	wrap ds of Wast	Nor - CD	10		X		L	L		
Guardian Contracting, Inc.			te Hauler 0223	וט ואס.	Cubic Yar	us or wast	Name of Re T.R.R.F		ndIIII						
City, State			Dispos	al Date		City, Sta	te								
Toms River, New Jersey Completed by (Print or Type)	Title		10/29	/12 Signati	1179	Tullyto	wn Pennsylv	ania		Date					
Nicholas Fernicola		ct Manag	er	Siguati	Tich	201	tui	0		100000000000000000000000000000000000000	2/2012	2	- 00		

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



NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

RECEIVED

Date of Notification (1)					Name of Bui	Idina Owner	·/O====+== /0\			-, 9				
Oct 21, 2012					City of New	ark	r/Operator (2)	20120	CT -5	AM	12			
Agencies Notified (X) EPA	4	Notificatio (X) Initial I		4	Street Addre	ss ST	£1	SBES	Tos	Cnu:	ROL			
(X) DEP		() Amend			City, State, Z	in Codo		-	-ICFA	SINIS	LKUL			
(X) DOL		() Cancel		40011			100		- 0011	OWE	-			
(X) DOH		() 0411001	iou		Newark, NJ	0/102								
(X) DCA		1												
(X) DOA					Name of Cor GEORGE G		N	Tel. I	Number					
Name of Facility Where Abate	ement is	Taking Place	(3)	FACILITY I	NFORMATION									
DURALAC		raking 1 lace	107		Type of Facil () School (K	(-12)	han K 12\							
Street Address 84 LISTER AVE		390-400a			() Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc. Underground sewer									
City (5)	ounty (6)		County	Code (7)			Floors 0							
7	SSEX			Code (7)	Sq. Feet 10,	000 # of	Floors 2							
	JOLA		(State (Jse Only)	Bldg. Age 50)								
Name of Monitoring Firm Hire	d by Bldg	. Owner (8)	ASCM	No.	Current Use	(prior if bein	g demolished Name of C) OFFIC	E/WARE	EHOUS	<u> </u>			
NA							Absolut A		<u>1 (a)</u>					
Street Address				* ***	Street Addres									
					PO BOX 295									
City, State, Zip Code	1100				City State 7	-Cod-								
					FLORHAM P		7932							
Project Manager for Monitoring	g Firm	Telephone	Number		Telephone Number License Number									
					(973) 410-92	17		00228	5					
Scheduled Start Date (10) Oct 15, 2012		Scheduled OCT 30, 20	112	n Date (11)	Name of OSH MECS	A Monitor								
Occupancy Status During Aba	tement (0	Check only or	ne)		Street Addres									
(X) Facility Closed/Vacated D () Abatement Performed Outs	Durina En	tire Period of	Ahatemen	t	5 Linwood C	t								
Describe					City, State, Zi Hamilton, NJ	p Code			II.					
Other - Describe					namilton, NJ	08690								
Source of Work (Check all that	apply)								(121-) 122-142					
(x) Demolition () Renovati (X) Large Proj. (>160 SF or >2 () Full Containment with Nega	260 LF A	CM) ()SM ssure (X	Proj. (>25) Mini-End	<160 SF or >10	<260 LF ACM) Glovebag Proce	() Minor	Proj. (<25 SF	or <10	LF ACM)				
Location of Asbestos-		ation Normally		Description of			Specify SF or	IEV	A 1- 4					
Containing Material (ACM) in		by Maint./Cus		thermal system	ne inculation	Amount (opening or or	LF)	Abate	ment Ty	/pe			
Facility (13)	Staff?		Nouidl											
7 1 - 7	YES	NO NO	NIA	surfacing, VAT	i, or other				_					
1 ST AND 2 ND FLOOR	150	NO	NA_	miscell.)					Rem.	Rep.	Encap	Enclose		
. ARD Z T LOOK			Х	FLOOR TILE- PIPEINSULAT	TION	3,000 SF	THE PARTY HE PERMITTED		Х					
				LINOULA							-			
Name of Reg. Waste Hauler		NIDEDW	de Usala	D."										
CALI CARTING		NJDEP Was	te Hauler	IU#	Cubic Yards o	f Waste		Name	of Reg.	Landfill				
OALI CARTING		09330			30	1 - (1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		GRAN	D CENT	RAL S	ANITAR	Y		
City, State														
KEARNY, NJ							Disp. Date 10/31/12		2	City, Sta	te RGYL, I	٥٨		
Completed by (Print or Type)		Title			T 0: -		10101112			ENN A	ing f L, I	A		
)			Signature)		<u>Date</u>						
ROBERT GROGAN		<u>VP</u>						10/2/20	012					

