Date of Notification (1)				Name o	f Building	Owner/O	perator	(2)	-1-1883	90.			- 1	EL
Octo	ber 12, 2012			Pfizer,	Inc					A SH	2007			de
Agencies Notified	Type Notification			Street A	Address						-01	16	~ .	7.
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Name of Facility Where	Abatement is Takin	g Place (	3)					Type of Facility	(4)					
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Street Address						***	9	Subchapte					<b>*</b>	
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907 Doolittle Drive	200							Kings HWY N,	STE	200				
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Bridgewater, NJ 088	207							and Same	1					
Project Manager for Mo	The state of the s			Telepho	ne No			Hill, NJ 0803 one No.	4	License N	-lo			
Eric Houseknecht	moning i min			7				759 - 5000		00781	<b>4</b> 0.			
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Occupancy Status Durin		k Only O	ne)	12/31/1	12		-	ACK Group, L Address	LC.	2,560 9				
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Date of Notification (1)	The second Apple			Name o	of Building	Owner/Op	erator (	2)	CEIVE 16 :: 7:	m				
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Name of Monitoring Fire	m Hired by Building	Owner (8	)	ASCN	M No.		Name o	f Abatement Co	ontractor (9)					
AET, Inc.				0021		Т	he MA	ACK Group,	LLC					
Street Address	***************************************						Street A	ddress						
907 Doolittle Drive						1	500 K	ings HWY N	STE 209					
City, State, Zip Code								ate, Zip Code						
Bridgewater, NJ 088	307				C	herry	Hill, NJ 0803	34						
Project Manager for Mo	nitoring Firm		Telepho	ne No.		Telepho	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME		ise No	).		J		
Eric Houseknecht				(908) 2	18-1108	(9	973) 7	59 - 5000	0078	1				
Start Date (10)		Schedu	led Co	mpletion	Date (11)		Name o	f OSHA Monito	r					
10/15/20	012			12/31/1	12	T	he MA	ACK Group,	LLC.					
Occupancy Status Durin	ng Abatement (Chec	k Only O	ne)	-	-		Street A							
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Other - Describe:						— c	herry	Hill, NJ 0803	34					
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Completed by			1			Sign	ature	11.1		Date			@	
Mike Cooper		Presid	ent							10/5	/12			

Data of Notification (4)				1	( D . 1 11	0 10	Name and the second of	(0)		PENE	s .			
Date of Notification (1)				1.5.000		Owner/O	perator (	(2)	•	RECE PCT 16	IV	F	Ĭ.	
	nber 20, 2012 Type Notification			Pfizer,					2012	00-		E.,		
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DOH	justification)			-0.00 May -0.00	f Contact				Te	elephone	WAR.	0.00		
☐ DCA	Cancellation	1			Manage									
Name of Facility Where	Abatement is Takir	ng Place (	3)	FAC	ILITY INF	ORMATIC	ON	Type of Facility	(4)					
American Cyanamid		170	• •						080.50					
Street Address	Superfulla Site	;						School (K		ner than K-1	12)			
		(5)								& commerc		lding	s, hom	ies.
20 Polhemus Lane			4					etc.)						Name of the last o
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Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	ΛNo.		Name o	of Abatement Co	ntracto	r (9)	51			
AET, Inc.				0021		-	The MA	ACK Group,	LLC					
Street Address	10011000	V					Street A	Address						
907 Doolittle Drive						1	1500 K	ings HWY N	STE	209				
City, State, Zip Code								ate, Zip Code			***		-	
Bridgewater, NJ 0886	07					(	Cherry	Hill, NJ 0803	34					
Project Manager for Mon			Telepho	ne No.		Telepho	The second secon		License I	Vo.			-	
Eric Houseknecht				(908) 2	18-1108	3 (	973) 7	59 - 5000		00781				
Start Date (10)		Schedul			Date (11)		- maintain	f OSHA Monito	r	00.01				-
10/8/201	12			12/31/1	2	-	The MA	ACK Group,	LC					
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Location		F7500	Norma	ally ely by		Des	cription o	of			-	'	ype	
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Mike Cooper	19	Presid	ent				11	//	· ·	1000	20/12			
wince Goopei		1 16310	CIT							9/2	.0/12			

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

Date of Notification (1)			Name	e of Buildi	ng Owner/0	Operator	- (2)	RECE 2012 OCT 16 2 LICENS CO Telephone				
September 04, 201	2		12888		ng Owner/	Operator	(2)		IVE	73		
Agencies Notified Type Notificat			Pfizer	t Address				1200	•	3		
EPA Initial					way 206			06/16	34. 7			
DEP Amende	t			State, Zip			<u></u>	Brens-	/:	03		
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DOH justificati	cy (includ	ing		of Conta	ct			TOLENSIA	NIR	01_		
DCA Cancella				ct Mana				relephone	Milmbe	er-		
N					NFORMATI	ON						
Name of Facility Where Abatement is Ta		e (3)					Type of Facili	ty (4)		_		
American Cyanamid Superfund S	ite						School (	K-12)				
Street Address							Subchap	ter 8 (Other than h	(-12)			
20 Polhemus Lane			e:				Other (i.e	e. private & comme	ercial b	uildin	gs, ho	mes
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Bridgewater							- 1	# 01110015		ыад	. Age	
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Somerset			(STATE	USE ONL	.Y)		our on ose (					
Name of Monitoring Firm Hired by Buildin	g Owner	(8)	ASC	M No.		Name	of Abatement C	Superfund	Site			
AET, Inc.		S 35	0021									
Street Address			002				ACK Group,	LLC				
07 Doolittle Drive												
City, State, Zip Code						1500 K	ings HWY N	N, STE 209				12
	gewater, NJ 08807						ate, Zip Code					
Project Manager for Monitoring Firm			Telepho	one Ne			Hill, NJ 080					
ric Houseknecht			The second records			Telepho		License	No.			
Start Date (10)	Sched	uled Co	(900) Z	218-1108 Date (11)			59 - 5000	00781				
September 21, 2012	Conca						f OSHA Monito					
Occupancy Status During Abatement (Che	eck Only (	Octi	ober 26	0, 2012			CK Group,	LLC.				
7						Street A						
Abatement Performed Outside of Nov	Period of	f Abate	ment		1	500 Ki	ngs HWY N	, STE 209				
Other - Describe:		rioui					te, Zip Code			Harrison News		
Scope of Work (Check All That Apply)						Cherry	Hill, NJ 0803	34				
≥3 sf or ≥3 lf						_	1					3077
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(13)		(12)		-	other mis	ig, VAT, cellaneo	or us)	SF or LF)	Remova	Repair	aps	Clo
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ke Cooper	Presid	ent			1/2	1/	,	9/4	/12			

