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

RECE Check #1249

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Pate of Notification (1)		Pa	scack \	Valley Re	gion	al Hi	gh Sens	600 strip	3 4	M 3: 39				4
Agencies Notified Type Notification		-		ess Avenue			456	ESTO	3.00	5. 39	0			
EPA Initial Amended Amendment #		Cit	y, State, a	Zip Code , NJ 0764	45		(LICE	NSI	NTROL NG	t			
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DOH justification) DCA Cancellation			III Fahe	y Y INFORM	ATIO	N						_		7
Name of Facility Where Abatement is Taking Place Pascack Valley High School	(3)		PAGILIT				Sch Sub	acility (4) nool (K-12) ochapter 8	10the	r than K-12) commercial	buildin	as. ho	mes,	
Street Address 200 Piermont Ave							Oth etc.	.)		Floors		. Age		\dashv
City (5) Hillsdale				20 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -			115000)	2	a demolish	40+	•		4
County (6)		C	ounty Co	de (7) E ONLY) _						ng demolish				4
Bergen Name of Monitoring Firm Hired by Building Owner	(8)	1	ASCM N 00117	10.		Name GL (of Abater Group, I	nent Contr	ractor	(9)				
Health & Safety Services Inc Street Address			00117		-	Street	Address		iko					
318 12th Street					-	City.	State, Zip	rg Turnp Code						\neg
City, State, Zip Code Hammonton, NJ 08037						Bloc	oomingdale, NJ 07403 ephone No. License No.						-	\dashv
Project Manager for Monitoring Firm		1	elephone	e No. 1-8850		201	-710-97	25	01084					
Start Date (10)			pletion D	ate (11)			e of OSHA Group,					22		
10-20-12 10-2 Occupancy Status During Abatement (Check Only	22-12 y One)					Stree	et Address		nika					1
Facility Closed/Vacated During Entire Period	of Aba	atem	ent			City,	State, Zip	Code						-
Abatement Performed Outside of Normal Fa Other – Describe:	icility Fit	Ours				Blo	omingd	ale, NJ (7403	3				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	= _	nova molit					Min	i-Enclosure	e cedure	th Negative e nd Non-Fria	ble Pro	cedure	e	
	ls Lo	ocat	ion									Abate Ty	ement	a'
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	No Used Maint Custoo	rma Sole tena	lly ely by ince/ Staff?	Asbesto (i.e. t	os Cor herma surf	al syste acing.	ion of g Material ems insula VAT, or llaneous)	(ACM) ation,		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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Old Wood Shop	-	^	+		٠.٣								_	1
	+		+							etorod I and	IFIII			
Name of Registered Waste Hauler		100	NJDEP V Hauler ID		of V	ic Yard Vaste	ds	GRO\		istered Land	utti			
GL Group, Inc			003303		TBI	oosal [Date	City, St	ate					
City, State Bloomingdale, NJ					TBI	D	oture		sville, PA					
Completed by	Title Presid	den	nt			Sign	2	lem Sto	lla		10-19	-201	2	