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

CAE CARRIZA

									- 1 14	(Pos	7_	
Date of Notification (1)	0/2/12			Name	of Build	ing Owner/Operato HOMAS M	r (2) Derlyc	\$ 120CT _ 6		outs &	c.k.	
Agency Notified	Type Notification			Stree	t Address	CIENDAL	F CA	ASBESTOS LICEN	AH	12:	34	
□ EPA	@Initial	7		C#1.	State, Zip	Sacra Olde		ESTOS	COU			
DEP Z DOL	Amended Amendment #		1	Cuy,	P	SOCO .	15 09	948 LICEN	SUN	RO	1	
	☐ Emergency (included)	ding					<u> </u>				٤.	
IZ DOH	justification)				be come			Telephone Num	ber			· (*)
□ DCA	☐ Cancellation					C DECLLOT	<u>, </u>	1				
Name of Facility Where	Abatement is Taking P	lace (3)	PAG	· ·	PORMATION	Type of Facili	ty (4)				
La	. Me DERLY	اصد	7				701 100	•				
Street Address	1. 201-1						School (K-	12) r 8 (Other than K-12)				
	GENDALE	R	۵		*	ž		private & commercial		gs,		
City (5) . 0		17					Square Feet		Bldg.			
	NOOK						1900	2		34	0	
County (6)			-	ONLY		7) (STATE USE		Prior if being demolis		*		
Name of Monitoring Firm (8)	Hired by Building Own	ner	ASCI	No.		Name of Abatem						
						Best R	emoval .	Inc				
Street Address				44		Street Address	÷	Suitelli	V.Lin			-2.30
						450 S.	River S	t				
City, State, Zip Code						City. State, Zip 0						
			6.9			Hacken	sack, N	.J. 07601				
Project Manager for Mon	itoring Firm	T	elepho	ne No.		Telephone No.	a terrango di casa di casa	License No.				
8*8						201-329-	7444 -	00388				
Start Date (10)	Scheduled C					Name of OSHA						700
10/18/12				12	-	Omega En	vironme	ntal Inc				
Occupancy Status During	Abatement (Check or	nly one) ′			Street Address						
☐ Facility Closed/Vacate	d During Entire Period	of Aba	tement	į.		280 Huy	ler St					
D Abatement Performed	Outside of Normal Fac	Why Ho	urs			City, State, Zip C	Code					
Prother - Describe: 7	The state of the s			_		South H	ackensa	ck, N.J. 0	7606	,		- 1
Scope of Work (Check all	that apply)											
-223 sf or ≥ 3 lf				a Rer	ovation		Johannment wa Enclosure	h Negative Pressure	2 3 3			- 1
12 ≥ 160 sf or ≥ 260 lf	1			☐ Der	notition		ebag Procedure		10			1
		Т				□ Non-	Exempted (*) ar	d Non-Friable Proce	dure	Abar		
		45.5	Locati		4.5	≅			1		ype	AIR
, Location			Normal ed Sole		1	Description of	of		Γ	\neg	T	П
Asbestos-Containing TO BE AB			intena			stos Containing Ma ., thermal systems		Amount		20	150	m
. / IN Faci			Staff?	700	100	surfacing, VAT		(Specify SF or LF)		Rep	See	흥
(13)			(12)			other miscellane				Repair	Encapsulate	Enclosure
	(*)	Yes	No	N/A	1						100	
BASELLER	200				THER	WE INSUM	TION	85 L	F	4	T	Н
												П
										\top		П
										+		П
Name of Registered Wast	e Hauler			Vaste H	lauler	Cubic Yards of	Name of Regi	stered Landfill			1	-
Best Removal	Inc		No 710	9		Waste		a Enterpri	ses			
City, State						Disposal Date	City, State			-		\dashv
	ack, N.J.	076	01		3	10/19/12	Waynesl	ourg , Oh				
Completed by J. Maiorano	Title Estim	ato	r	7		Signature	مصرداده		Pate 10/	,/	17	\neg
						VCI	المناح و والما		, ,	-1	0	