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State of NJ

<b>V</b> .				State of N.	J									
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0 D&S Proj. #: M8 12-357		(Purs	suant to	NJAC 0.0	o am		" f t 1/4c to the time is	TW	Dept. #1 Hea	olth & Senior	Servi	ses		
						20	12 OCT 16							
Date of Notification (1)	Name o	f Building O	wner/Oper	ator (2)		Lu	11/1001 10	- · ·	2009	12 Time8	A	M		
11 10 1/10 18 1/11 12	BILL	SCHIEL				71	SHESTUS	CON	ROL.		7			
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☑ DOL ☑ Emergency	IRV	INGTON,	NJ 071	11		-		7	elephone N	umber				
DOH (Including justification)	Name o	Contact											-	=
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La California	1.1	,,,,,,	ACILITY	INFORMATI	ION			= 0	Facility (4)					-
12-644	an Naco (2	1)						1 Abe or	Facility (4) School (I	<b>(</b> - 12)				
Name of facility where abatement is taki	lift heros to	,							Subchapt	er B (Other	than K	-12)		
BILL SCHIEL							-	5	Other (Pr	ivate/Comm xnes, etc.	ercial			
Street Address		157						Carra		of Floors	B	dg. A	ge	
177 PARK PLACE							1. (2)			200.00	_	· ·		
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City (5)					100									-
IRVINGTON	ESSEX		T AS	CM No.	П	Инии	e of Avatement	Contrac	tor (0)					
Name of Monitoring Firm Hired by Bldg	. Owner to	1				D	& S RESTORA	ATION	, INC.		-			
					-11	Stree	Address			.190				
Street Address		32					California A		****					
		-				100-150	State, Zip Code							
City, State, Zip Code						, k	aterson, NJ 07	1303		License Ni			**	
Project Manager for Monitoring Firm		Phone	Number		1	T ele	973-345-8020	)		011	69		_	_
Project manager to the second							ne of OSHA Mo							
Start Date (10)	Sched.	ompletion	Dale (11)			I	D & S Restora	tion, In	c.	****				-
	10/18/	12					et Address							
10/09/12 Occupancy Status During Abstement							O California A						Ø.	
E DE LE LA	nine denoc	di abamine	erit.		1	City	, State, Zip Cod	c						
Abatement performed outside of	f normal fa	cility hours-					Paterson, NJ	77503						<del></del> _
Doscribe: NORMAL HC	URS					<u>_</u> -	Paterson, 1.0	T = 18 C	ontainment	w/negative (	Deagn	re		
Scope of Work (chock all that apply)							15	Minl-	enclosure					
≥3 sf or >3 lf	Renovation	1					Ž	Glove	bag proced Exempted (*	ure Nacd Non-f	riable I	oroce	dure	
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	le incation	normally us	ed solely				ootoo-containing	1	Amount	CE or	m	þ	n	n
Location of asbestos-containing	staff(12)	nance/custo	iulai	Descrip materia	ntion of I (AC)	naso (N	estos-containing	1	(Specify	SP or	o v	a	a	L
material (acm) to be abated in facility (13)	Yes	No	N/A	11,000	o Martie						e	7	-	<del></del>
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BASEMENT				Boiler In	sulation	OD			50 SQ FT	73 - Alberta (1990)	X	片	H	卄
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The state of the s	INJO	EP Hauler		UDIC YERE	of Wa	ste	Name of Registr	ered La VN. RE	SOURCE	RECOVE	RY			
Registered Waste Hauler D & S RESTORATION, INC.		506		3 YDS		-	City, State	, 1., 200	7					
City State		,	10/10/	12	TO VINISH THE		TULLYTO	WN, P	4	Carry Carry	-Maga	- 004		
PATERSON, NJ 07503	1			Signature	3	-				10/01	2/12			
Completed by (Print or Type)	Title PRESU	DENT								10/0	J. S. de			
BOGDAN JOLDZIC	* Do not u	se this form	for asbes	tos licensure	e exem	pted	activities.							
ASB-41														

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

D&S Proj. #: MS 12-357	-	Not (Pur	ification suant	on of Asbesto to NJAC 8:60	s Ab ) and	d 12:120)	R	'ECE/L	/En				
		Duilding O	umor/O	perator (2)			812 ni	TIOS CONTO	lea []				
Date of Notification (1)			wileiro	perator (2)			- 0(	1 16	c				
Agencies Notified   Type Notification		SCHIEL					DES	Inc.	D: -7				
Agencies Notified Type Notification  EPA Initial	11-0-0-0						& [	CE CON	rn-				
DEP Amended		ARK PL						CENSING	HOL				
Amendment #:		te, Zip Coo											
DOL Emergency		NGTON,	NJ 0	7111				Telephone I	Number	-	-	_	-
DOH (including justification)	Name of	Contact						1 Cicpitotio					
☐ DCA ☐ Cancellation	Brian	RABB							_	_	_		_
		F	ACILIT	Y INFORMATIC	N		T=-	(F11:4: (4)					
Name of facility where abatement is t	aking place (3)						Туре	of Facility (4)	(K - 12)				
								Subchap	ter 8 (Oth	er thai	n K-1	2)	
BILL SCHIEL								Other (P	rivate/Cor	nmerc	ial		
Street Address							_		omes, etc		Bldc	. Age	
177 PARK PLACE							Squ	are Feet #	OI FIOOIS		5.03		
City (5)	County (6)					Code (7) use only)	Cu	rrent Use (Prid	or if being	demol	ished	)	_
IRVINGTON	ESSEX							-1(0)					_
Name of Monitoring Firm Hired by BI	dg. Owner (8)		T	ASCM No.	11	ame of Abatement							
						D & S RESTOR	RATIC	N, INC.			_	_	
Street Address					St	reet Address							
						20 California A				_			
City, State, Zip Code			-		Ci	ty, State, Zip Code							
					-    -	Paterson, NJ 0			License I	Numbe	er		
Project Manager for Monitoring Firm	i.	Phone I	Number		111	973-345-8020				169			
						ame of OSHA Mo							
Start Date (10)	Sched. Con	pletion Da	ate (11)		11.	D & S Restora		nc.					
10/09/12	10/18/12				S	treet Address			ii.				
Occupancy Status During Abatement		ne)				20 California A		·					
☐ Facility closed/vacated during €	entire period of	abatement			C	ity, State, Zip Cod	le						
Abatement performed outside	of normal facility	y hours-				60000200							
Describe: NORMAL H	OURS					Paterson, NJ (							
Scope of Work (check all that apply	)							Containment w	/negative	pressi	ure		
21 <u>2</u> 1	Renovation					2		enclosure ebag procedu	re				
11 <del>-11-1</del> 1 1001 (112)	Demolition					Ĺ	Non-	Exempted (*)	and Non-				
	Is location nor	mally used	solely			22		4.4		R	R	E	Ε
Location of asbestos-containing	by maintenand	ce/custodia	al		of asl	bestos-containing		Amount (Specify S	SF or	m	р	С	n
material (acm) to be	staff(12)			material (AC				LF)		O V	i	a p	Ĺ
abated in facility (13)	Yes	No	N/A	4		22				e	r	-	-
DACEMENT		X		PIPE INSUL	ATIC	ON		16 L FT		X	片	片	片
BASEMENT Basement Boiler (2X)		X		Boiler Insulat	tion			50 SQ FT		IA.	片	片	片
Dasement Boner (211)										╬	片	片	片
										井	片	片	片
								JEII			Ш	Щ	1-
Registered Waste Hauler		lauler ID#		ubic Yards of Wa	aste	Name of Register TULLYTOW	red Lar N RF	iafiii SOURCE R1	ECOVE	RY			
D & S RESTORATION, INC.	13506	In:-	posal D	YDS		City, State	11, 100						
City, State	25		0/10/1			TULLYTOW	/N, PA						
PATERSON, NJ 07503	Title	L_	3, 23, 2	Signature					Date	/10			
Completed by (Print or Type)	Title PRESIDEN	Т							10/08	/12			