1		P		CATIO	N OF ASE	ew Jersey BESTOS ABATEN 8:60 and 12:120	MENT REC	EIVED	26	8	4		
Date of Notification (1)	2012			Name Brya	of Buildin	g Owner/Operator sky	2012 OCT 22	ED					
Agencies Notified EPA	Type Notifica					8:60 and 12:120 g Owner/Operator sky Street	SESTOS	AM 3: 36	i				
DEP DOL		ent #_ cy (includi	ng	Som		NJ 08876	& LICEN	Telephone Nur	abor				
DCA DCA	justificati Cancellat			0.50	of Contact Burens			Telephone Val					
			-	FA	CILITY IN	ORMATION	3%						
Name of Facility Where Residence Street Address 11 Division Street	Abatement is T	aking Pla	ce (3)					2) 8 (Other than K-1 private & commerc		dings	ı	unitw u	
City (5) Somerville							Square Feet 1,500 SF	# of Floors	3.5		Age		
County (6)					nty Code	(7) (STATE		rior if being demo					
Somerset Name of Monitoring Firm	Hired by Build	ding Owne	er	ASCM			nent Contractor (
(8) <u>N/A</u>							l Construction	n, Inc.		_			
Street Address		2)				Street Address 1360 Clifton,	Avenue, PM	B Suite 218	Suite 218				
City, State, Zip Code						City, State, Zip C Clifton, NJ C							
Project Manager for Mor	nitoring Firm		Те	lephone	No.	Telephone No. 973-389-00	89	License No. 00693		244-1-2			
Start Date (10)	- 18	Scheduled	Compl	etion Da	ate (11)	Name of OSHA			Number NK-1 2) Imercial buildings, ITS Bldg. Age 70+ Idemolished) 8 No. 3 18 Ure Procedure Abatement Type type X X X X X X X X X X X X X				
10/28/2012		10/29/2					Construction	n, Inc.					
Occupancy Status Durin						Street Address	Avenue, PM	IB Suite 218					
Facility Closed/Vacat						City, State, Zip C		ID CONCE TO					
Other - Describe:						Clifton, NJ 0	7012						
Scope of Work (Check a >3 sf or >3 If >160 sf or >260 If	all that apply)		Renova Demo			Mini-En Goveba	ag Procedure	egative Pressure Non-Friable Proc	edure		· · · · · · · · · · · · · · · · · · ·		
	o.f		s Locat Normal	ly		Description of						t	
Location Asbestos-Containing N TO BE ABA IN Facilit (13)	/laterial (ACM) TED	M	aintena Custod staff1 (12)	nce/ ial		tos Containing Mat , thermal systems i surfacing, VAT, other miscellaneo	terial (ACM) nsulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
		Yes	s No		D'/E1	l Ye avlation		150 LF	v				
Crawl Space		_	-	X	Pipe/El	bow Insulation		130 LT	^	-	-	-	
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		_	-	-									
Name of Registered Wa	ste Hauler		1	NJDEP Hauler I		Cubic Yards of Waste		istered Landfill					
Service Transport G	roup			20990	<u> </u>	Disposal Date	Minerva L City, State	andfill					
New Castle, DE		Lwe				10/18/2012 Signature	Waynesbu	rg, OH	_	_			
Completed By Krutarth Jagad		Project	Mana	ager		Signature			3/2012				



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

	(P	ursuant to	NJAC 8:6	0 and 12:120)		RECE	11/2		TO ANNO SE	
ate of Notification (1) 0/19/2012	7	Name of B	uilding Ow ell Board	ner/Operator of Education	(?) on	201	RECE 2007 23	1 y has	D		
gencies Notified Type Notification		Street Add		venue			2001 23	AM 3	35		
EPA Initial Amended Amendment #		City, State River Ed	, Zip Code dge, NJ (** _N J	& LICEN	CONTI	ROL	î	
DOH justification) DCA Cancellation	uding	Name of C	Contact Bonfigli	0			Telephone N	lumber	Q'	•	
Name of Facility Where Abatement is Taking PI	ace (3)	FACILI	TY INFOR	MATION	Type of	Facility (4)		14 - 2			
River Dell Middle School						hool (K-12)) (Other than K	12\		9	
Street Address 230 Woodland Avenue					Ot	her (i.e. pri	vate & comme	rcial build	lings, l	nome	s,
City (5) River Edge			-		Square		# of Floors	В	dg. Ag	je	
County (6) Bergen	31 14	County Co	ode (7) SE ONLY)		School		if being demo	lished)			
Name of Monitoring Firm Hired by Building Own Ahera Consultants, Inc.	ner (8)	ASCM 0057	No.			ment Cont any, Inc.					
Street Address PO Box 385	e. 101	to the second	na Kartinia Nation		Address Flaget						
City, State, Zlp Code Oceanville, NJ 08231	A HIT	2 2 mag * *	* * * * * *		State, Zip on, NJ						
Project Manager for Monitoring Firm John Smoyer		Telephon 609-65		77	hone No. -253-88		Licens 0070				
	cheduled C 1/11/201:	ompletion D	Date (11)		of OSHA C Co.,Ir	A Monitor	2.11.2.11.11.1	, , , ,			
Occupancy Status During Abatement (Check C	Only One)			Stree		S					
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: Scope of Work (Check All That Apply)	riod of Abat Facility Ho	ement urs		City,	S ate, Zir	300	Francisco	, ,;,			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation olition	odiski y	منحدو الداري ميكان	Full Mini	Containme	ent with Negati	1		·A	
		cation	l .	20131 20131	e 31 ve vil	Transfer of	() und Horri	I	Abat	emen /pe	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainte Custodi (1	olely by nance/ al Staff? 2)		Description Description Containing thermal system surfacing, Nother miscell	Material ms insula /AT, or	tion,	Amount (Specify SF or LF)	oval	Repair	Encapsulate	
Various Locations	-		e Ma de Co lois		الله المالية ا		636 LF		-		+
Various Locations	30320 - 1	X 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PIF	e & Fitting	· 10 t // 10 t	2 - 12 (21.) 11 11	030 LF	x	-	-	+
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		. 110/10			113131				+-	-	\dagger
Name of Registered Waste Hauler Newark Carting, Inc.	4.5	NJDEP W Hauler ID		Cubic Yards of Waste	2 - 11-7 2 -	Name of G.R.O.	Registered La	ndfill		1	1_
City, State Newark, NJ		05409	-	20 Disposal Da 11/12/12		City, Stat	deneations is	rgr r sat.	17		
Completed by Voytek Roszkowski	Title Preside	nt		Signati	A DOMEST	25/20	43b41 11	Date 10/19	2012		-
ASB-41 (R-06-08)) (1	Motor Section (Company (Company) (Company)	4	* Do	not use t	17.6461	r asbestos lice	nsure exe			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