ASB-41

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

CK 520369

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1)					Name of Buil	Iding Owner/	Operator (2)	P t	COM				
10/03/2012					BASF Corpo		A	1.12	- Witt	IVE	rs		
Agencies Notified		Notification	Tuno		Ctroot Addus			2012 OC		* 4., 3	J		
Agencies Notified		Notification	Type		Street Addre 100 Campus			2012 OC	1_=				
(X)EPA		(X) Initial N	lotification		City, State, Z				3_	AM 12:	36		
(X)DOL		(X) Amend		ition	City, State, 2	ip Code		Acor			<0		
(X)DOH		() Cancelle			Florham Parl	k N107932		TOOL ST	200	A			
()DCA		, ,			Name of Cor			Tal Namha	CENT	JATR	n –		
					Frank Piecho		*	ASBEST Tel. Nambel	cr42	ING	O.E.		
				FACILITY I	NFORMATION				5		2270		
Name of Facility Where Abat		Taking Place	(3)		Type of Facil								
BASF – Outside / Concrete S	Slabs				() School (K								
0. 1011					() Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.								
Street Address					(X) Other (i.e	e. private & co	ommercial bld	gs., homes, etc	3.				
1 James Street					Sa Feet 0	# 0	f Floors_0						
	ounty (6)		County (Code (7)	- oq. 1 cot _o_		1110013_0						
Belvidere	Warren		(State U		Bldg. Age 0	+/-							
					Current Use	(prior if being	demolished)	vacant man	ufacturin	g			
Name of Monitoring Firm Hire	ed by Bldg	. Owner (8)	ASCM N	lo.			Name of Co						
	00104						NCM Demo	lition and Rem	ediation,	LP			
Environmental Health Investi	Environmental Health Investigations, Inc.												
Street Address	J				Street Addres	ss							
					404 N. Berry								
655 West Shore Trail													
City, State, Zip Code					City State, Zi		-11-2				1100000 11000		
					Brea, CA 92	821							
Sparta, NJ 07871		r= ,		100.0									
Project Manager for Monitoria	ng Firm	Telephone N			Telephone No			License Num					
William S. Kerbel, CIH		973-79-5649	9		484-480-8931 01066								
Scheduled Start Date (10)		Scheduled (Completion	Date (11)	Name of OSH	14 Monitor							
10/08/2012		12/07/2012	ompiono.	- Dato (11)	Testor Tech								
					1								
Occupancy Status During Ab					Street Address								
(X) Facility Closed/Vacated I					10 59 Jackson Ave.								
() Abatement Performed Ou	utside of N	ormal Facility	Hours -										
Describe Vacant Bldg. To Be	Domolish	od			City, State, Zi	p Code	L.I.C. Ne	ew York, 1110°	1				
Describe vacant blug. To be	Demonstr	eu									37		
Other - Describe													
Source of Work (Check all that	at apply)												
(X) Demolition () Renova													
(X) Large Proj. (>160 SF or >	260 LF AC	CM) ()Small F	Proj. (>25<	160 SF or >10 <	<260 LF ACM)	() Minor P	Proj. (<25 SF o	or <10 LF ACM)				
() Full Containment with Ne													
Location of Asbestos- Containing Material (ACM) in		ation Normally		Description of		Amount (S	Specify SF or	LF) Abate	ement Ty	<u>rpe</u>			
Facility (13)	Staff?	by Maint./Cus	ioual	thermal system surfacing, VA									
. John (10)	YES	NO NO	NA	miscell.)	i, or other			Rem.	Rep.	Encap I	Enclose		
Concrete Slabs at grade	X		14/1	Asphalt Tar	& Paper	5,400 sf		X	T	T	T		
Exterior of Bldg. 4	X			Insulation in F		1600 sf		1 x	+	+	\vdash		
						1000 01		- ^		-	_		
									1	+	_		
Name of Reg. Waste Hauler		NJDEP Was		D#	Cubic Yards o	of Waste		Name of Reg.	Landfill	- N			
Gary W. Gray GTrucking		NJ DEP #09	9369		250			IESI PA Bethl					
City, State							Disp. Date		City, Sta				
50 Davida 40 Dalama 111 00	000						12/07/12		Bethlehe	m, PA			
56 Route 46 Delaware, NJ 07	833	T:u-			10: :								
Completed by (Print or Type) Joseph K. White		<u>Title</u>	oject Coord	dinator	Signature		1	<u>Date</u>					
Joseph IX. Willie		Pf	ojeci Coori	umatol	1 1	K. U	7:40	10/03/2012					
	I				1 The Ch	- K. ()	resulty				20,700 100		