0 D&S Proj. #: MS 12-358

ASR-41

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

						20.	-		CL			
Date of Notification (1)	Nam	e of Building Owne	er/Operator (2)			(8)	70CT	16 :::				
1 0 / 0 8 / 1 2		TATE OF KAT	HARINA F.	MAIE	R	4		A1,	6: 2	9		
Agencies Notified   Type Notificat	on Stree	et Address				- 01	ESTU	S COM	TO-			i
DEP Amended		5 WILLOW AV	ENUE				* LIC	ENSIN	INO			
Amendment #:	City,	State, Zip Code							,			
DOL ☐ Emergency		ADDLE BROOM	K, NJ				Water to the later					
DOH (including justification)	Name	e of Contact	3				Telepho	ne Numbe				
☐ DCA ☐ Cancellation	B.	ARBARA AND	ANDY BU	ГКА			11		_			
		FAC	LITY INFORM	ATION								
Name of facility where abatement i	s taking place	(3)	MACCON CONTROL			Type o	f Facility	(4) ol (K - 12)				
THE ESTATE OF KATHAR	NA F. MAII	ER				1 -	≓ .	hapter 8 (C	ther th	an K.	.12)	
Street Address								(Private/C			/	
		72				_	Bldgs	./Homes, e	tc.			
585 WILLOW AVENUE		(0)	-			Squar	e Feet	# of Floo	rs	Ble	dg. A	ge
City (5)	County (	(6)			nty Code (7) te use only)		-411 (	Drien If hale		- linh -	۵١,	
SADDLE BROOK	BERG	EN		(Olai	e use only)	Curre	nt Use (i	Prior if beir	g dem	Olishe	ea)	
Name of Monitoring Firm Hired by	Bldg. Owner (8	3)	ASCM No.	П	Name of Abatement	Contracto	or (9)					
					D & S RESTOR	ATION,	INC.					
Street Address				-	Street Address							
					20 California A	ve.						
City, State, Zip Code				-11	City, State, Zip Code	)						=
				_	Paterson, NJ 0	7503						
Project Manager for Monitoring Firm	1	Phone Numb	er		Telephone Number		=144.5	License		er		
			*		973-345-8020 Name of OSHA Mor				1169		_	
Start Date (10)	Sched. C	ompletion Date (1	1)		D & S Restorat							
10/18/12	10/26/1	2			Street Address	don, me.			_			
Occupancy Status During Abateme	nt (Check only	one)			20 California A	venue						
Facility closed/vacated during					City, State, Zip Code	)						See 10 11
Abatement performed outside Describe:		ility hours-		1								
Other-Describe: NORMAL I	IOURS			-	Paterson, NJ 0	7503						
Scope of Work (check all that app	y)			V				w/negative	press	ure		
$\boxtimes$ >3 sf or >3 lf	Renovation					Mini-encl		uro				
≥160 sf or ≥260 lf	Demolition						50.00	ure ') and Non-	friable	proce	edure	•
Location of	Is location no	ormally used solely	у						R	R	Е	E
asbestos-containing	staff(12)	nce/custodial			sbestos-containing		Amount	SE or	e m	e p	n	n
material (acm) to be abated in facility (13)	Yes	No N/A	material (	(ACM)			(Specify LF)	3F 01	o v	a	а	l C
	165	NO N/A							е	r	р	
BASEMENT 5 LOCATIONS		X	PIPE INSU				_ FT					
FIRST FLOOR CLOSET		X	PIPE INSU	LATI	ON	10	LFT					14
									빝	ᆜ	ᆜ	닏
					water before				4		Ц	14
Desistered Wests Harden	INTERES	Havier ID# 1.2	Tubio Vorda af 1	Manta	INome of Decists	d I saden					Ш	
Registered Waste Hauler D & S RESTORATION, INC.	13506		Cubic Yards of \ 1 YD	vasie	Name of Registered TULLYTOWN,		RCE R	ECOVE	ξY			
City, State		Disposal I		7.	City, State							-
PATERSON, NJ 07503	*	08	***************************************		TULLYTOWN	, PA						
Completed by (Print or Type)	Title		Signature				+14	Date				
BOGDAN JOLDZIC	PRESIDEN		. liconous au	omete -	Lactivities			10/08/	12			
ASR-41	Do not use th	nis form for asbest	us licensure ex	empted	activities.							



Date of Notification (1) 10/9/12					f Building v Buick		Operator	(2)	201	12 OCT	16	Care 3			
Agencies Notified	Type Notification	7/		Street A	ddress	-					10	6:	28		
X EPA	× Initial	- <sub>I</sub>		663 M	lantua P	ike			43	BEST	ns co.		13301 <del>5</del> 7		
EPA  DEP  DOL	Amended Amendment	-	_		ate, Zip Co bury, No		3 -	0		& Lil	OS CON CENSIN	TR G	OL.		
DOH DCA	Emergency justification) Cancellation			Name o	f Contact rlow					Tel	ephone Nur	nber			
		-		FAC	ILITY INF	ORMATI	ON						10		
Name of Facility Where Barlow Buick GMC		ng Place (3	)					Туре	e of Facility	(4)					
Street Address								H	School (K- Subchapte	The state of the s	er than K-12	2)			
663 Mantua Pike								×			& commercia		dings	, hom	ies,
City (5)								Squa	are Feet	# 0	Floors	1	3ldg.	Age	
Woodbury							_	400		2			50		
County (6) Gloucster					Code (7) USE ONLY				ent Use (Pr o showro		ng demolish	ed)		-	
Name of Monitoring Firm EHS	n Hired by Building	Owner (8)		ASC	/ No.				atement Co		(9) ystems, I	nc.			
Street Address				1			Street				, , , , , , , , , , , , , , , , , , , ,		-		
9 S. Main St.									Union St						
City, State, Zip Code Mullica Hill, NJ 080	62					86			Zip Code ester, PA	19382					
	Project Manager for Monitoring Firm Jack Carney						Teleph 610-7				License No 00508	0.			- 22-
Start Date (10)		Schedule	ed Cor		23-0080 Date (11)				HA Monitor		00000				
10/23/12		11/5/12	!				EHS								
Occupancy Status Durin	g Abatement (Chec	k Only On	e)				Street 9 S. I		-	0.000					
Facility Closed/Vac Abatement Perform									Zip Code						
Abatement Perform Other – Describe:						-			ill, NJ 080	062					
Scope of Work (Check A	II That Apply)				65	•		۹		102					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enova emolit	77.707.7			Ě	Mi	ni-Enclosur ovebag Pro	e cedure	Negative P			-0	
		la la	Lagati					i ivo	ni-Exemple	u ( ) and	NOII-FIIADI	FIO		emen	t
Location	n of	N	Locati Iormal	ly		Des	scription	of						/pe	
Asbestos-Containing	Material (ACM)		d Sole			tos Cont	aining M	lateria		(5)30	mount	_		Щ	
TO BE AB. In Facil		Cust	odial 9 (12)	Staff?	(i.e.		cing, VA	T, or	30A03045000		pecify or LF)	Removal	Repair	caps	nclo
(13)			-	T		other m	niscellan	eous)				oval	air	Encapsulate	Enclosure
		Yes	No	N/A						0.11				0	
Former Showro				X		coustic		-			00 SF	X			
Showroom		-		X	VAI	Mastic		iasiic	only		- 11	X			
Windo		X			Caulk				0 LF	X			$\vdash$		
Roof Name of Registered Was	LN	JDEP W	lanta	Cubic `	ashing		Nome of		5 SF red Landfill	X	L.,,		Щ		
N.E.T.S/Miners	Н	auler ID		of Was			BFI Imp	100	eu Lanum						
City, State Hazelton, PA						Dispos TBD	al Date		City, Stat				2.0-1-0-1-1		
Completed by Robert M. Casciato	<del></del>	Title Presid	lent				ghature	9	1111	5	Date 10/	9/12			
TODGIT WI. Oddolato		1.70010				1/	111		w	_		J, 12	94 Waliozania		