				(Pu	irsuan	t to NJA	C 8:60 and 5:16	B) RE	23 AM 3:	59						
Date of Notification (1)		. ====================================		VE-58724	Name	of Building	Owner/Operator (2)	PHYE)	anicili					
	16 /	12			Ste	ve Sacha	row	2012 OCT	22							
Agencies Notified	Type Notific	ation			Street	Address			< 3 AM 3:	34						
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⊠ DOLWD	☐ Amende				City, S	tate, Zip C	ode	& 110	CONTRO	71						
☐ DHSS	Amendm Emerger	ociaca il iligi-			Mar	gate, NJ	08402	10	ENSING.	- A-						
(NJAC 5:23-8)	justificat		ciuding		Name	of Contact			Telephone Nur	m(g)						
	☐ Cancella	ition			Ste	ve Sacha	row									
				7.11.	FAC	ILITY IN	FORMATION				200					
Name of Facility Where A	batement is	Taking	Place	(3)				Type of Facility (4)							
Residential								School (K-12)		۵۱						
Street Address								☐ Subchapter 8 ☐ Other (i.e., pr			bui	ldina	s.			
6 N Clarendon Ave								homes, etc.)					34			
City (5)								Square Feet	# of Floors		Bld	g. Ag	je			
Margate								3,000	2		5	0+				
County (6)			æ		Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demo	lished	d)					
Atlantic								House								
Name of Monitoring Firm	Hired by Buil	lding C	wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)			-8%					
AET, Inc							BRISTOL EN	VIRONMENTAL	., INC.							
Street Address					- 17		Street Address									
28 Pennell Rd					1123 BEAVER STREET											
City, State, Zip Code					City, State, Zip Code											
Media, PA 19063					BRISTOL, PA 19007											
Project Manager for Moni	toring Firm				Pelephone No. Telephone No. License No. 610-891-0114 215-788-6040 00509											
Eric Sutherland				1			215-788-6040		00509							
Start Date (10)	1000				tion Da		Name of OSHA M		INIC							
10 /29 /					/ _			VIRONMENTAL	., INC.							
Occupancy Status During		70					Street Address									
☐ Facility Closed/Vacate	7 3 (1)						1123 BEAVE									
Abatement Performed Time of Abatement: 7						cribe	City, State, Zip Co BRISTOL, PA									
Scope of Work (Check all	that apply)						D.1.0.102,17							700		
≥3 sf or ≥3 lf			⊠ Re	novet	ion		☐ Full Con	tainment with Neg	ative Pressure							
\(\sum_{\geq} \) ≥160 sf or ≥260 lf			☐ De	moliti	on			g Procedure								
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				Loca Iorma							Aba	atem	ent T	_		
Location Asbestos-Containing I	759 - 15 July 1960 1960	M	100		ely by	Ashe	Description of stos Containing Ma		Amount		Re	Re	m	Enclosure		
TO BE ABA		•,	55000000	intena			., thermal systems		(Specify		Removal	Repair	8	clos		
IN Facilit	ty		Cusi	(12)	Staff?	100	surfacing, VAT other miscellane		SF or LF)		a		Encapsulate	ure		
(13)			Yes	No	N/A	1	other miscenarie	ous)					ē			
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SERVICE TRANSPO	ORT GROU	P, IN	3.		lauler II 20990		Waste	MINERVA	LANDFILL					200		
City, State							Disposal Date	City, State		000000	- 10					
NEW CASTLE, DE 1	9720							WAYNESB	URG, OH 446	88						
Completed By (Print or Ty	ype)	Title)			76	Signature	1 1 -	1.	Date	,	1,,	1.	n		
Brian Scafiro		E	stima	tor		1	Brian	Scalus	1.1l	1	0/	16	/1.	1		
ASB-41	. 1							La la la Maria	1							