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2012 OCT -5 AM 12: 25

Notification of Demolitie			A	6050-
X. Description of Planned De See attached Work Plans.	molition or Renovation Worl	k and Methods to be	Used:	& LICENSING
XI. Description of Engineering	g Controls and Work Practic	es to be Used to Co	ntrol Emm	isions of Asbestos at the
Demolition or Renovation Site See attached Work Plans.	e:			
See attached Work Flans.				
XII. Waste Transporter#1 Gar	y W. Gray Trucking			
Address: 56 Route 46				
City: Delaware	County: Warren		State: NJ	Zip: 07833
Contact: Jason R. Wilson			Telephone: 90	8-475-3797
Waste Transporter#2 N/A				
Address				
City	County		State	Zip
Contact			Telephone	
XIII. Waste Disposal Site IES	I PA Bethlehem Landfill Cor	p i	PA Certificati	on Number: PADEP 100020
Address: 2335 Applebutter Road				
City: Bethlehem	County: Northampton		State: PA	Zip: 18015
Contact: Alan Schleyer			elephone: 610	0-317-3200
XIV. If the Demolition was Ord	ered by a Government Agen	ncy, Please Identify t	he Agency	Below:
Name		Title		
Authority				
Date of Order (MM/DD/YY)		Date Ordered to B	egin (MM/DD/)	Υ)
XV. For Emergency Renovatio	ns:			
DATE and HOUR of Emergency: (MM/DD		(HH:MM) Prior to	noon	
Description of SUDDEN, UNEXPECTED E	VENT: Please see attached BASF	letter dated 09/18/2012 .		
				1
			and the same of th	
Explanation of how the Event caused un	safe conditions, or a serious disruption	on of industrial operations	: Please see a	ttached BASF letter dated 9/18/2012 Per ed with the demolition of the Powerhouse
ocated on the BASF site. Proposed Wor received.	k Plan for Debris Pile attached. This V	Nork Plan was emailed to 1	om Voorhees	on 10/03/12 and approval has been
KVI. Description of Procedures	to Be Followed in the Even	t that Unexpected A	sbestos is	Found, or that Previously Non-
Friable Asbestos Material Beco Restrict work area and regulate methods.	omes Crumbled, Pulverized e, wet material, notify appro	or Reduced to Powo priate regulatory age	ler encies, con	nmence cleanup using wet
KVII. I Certify that an Individua	I, Trained in the Provisions of	of this Regulation (4	OCFR, Pari	t 61, Subpart M) Will be On-
Site During the Demolition or F this Person will be Available fo	or Inspection During Normal	ce that the Required Business Hours (Rec	I raining h Juired one (1) y	las Been Accomplished by lear after promulgation).
	() Deeple (Signa	K. White Fr ture of Owner/Operator)) (Date) 10/03/12
(VIII. I Certify that the Above Ir	nformation is Correct		Providence of	
	Jose ph 1	K. White (F)		2
	(Signal	ture of Owner/Operator)	(Date) 10/03/12