Date of Notification (1)					(D. 11.11	0 10			To these there's	haze & &	han had					
Date of Notification (1) 10/09/12				Igreja	f Building Evange	Owner/C lica O I	perator Bom F	r (2) Pas <b>yan</b>	OCT	s "	·· c. ·	20				
Agencies Notified	Type Notification			Street A	ddress			- BELL		9 2	., O· (	-				
□ EPA	▼ Initial			780 K	earny A	ve		£	ar or o	<b>^</b>			7			
DEP	Amended			City, Sta	ate, Zip Co	ode		0.04	ESTO	5 6	HTRI	OL.	88			
<b>▼</b> DOL	Amendmen			Kearn	y NJ 070	032			& LIC	ENS	ING					
X DOH	Emergency			Name o	f Contact					Tel	lenhono	Numb	or			
DON DCA	justification) Cancellation		1		io Leona	ardo				1						
<u> </u>	- Caricellation	•	1			action partie.	ON			6-		-	•			
Name of Facility Where	Abatement is Takir	ng Place (	3)	FACI	LITY INFO	JRMAII	ON	Type	of Facility (	4)					0.75	
The Good Shepher		ig i idoo (	·, .					process.	07.00	- 50						
Street Address				-					chool (K-1		4b 1	O				
780 Kearny Avenue	5		Υ.					×	ubchapter ther (i.e. p	o (Otti	er man r & comm	n-12) ercial h	mile	dinas	hom	29
	<b>,</b>								tc.)		u 00111111	oroidi k	,	anigo	110111	00,
City (5)								Square	e Feet	# 0	f Floors		В	ldg. A	\ge	
Kearny			-}													
County (6)					Code (7)			Curren	t Use (Pri	or if be	ing demo	olished	)			
Hudson				(STATE	USE ONLY)			Day (	Care							
Name of Monitoring Firm	Hired by Building	Owner (8	)	ASCN	1 No.		Name	of Abate	ement Cor	tractor	(9)		7/22			_
Sky Environmental		-		-			Kield	zewsk	i Corpor	ation	(0)					
Street Address			- 3					Address						-		
140 Boulevard						10			ung Ave							
City, State, Zip Code																
Mt. Lakes NJ 07046	3						State, Zip		7050							
		- 1						ge NJ 07	052							
Project Manager for Mon			1	Telepho				none No			Licens					
Leonid Shareshevs	ку			9/3-/6	9-6946		9/3-	243-98	372		01171	1				
Start Date (10)				mpletion I	Date (11)				A Monitor	741		110				
10/20/2012		10/20/	2012				Long	j Island	l Analytic	cal						
Occupancy Status During	g Abatement (Ched	ck Only Or	ne)				Street	Address	3	- 7		-3				
Facility Closed/Vaca	ated During Entire	Period of	Ahater	nent			110	Colin D	)rive							
Abatement Perform	ed Outside of Norr	nal Facility	y Hour	S			City, S	state, Zip	Code							
Other – Describe: _			- 1						NY 1174	11						
Scope of Work (Check A	Il That Apply)															
		<u>ਾ</u>						7								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				-		Containme Enclosure		Negativ	e Pres	sur	е		
		ш.	Jemoii '	uon					ebag Proc							
						- West I			Exempted		d Non-Fr	riable F	roc	edur	e	
		Is	Locat	ion							-			Abate	men	
Location	of	101	Vorma	100		Doo	cription								ре	
Asbestos-Containing			d Sole		Asbest			roi Naterial (	ACM)	A	mount				_	
TO BE ABA	ATED	100000000000000000000000000000000000000	intena todial		(i.e.	thermal	systems	s insulati	on,	(5	specify	;	Q	20	nc	ᄪ
In Facili (13)	ty		(12)	Julii I		surfact other m	ing, VA			SF	or LF)	1 8	Remova	Repair	aps	읁
(13)			- :	$\overline{}$		outer it	nscenar	ieous)	<u> </u>			1	2	¥·	Encapsulate	Enclosure
	WIII.	Yes	No	N/A											æ	-
boiler room, class	srom #4 & 5		X.		Α	CM pii	oe insi	ulation		8	OLF					
	Soliot room, stassiom #4 & 5											-	-	-	_	-
				werv	wrap/s	eai										
			7									_	$\dashv$			-
Name of Registered Was	te Hauler		IN	JDEP Wa	acto	Cubic \	/ards		Nama of F	Pociet-	rod I am	160				
			1 1 1 1 2 2	lauler ID I	- 11 (A)	of Was		- 1	Name of F			ATTILL .				
Kielczewski Corporat	iion		- 200	034721	M				Conesto	ga La	andfill					
City, State						Dispos	al Date		City, State		2.00	2772		-		
West Orange NJ									Morgant		PA					
Completed by		Title	-			Si	anature		_			Date	_	-	_	$\rightarrow$
Slawomir Kielczewsk	i	Presi	dent			3	P	int	DEN SI	1,-	0.045	10/09	7/1	2		
							-1	IUNI	KIN81	/		10/08	11 11	-		

Date of Notification (1)		N	ame of E	Building Owner ERICAU dress	Operator 升のら	(2) E +	HYOR	1120	F16 "	<u>. ا . ؛</u>			
Agencies Notified  Type Notification  EPA  DEP  Amended  Amendment		S	700 ity, State	dress  JIST  e, Zip Code  FICS ON	AVE	T 0	157)	36 C	TOS CO LICENSI	NT NG	ROL	<i>!</i>	·
□ Emergency (i justification)     □ DCA     □ Cancellation	ncluding		lame of O	Contact 1 C					phone Numb			_	
Name of Facility Where Abatement is Taking ABANDON BUILDING  Street Address 2 X - 40 LAWRENCE			FACIL	ITY INFORMA	TION	S S S	f Facility (4 chool (K-12 ubchapter 8 ther (i.e. pr	2) B (Othe	r than K-12) commercial	buildi	ngs, l	nomes	s,
38-40 LAWRENCE City (5) PATERSON, N.J.						Square 20	Feet 200		Floors /		dg. Ag 60	je	
County (6) PASSA1 C		0	County C STATE U	ode (7) SE ONLY)			AB	ANGO	ng demolishe	d) GE/	DE	MÔ	
Name of Monitoring Firm Hired by Building C	)wner (8)		ASCM	No.	A. N	vac Co	ntracting		(9)				
Street Address					105	t Address Lowell	Road						
City, State, Zip Code						State, Zip n Rock	o Code ., N.J. 07	452					
Project Manager for Monitoring Firm		1	Felephon	e No.		hone No -262-5			License No 00156	•			
Start Date (10) / / / / / / / / / / / / / / / / / / /	Schedule /	d Com	pletion D	Date (11)			A Monitor nvironme	ntal S	ervices Inc	D.		ı	
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of A	Abatem	ent		280 City,	State, Zij	r Street	7606					
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demoliti		***************************************		Min Glo	i-Enclosure vebag Prod	e cedure	Negative Pr			e	
		Locati										ment pe	i .
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma	ed Sole intenar todial S (12)	ly by nce/	Asbestos C (i.e. then su	Description Containing mal system urfacing, V er miscell	Material ms insula /AT, or		(	amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
ROOF			X	R	OOFIN	<i>c</i> -		2	000 SF	X			
										_	-		-
	-		-				- 10 11 11			-			$\vdash$
Name of Registered Waste Hauler Rovic Transport		F	IJDEP W lauler ID 20785	No. of	ibic Yards Waste ゲ	5-	IESI P	A Bet	ered Landfill hlehem La	ındfi	l Co	p.	
City, State Riverdale, New Jersey 07457				Di:	sposal Da	202	1 -	te hem,	PA 18015	\.			
Completed by R. McDonald	Title Pres	sident			Signate	12 M	Yold	1	Da	te /0/	/11	// 2	_

00		(Pursuant to	NJAC 8:	:60 an	nd 1:	2:12V)					_		
D&S Proj. #: MS 12-262		(· =:===				RECE	11/4	E-Chartes	PROVED	Sera	CPS		~
-	n	dia - Orimani Pro	orator (2)				1	TOAT	Home	1	_		
Date of Notification (1)	1 3	ing Owner Ope			- 2	012 OCT 16		C - C - CO		The statement of the st	AND DESIGNATION OF		<b>-</b>
1 10 1/10 19 1/11 12		Y ROBINSO	N		-	1001 110	I	ate: 100	13_Time:	135	<u>KA</u>		
Agencies Notified Type Notification	Street Address				L	SBESTOS	COL	ITDOI -	~		-		-
Amended	381 STEC	MAN PARK	WAY			& LICEI	VSIA	IC					
DEP Amendment#:	City, State, Z		201				10111	¥					2004
DOL Emergency		CITY, NJ 07	300				-	Telephone	Number				ă.
DOH (Including justification)	Name of Con												
DCA Cancellation	GREGO	RY ROBINS	ON							-		dice.	
	- Lander	FACILITY	INFORMA	MOIT		200					8 O-		
L Co Anial	na ninco (3)						Type	of Facility (4 School	) (K - 12)				
Name of facility where abatement is taki	IS brace (c)								pter 8 (Other	than	K-12		
GREGORY ROBINSON				_	-			Other (F	rivate/Comm	ercia	1		
Street Address		1				1		Bldgs./f	formes, etc.		Bldg.	Age	
381 STEGMAN PARKWAY							Squ	are Feet	4 OI FIDOIS				1830000
City (5)	County (6)	i i				ode (7)		rent lisa (Pr	or if being de	molis	hed)		-
City (9)		*		(State	e use	e only)	1,01	teletti rasser (i. s.					
JERSEY CITY	HUDSON		SCM No.	-11	Nam	a of Abatament	Contra	ctor (9)	- 10 to 10 t				8
Name of Monitoring Firm Hirod by Bldg	Owner (8)		BOM NO.			& S RESTOR							-
7.0F 2.0E					Stre	et Address							
Street Address				- 11		O California A	ve.						
				-		State, Zip Code							
City, State, Zip Gode					1	aterson, NJ 07	503					e know	
	11	Phone Number				phone Number		,	License No				
Project Manager for Monitoring Firm	1	110.12				973-345-8020		-	1	-	- Commercial Control		
	School Comple	tion Date (11)	No.			me of OSHA Mor		nc					
Start Date (10)	Super Cambre	digiti ( series ( ) - )				D & S Restorat	ion, i	ijo.					,
10/10/12	10/20/12			-		0 California A	venue	5					
Occupancy Status During Abatement (	Check only one)	-toment		1		State, 7ip Code					and Miss		
Facility closed/vacated during er Abatement performed outside of	normal facility h	OUIS-			1								
Describe:	729	<u> </u>		_	١.	Paterson, NJ 0	7503						
Describs: NORMAL HO  Other-Describe: NORMAL HO	UNO						Full	Containment	w/negative p	ressi	ire		
Scope of Work (check all that apply)		3					Mini-	enclosure ebag proced	huto				
	Renovation					2	Non	-Exempted (	*) and Non-fi	able	proce	dure	,
	emolition	i			-					Re	R	E	E
l ocation of	ls location norms by maintenance/	custodial	Descrit	ation of	asbe	estos-containing	100	Amount (Specif)	SFor	m	p	¢	207
	staff(12)		materia	ai (ACM	A)			LF)		0	a	a p	L
abated in facility (13)	Yas No	N/A				- 6			<u> </u>	8	-	177	$\vdash$
		-	PIPE INS	TULA'	TIO	N		35 L FT		X	H	片	情
BATHROOM/ATTIC										쁌	H	H	情
										H	H	情	市
										情	Ħ	愩	10
and the state of t				7707		Name of Register	red la	nofili		1==			
Rogistered Waste Hauler	NUDEP Ha		ubic Yards	of Was	13	TULLYTOW	N, RE	SOURCE	RECOVER	Y			
D&S RESTORATION, INC.	13506	Disposal				City, State							
City, State		10/11/1	12		_	TULLYTOW	N, P	A		d====			
PATERSON, NJ 07503	Title		Signature	9				A SALES	10/09	/12			
Completed by (Print or Type) BOGDAN JOLDZIC	THE PROPERTY					- 11			10/07		2.8		
BOODAN JOEDAG	Do not use this	torm for aspesi	toe licensure	externi	pred	SCHIVIUSS.							

Date of Notification	(1)	Name of	f Building	g Owner/0	Operator (2)	0010.007										
1 10 1/10 19	]/  <u>1  2  </u>		GORY	ROBINS	SON		2012 00	116	6: 26							
Agencies Notified	Type Notification	Street A	ddress				ASRE	erne	CONTROL							
☐ EPA	Amended				RKWAY		P. 30C	1 105	CONTROL NSING							
DEP	Amendment #:	City, Sta	te, Zip (	Code			<u>~</u>	LIVE	DHICH							
⊠ DOL				TY, NJ	07306	1			TT-Labora N	lumbar	-		=5/d)==			
DOH	(including justification)	Name of	Contac	t					Telephone N	Number						
☐ DCA	Cancellation	GRE	GORY	ROBIN	ISON											
	N. C.			FACILI	TY INFORMA	TION										
Name of facility wh	nere abatement is t	aking place (3)						Тур	e of Facility (4)	K - 12)						
GREGORY RO	OBINSON								Subchap				2)			
Street Address									Other (Pr Bldgs./Ho	omes, etc.	merc					
381 STEGMA	N PARKWAY							So	uare Feet #	of Floors		Bld	g. Age	Э		
City (5)		County (6)		=	urrent Use (Prio	r if boing		licher	0							
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JERSEY CIT	Y ng Firm Hired by Bl				ASCM No.	11	lame of Abateme	nt Conti	actor (9)							
Name of Monton		•				- 11	D & S RESTORATION, INC.									
Street Address							Street Address				-75					
Street Address							20 California Ave.									
City, State, Zip Co	de					0	ity, State, Zip Coo	de								
			Paterson, NJ 07503													
Project Manager fo	or Monitoring Firm	- M	Phon	e Numbe	r		elephone Numbe 973-345-802			License N	iumbe 169	er				
						-	Name of OSHA M				-	-				
Start Date (10)		Sched. Cor	npletion	Date (11)		711	D & S Restor		Inc.							
10/10/12		10/20/12				;	Street Address									
Occupancy Status	During Abatement	(Check only o	ne)				20 California		e							
Abatement	ed/vacated during of performed outside of	entire period of of normal facilit	abateme y hours-	ent.			City, State, Zip Co									
Describe:	ribe: NORMAL HO	OURS					Paterson, NJ				_					
	check all that apply						Į.		Containment w/	negative p	ressi	ıre				
$\ge 3 \text{ sf or } >3$		Renovation					l		enclosure rebag procedure	9						
☐ >160 sf or 3	≥260 If	Demolition						Non	-Exempted (*) a	nd Non-fr						
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Registered Waste	e Hauler	NJDEP H	lauler ID		ubic Yards of	Waste	Name of Registe	ered Lar	ndfill	COVED	v					
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City, State  PATERSON, NJ 07503  Disposal Date 10/11/12  City, State TULLYTOWN,																
		Title		10/11/1	Signature		10221101			Date						
Completed by (P BOGDAN JO	DLDZIC	PRESIDEN	T			4				10/09/	12					
		* Do not use thi	s form fo	or asbesto	os licensure e	xempted	activities.		100							

# D&S Proj. #: MS 12-361

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

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Date of Notification (	(1)   /   1    2		1	Building O			2)									
Agencies Notified	Type Notific	cation		OTHY KU	JBIAN	1				2012 OCT	6	5:	A			
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□ DCA □	justificatio	n)	ivarne or	Contact						Telepho	one Numb	per				
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				FA	ACILITY	Y INFORM	iATIC	N								
Name of facility whe	re abatemen	t is taking	place (3)						- 1	Type of Facility	(4)	1185 1182		-		
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Street Address							_		-		hapter 8				)	
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o.i.y (o)		00	unty (6)				E435400	unty Code (7) ate use only)								
BOUND BROOM		S	OMERSE	Current Use (F	<sup>o</sup> rior if be	hed)										
Name of Monitoring F	irm Hired by	Bldg. Ow	ner (8)		AS	ment Contractor (9)										
Ct					_ _			TORA	FORATION, INC.							
Street Address					Street Address											
City, State, Zip Code								20 Californ		e.						
ony, onato, zip oode								City, State, Zip								
Project Manager for M	onitorina Firr	n		Phone Num	abor			Paterson,		503						
				Hone Hun	ibei			Telephone Nun 973-345-			License	e Num 01169				
Start Date (10)		ISche	d Comple	tion Date (	11)		_	Name of OSHA		or		01109			_	
10/22/12				lion Bate (	,			D & S Res								
Occupancy Status Duri	ing Ahateme		0/12				_	Street Address								
Facility closed/va				ement				20 Californ		nue						
Abatement perfo	rmed outside	of normal	facility ho	urs-				City, State, Zip	Code							
Describe:  Other-Describe:	NORMAL I	IOURS					-	Paterson, N	JI 075	03						
Scope of Work (check											, ,			_		
$\ge 3$ sf or $>3$ If	$\boxtimes$	Renovation	on							ull Containment w lini-enclosure	//negative	press	ure			
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Location of		Is locatio	n normally	used solel	ly				∐N	on-Exempted (*)	and Non-	friable	_	1		
asbestos-contain	ing	by mainte staff(12)	enance/cu	stodial	1	Description	of a	sbestos-containir	na	Amount		е	R	E n	E	
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egistered Waste Haule		INJDF	P Hauler	ID# I C	ubic Ya	ards of Wa	aste	Name of Regist	ered I -	andfill						
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City, State	7502	-		Disposal D				City, State					VE.			
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BOGDAN JOLDZIO	50 050	Title PRESIDI	ENT		Signa	ature					Date	12				
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State of NJ

	Notification of Asbestos Abatement (Purguant to NJAC 8:60-7 and 12:120-7) Check # 5559																		
	2012-187		(Pursp	uant to N	IJAC 8:6	0-7 and	12:130-0	4	Check#	5559			52X - 6						
B & G proj. #:	2012-10	3			Emerg	ency	7-4	1				-			_				
Date of Notification	(1)	I I Name o	f Building (	Owner/Ope	erator (2)	RE	CEIVE	:n	AP	PROVE	.D	ornio	00						
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Agencies Notified	Type Notification	Street A		- X	2	AL2 OC	T 16 :::		101-014	signature	1.	20	M						
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₩ DOH			of Contact				-105142114	ū	1										
	Canceliation	Pile	en Hurta	do		( <u> </u>			1 20	A. W					_				
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	an and the same	· 		FACILITY.				Туре	of Facility (4	1)									
Name of facility w	mare abatement is tal	ding place (3	1)						School Subcha			han	K-12°	i i					
Eileen Hurtade	1							41	Supcha Other (	ipter o ( Private/	Comm	ercia	1	59.					
Street Address	·								Bldgs./	epmcH	elc.		Bldg.	Acid	_				
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Lincoln Park	NJ 07035	Morris			5.000	IIN	ame of Abatem		residential										
Name of Monitor	ing Firm Hired by Bld	g. Owner (8	)	] ^	SCM No.	11	B & G Restor												
n/a							Treet Address		×										
Street Address							105 Ryerson	Road							_				
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City, State, Zip C	Code						Lincoln Park	ς NJ 070	35	-	nse Nu	mhei			_				
	for Manitoring Furn	10.4	Phon	e Number		1	elephone Numb			037		111001							
Project Manager	for Manitoring Firm						973-696-68 Name of QSHA	- 100		1 42.			_		_				
Scheduled Start	D-1- (40)	Sched. C	ompletion	Date (11)			B & G Resto		nc.										
Scheduled Start	Date (10)	10/10/2					Street Address												
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Abatemer	nt performed outside	of normal fac	ility hours-	ŧ.		11		. 377.07	n75										
Describe:						_	Lincoln Par	K, N1 07	033			_							
	k (check all that apply							: <b>-</b>	AN ENGRANCE	1521 G	loveba	a oro	cedu	re					
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material	to be in facility (13)	Yes	No	N/A	,,,_,				1 47			e e	r	р					
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Registered W	aste Hauler	NJDE	P Hauler l	Live	ubic Yards		Name of Reg	Resourc	e & Rocov	ery Ce	ntor								
B & G Res	toration, Inc.	195	63	Disposal C	1 1/2 yard	12	City, State	77-40-01			ared but	RAX.							
City, State				10/11/1			Tullytown	ı, PA		-					~				
	ark, NJ 07035	Trate			Signatu	re					Date	2011	,						
Completed by	y (Print or Type)	Title Treasure	er		Signature Gudana Long 10/09/2012														

State of NJ

Notification of Asbestos Abatement (Purguant, to NJAC 8:60-7 and 12:120-2012-187 B & G proj. #: Check # 5559 Emergency Date of Notification (1) Name of Building Owner/Operator (2) 1 0 / 0 9 / 11 2 1 Eileen Hurtado Type Notification Agencies Notified Street Address ☐ EPA Initial 126 Main Street DEP City, State, Zip Code Amendment DOL Lincoln Park, NJ 07035 Telephone Number DOH Name of Contact Cancellation DCA Eileen Hurtado **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Eileen Hurtado Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age Square Feet | # of Floors 126 Main Street City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) residential Lincoln Park, NJ 07035 Morris Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. 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 Telephone Number License Number Project Manager for Monitoring Firm Phone Number .973-696-6869 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 10/10/2012 10/10/2012 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) ☐ Demolition Full Containment w/negative pressure Renovation ☑ Glovebag procedure  $\boxtimes$  >3 sf or >3 If Mini-enclosure Non-friable procedure >160 sf or >260 lf Is location normally used solely E Location of Е by maintenance/custodial е n asbestos-containing Amount Description of asbestos-containing n m staff(12) C (Specify SF or material to be material (ACM) С 0 a LF) abated in facility (13) Yes N/A p e 90 lf Ø pipe insulation basement 30 lf basement pipe Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. 19563 1 1/2 yards Tullytown Resource & Recovery Center Disposal Date City, State City, State Lincoln Park, NJ 07035 10/11/12 Tullytown, PA Signature Completed by (Print or Type) Title Date Gordana Luna Treasurer 10/09/2012

State of NJ Notification of Aspesios Assessor (Pursuant to NJAC 8:60-7 and 12:120-7) B & G proj. #: 2012-195 Date of Notification (1) 2012 OCT 16 ::: 5: 20 Name of Building Owner/Operator (2) 1 10 1/10 19 1/11 12 1 Juliet & Michael Fox Agencies Notified Type Notification & LICENSING Street Address ☐ EPA Initial 64 Charles Street DEP City, State, Zip Code DOL Amendment Bernardsville, NJ 07924 DOH. Name of Contact Telephone Number Cancellation ☐ DCA Pat Riley **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Juliet & Michael Fox Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 64 Charles Street Bldg. Age Square Feet # of Floors County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) Bernardsville, NJ 07924 Somerset residential Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-696-6869 0378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 10/19/2012 10/19/2012 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: Lincoln Park, NJ 07035 Scope of Work (check all that apply) Demolition Renovation Full Containment w/negative pressure Glovebag procedure >3 sf or >3 If ≥160 sf or ≥260 lf Mini-enclosure Non-friable procedure Is location normally used solely Location of E by maintenance/custodial е e asbestos-containing Amount Description of asbestos-containing staff(12) m material to be p C (Specify SF or material (ACM) C 0 abated in facility (13) a Yes No N/A 0 pipe insulation 7 lf

basement X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. 1/2 yard Tullytown Resource & Recovery Center City, State Disposal Date City, State 10/22/12 Lincoln Park, NJ 07035 Tullytown, PA Completed by (Print or Type) Title Signature Date Ciordana Luna Gordana Luna Treasurer 10/09/2012

# UK 42

Date of Notification (1) 10/9/2012  Agencies Notified Type Notification  EPA Initial Amended	PSE	e of Building Owr	er/Operato	r (2)		- Co 1	- 1	170	-					
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Emergency (including justification)  Cancellation		of Contact HARD STRAL	ice		Sign Sign Sign Sign Sign Sign Sign Sign	ne Numi	<u>કે//</u>	VG	IUL					
Cancellation		CILITY INFORM												
Name of Facility Where Abatement is Taking Place (3) PSE&G		·	ATION	Type of Facilit	y (4)	-				2				
Street Address				School (F	ool (K-12) chapter 8 (Other than K-12)									
FISH HOUSE RD. & PENNSYLVANIA AVE.				Other (i.e etc.)	e. private & con	dings	, hon	nes,						
City (5) KEARNY				Square Feet 500	# of Floo	ors	A	Bldg. A	Age K 75	YR				
County (6) HUDSON		y Code (7) E USE ONLY)		Current Use (Prior if being demolished) SWITCH STATION										
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS	AS	CM No.	ontractor (9) MS OF AME	RICA	INC	 ).								
Street Address 64 BROAD STREET	0		3 (0.50 ± 1.50) ± 0.505	Address WHITEHEAD	s EHEAD AVE.									
City, State, Zip Code MATAWAN, NJ 07747		**************************************		State, Zip Code ITH RIVER, N	J 08882			19 11						
Project Manager for Monitoring Firm  TOM GEIGER	120000000000000000000000000000000000000	none No. 290-2217	33 30 - 50 - 50 - 50 - 50 - 50 - 50 - 50	none No. 432-8350		nse No.								
Start Date (10) Scheduled (10/23/12 10/29/12	Completio	n Date (11)		of OSHA Monito		RICA I	NC							
Occupancy Status During Abatement (Check Only One)		<del></del>				-								
Facility Closed/Vacated During Entire Period of Aba Abatement Performed Outside of Normal Facility Ho Other – Describe:	tement ours		City, S	WHITEHEAD tate, Zip Code										
Scope of Work (Check All That Apply)			J 08882											
≥3 sf or ≥3 lf Ren	ovation nolition			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure										
	•••	T		J Non-Exempt	ed (*) and Non	-Friable								
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TO BE ABATED In Facility (13)  Mainte Custodii (1	olely by nance/ al Staff? 2)	Asbestos Co (i.e. them sui	ontaining M	laterial (ACM) insulation, T, or	Amount (Specify SF or LF)		(Specify		(Specify		Removal	Repair	Encapsulate	Enclosure
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NORTH NEEDT 11000E	-		ISITE PA		500 SF		2							
	+	l liva	10 SF	2	+	-	-							
Name of Registered Waste Hauler	NJDEP	Naste Cub	ic Yards	I Namo of										
VASTE MANAGEMENT	Hauler ID No. of Waste			Waste CROWS NOT						2				
City, State ELIZABETH, NJ	Disposal Date City, State 10/30/12 MORISVI				te SVILLE, PA					-				
Completed by Title OFFICE	CE MGR. Signature Date 10/9/2012						12							

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Date of Notification (1) 10/9/2012			Name of PSE&C	Building (	Owner/C	Operator	(2)	28	12.00	TIC					
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Emergency (ir justification)	cluding			Contact O'CON	INELL			-30.0	Tele	ephone Nu	mber	88			
DCA Cancellation				ITY INFO					-						
Name of Facility Where Abatement is Taking PSE&G	Place (3)	LE CAST						of Facility (4 School (K-1)	2)						
Street Address 13 EISENHOWER PARKWAY							X (	Subchapter Other (i.e. p etc.)	rivate &	commerc	ial build			s,	
City (5) ROSELAND							APP	e Feet X 8500		Floors 3	Α	ldg. A PPX	ge 78 \	/RS	
County (6) ESSEX		0	County C	ode (7) ISE ONLY)	_		Current Use (Prior if being demolished) CONTROL HOUSE								
Name of Monitoring Firm Hired by Building O ENVIRONMENTAL TACTICS	wner (8)		0045 UNIC					ne of Abatement Contractor (9) IIQUE SYSTEMS OF AMERICA INC.							
Street Address 64 BROAD STREET							Addres WHIT	ss EHEAD A	VE.	98.0000					
City, State, Zip Code MATAWAN, NJ 07747								p Code IVER, NJ	0888	2		2			
Project Manager for Monitoring Firm TOM GEIGER			Telephor 732-29	ne No. 00-2217			Telephone No. License No. 01111								
	Scheduled		pletion I	Date (11)			ne of OSHA Monitor NIQUE SYSTEMS OF AMERICA INC.								
Occupancy Status During Abatement (Check							Addres	ss EHEAD A	VF.	3					
Facility Closed/Vacated During Entire Pox Abatement Performed Outside of Norma Other – Describe:	eriod of Al al Facility	batem Hours	ent		_	City, S	State, Z	ip Code IVER, No		32				·	
Scope of Work (Check All That Apply)			4.1.11												
≥3 sf or ≥3 if ≥160 sf or ≥260 if		enova emolit				2	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					IFO.			
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_	10000000	Locati ormal				escription	- of					T	ре		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	Sole ntenar odial S (12)	ly by nce/		tos Cor therma surfa	ataining Nataining Nataining Nataining, VA	Material s insula \T, or	ation,	(	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure	
2ND FLR. MENS LOCKER ROOM	163	X	10/1	THER	MAL S	YSTE	MS IN	SULAT	1	00 LF	х				
								367							
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic	Yards		Name of	Regist	ered Landf	ill		L	L	
WASTE MANAGEMENT		1125 12										×			
City, State ELIZABETH, NJ		Disposal Date City, State 10/29/2012 MORR					LE, PA								
Completed by CAROL RAIMO	FICE MGR. Signature Date 10/9/2012						012								
	RUL RAINU OFFIC								1000						



Date of Notification (1) 10-11-2012				of Building Weinczy		Operator	(2)		20120	CTIC	. 4:		Till Sand		
Agencies Notified Type Notification  EPA Initial	ř.		Street A	Address Liverban	9734 	t	ı	A	SBE	CT 16	Mary 1	. (	): i	8	
DEP Amended Amendment		_ [		ate, Zip C gton Cit					& [	ICEN	co, Sia	VT.	ROL	e.	
Emergency ( justification)  DCA  Cancellation				of Contact ohn Wei			2 8		Tel	ephone	Numb	er			
Name of Facility Where Abatement is Taking Residence	g Place (3)		FAC	ILITY INF	ORMATI	ION	Туре	of Facility	(4)						
Street Address 158 Riverbank Street						-	×	School (K- Subchapte Other (i.e.	r 8 (Oth			buil	dings	, hom	es,
City (5) Burlington City, NJ		2011						etc.) are Feet 00	# 0	f Floors		Bldg. Ag 42			
County (6) Burlington			County Code (7) (STATE USE ONLY)					Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building C Health & Safety Services, LLC	Owner (8)							ne of Abatement Contractor (9) source Management Group, LLC							
Street Address 318 12th Street			Street Address 2115 Hamilton A					nilton Ave	e, Suite	e 202					
City, State, Zip Code Hammonton, NJ 08037						City, State, Zip Code Trenton, NJ 08619									
Project Manager for Monitoring Firm Mr. Jim Proctor			609-704-8850				one N 977-6			License 01185					
Start Date (10) 10-20-2012	10-29-2	012						HA Monitor onmenta		ratories	s, LL	С			
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P	eriod of Al	atem	Street Address 2333 Route 22 Wes						st				KOL ME		
Abatement Performed Outside of Norm Other – Describe: Coco + will	al Facility !	Hours	City, State, Zip Code Union, NJ 07083											h. 35965	
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	COLUMN 1	enovat emoliti				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedu						ure		
Location of	2000	ocatio			Des	a a sin ti a a							Abate	tement ype	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Custo	tenan	ice/		tos Conta thermal surfac		laterial s insula T, or		Amount (Specify SF or LF)			Removal	Repair	Encapsulate	Enclosure
Basement			Х		Duc	ct Pap	er		5	0 SF		х			
				-1					W-11-1-1-1						
N (5)		T.,													
Name of Registered Waste Hauler Newark Carting		Ha	IDEP Wauler ID 509		of Was			Name of Waste	contr.						
City, State Newark, NJ		Disposal Date TBD				City, State Morrisville, PA					$\neg$				
Completed by Brian Haney	pleted by Title						Date 10-11-2012								

						STATE OF	NEW IED	SEV.						
					NOTIFICA <sup>*</sup>	TION OF A		ABATEME				7.1	2	
					(PURSUA	NT TO NJ	AC 8:60-7	AND 12:120	-7	CL	eck	J41.	276	
Date of Notification	(1)							Owner / Ope IACEUTICA		RATION	D.		VED 3:42	
/	/					Street A	ddress				11 00	CET	1/2	
Agencies Notified EPA	Type of I		icatio	on			TH PLAZA ate, Zip Coo			2	N-2-	-,	4FD	
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☑ DOH				ment		Name of	Contact		7	Telepho	one Num	ber Al	13:10	
☑ DOL				ency v	w/ justification	KEN PIR	ROZZI			****	of cr.	Con	0.42	
	##33 Land			L	F	ACILITY	NFORMAT	ION			-10[	NSINU	TROL	
Name of Facility Wh NOVARTIS	ere Abater	ment	is Ta	aking	Place (3)		Type of	Facility (4)						
								School (F	K-12)					
Street Address									ter 8 (Othe					
1 HEALTH PLAZA									on private 8		ial			
City (5)	County (	6)	18.00		County Code	(7)	Square F		# Of Floo		Buildir	na A ao		
EAST HANOVER								N/A		I/A	Buildii	40-	+	
								Jse (Prior it		nolished)	7	2010		
Name of Maritani	ne of Manitoring Firm Hirod by Pldg. Owner (9)							RESEARCH					<u> </u>	
	ne of Monitoring Firm Hired by Bldg. Owner (8) LMAN ENVIRONMENTAL							Abatement		r (9)				
Stroot Add-sos			-					onmental Se	ervices Inc.					
Street Address 1600 ROUTE 22 EAS	Т						Street Ad	idress						
City, State, Zip Code							462 Getty	Avenue						
UNION, NJ 07083								e, Zip Code	)					
Project Mngr. For Mo	onitoring F	Firm			Telephone Nu	ımber	T							
MIKE NEHLSEN Sheduled Start Date	(10)	leak	and i	Come	908-688-7800 letetion Date (1	(4)	Clifton, N			Y				
10 / 22	/ 12	Scii	10		26	11)								
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Occupancy Status D	uring Abat	teme	nt (C	heck	Only 1)	1000		OSHA Moni						
Abatemen		ited L	Jurin	ig En	tire Period of			onmental Se	rvices Inc.					
		ed Oı	utsid	e of N	Normal Facility		Street Ad	aress						
Hours - De	escribe:		-				462 Getty	Avenue						
☑ Other - De	scribe: _	_MOI	N-FR	1 - 7:0	00AM - 3:30PM			e, Zip Code		•				
Scope of Work (Chec	k All That	Ann	(v)				Clifton, N.	07011						
			.,,											
Demolition			1		Renovation			ainment wit	th Negative	Pressure	•			
<ul><li></li></ul>							Mini - End	losure Procedure						
						占		npted (*) an		ble Proce	dure			
Location of Asbestos Conta			ls ocati	ion		Descript				Abateme	nt Type	1-		
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(13)		10000	y Ma enanc		ord	other misc	ellaneous)			V	A	P	0	
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EWARK, NJ						Disposal Date	City. State BETHLAHI							
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ompleted by (Print o	r Type)				Title .			Signature		1 /	า	Date		
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Date of Notification (1)	11 10 h	T	Name	of Buildin	g Owner/			DOI		100	AY		+	
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M DOH Justification		_	Name o	of Contac	<u>.                                      </u>		$\dashv$	WAIV	7 11	on horte	Hi be	VE	$\overline{H}$	-
DCA Cancella	jon			ew Hay	res FORMAT	AN .		AAVIA	<u> </u>	· · · · · · · · · · · · · · · · · · ·		- ·		- 5
Name of Facility where Abatement is Ya Werner Generating Station	long Place (a)	)		activity in	- Constant		Тур	School (K-1		·	1-217	endleTa	im titl men.	<del>-</del>
Street Address								Subchapter	8 (C)			141		
2 Lower Main St							X	Other (i e. p etc.)	577					nes
City (5) South Ambay							240	ara Feet ,000	7	of Floors	- 1	Bldg. 1929		
County (6) Middlesex				Code (7) USE ONL				ent Use (Pric ctrical Pov			hed)			
Name of Monitoring Firm Hired by Buildin Environmental Tactics	vg Owner (8)		ABC	M No				atement Con mediation			 ;			
Street Andress 64 Broad St			1			Street PO B	Addre	 153					(	
City: State, Zip Code						City S	tate 2	Esp Code	<del></del>					
Matawarr, N.I 07741-2534 Froject Manager for Monitoring Firm		-1	Telepho	ne No.		Phila	-	hia, PA 19	130	License I				
Tom Geiger		[_	609-517-							01167				
Start Date (10)	\$cheduloc 4/30/20		mpletion Date (11) Name of O ATC Ass					HA Monitor Iciates, Inc	}		0.000			g
Occupancy Status During Abatement (Ch	15					Street A		ss h St 10t	s Flo	or			_	
Facility Closed/Vacated During Entil Abatement Performed Outside of No Other – Describe:	e Period of Al xmal Facility I	oatem Hours	cri			City, St	ate, Z	ip Gode					*	
Scope of Work (Check All That Apply)						New	York	NY 1001	0					
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Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Gusto	Solel) tenan	y by cel	Asber (i c	thermal surface	enption sining M systems sing, VA I sisoolland	aterial incuto F. er	(ACM)	(ACM) Amount (Specify SF or LF)		Remova	depar.	Eucapsulah	E-leibhig
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Throughout Building	++		X	See	ettache	d ACM	Inve	nlory			Х		-	
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Alam of Doublin and Maria			- Pi-12		Tare									
Name of Registered Waste Haute Weigle Trucking Co		MB	IDEPW Inter ID V2912	No.	of Was			Name of R Minerva						
City State Linden, PA	*	1		<del></del>	Disposi TBD	al Date	<b>~</b>	Gity, State Waynesi		OH		-	en e	
Completed by	Titla		-			gnature			- (3)	The	to			
Torn Rock	PM				January .	11		n /		' 1	-	12	1	2