ASB-41 MAY 11 B 5 12/02

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

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

2012-207 B & G proj. #: Date of Notification (1) Name of Building Owner/Operator (2) 1 0 / 1 9 / 1 12 Dorothy & Richard Salerno Agencies Notified Type Notification Street Address ☐ EPA 冈 Initial 202 Scolles Avenue DEP City, State, Zip Code Amendment DOL Clifton, NJ 07013 Telephone Number DOH. Name of Contact Cancellation ☐ DCA Dorothy & Richard Salerno **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Dorothy & Richard Salerno Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age 202 Scolles Avenue County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) residential Passaic Clifton, NJ 07013 Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. B & G Restoration, Inc. n/a Street Address Street Address 105 Ryerson Road Ćity, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Phone Number Project Manager for Monitoring Firm 0378 973-696-6869 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. Street Address 10/30/2012 10/30/2012 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 Renovation Full Containment w/negative pressure Non-friable procedure Mini-enclosure >160 sf or ≥260 lf >3 sf or >3 lf Is location normally used solely E Ε Location of e e by maintenance/custodial n Amount asbestos-containing n Description of asbestos-containing m p staff(12) C (Specify SF or material to be material (ACM) C 0 a a abated in facility (13) ٧ Yes No N/A i p e 9 lf \boxtimes pipe insulation basement crawl space Name of Registered Landfill NJDEP Hauler ID# Cubic Yards of Waste Registered Waste Hauler 19563 Tullytown Resource & Recovery Center 1/2 yard B & G Restoration, Inc. Disposal Date City, State City, State 10/31/2012 Tullytown, PA Lincoln Park, NJ 07035 Signature Date Completed by (Print or Type) Title Gordana Luna 10/19/2012 Gordana Luna Treasurer

State of NJ Notification of Asbestos Abatement B & G proj. #: 2012-206 (Pursuant to NJAC 8:60-7 and 12:120-7) ***Emergency**RFCCI

APPROVED
NJ Dept. of Health & Senior Services
Check # 22 (Algantum)

							***Eme	rge	ncy**RFO	111/2-	Check	(# 22 /	Signatu	G)		
Date of Notification	(1)		11	Name	of Buik	lina O	wnan'Operator (2	2)	2012 con	IFEL	Date:_	10	94	Пле	1	٠, ٩
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Agencies Notified	Type Notif	ication	7	Street /		\$	**************************************	_	3	111 3.	28		92100	- ++ i n		000000
☐ EPA	⊠ Initi	al		-	ormai	THE PROPERTY.	MANAGEMENT		ASBESTOS & LICEN	Pau				E		
⊠ DOT	☐ Ame	andman	.	City, Si					& LICEN	SING	UL.			-		
⊠ рон	102-0020 102-0020		1	Vanne o	ntolair of Contr	MINISTER AND MARKET	7/043	-			elephor	ne Numi	190			28
☐ DCA	☐ Cano	cellation		Jeff	Smith	<u>.</u>							-			
						FA	ACILITY INFORM	IAT K	ON -			•				
Name of facility wit	ere abateme	int is tak	ing p	lace (3)	1					Type of	Facility ((4)				
Jeff Smith									and the same of th			M (K - 1 apter 8	2012000000	than	W 15	м
Street Address			MI POR SERVICE		-	-	* * * * * * * * * * * * * * * * * * * *				Other (Private	Comn			-,
58 Normal Ave	nue									Square	THE RESERVE AND PERSONS ASSESSMENT	Homes # of Flo	ALC: UNKNOWN	Т	Bldg.	Age
City (5)			Cou	nty (8)		a milween		1000000	ounty Code (7)				·			
Montelair, NJ			Ess					(S	tabe use only)	Current residen		ior if be	ing de	molis	hed)	
Name of Monitoring	Firm Hired b	oy Bidg.	Owin	er (g)			ASCM No.		Name of Abatement	Contractor	(8)					
n/a Street Address		***********							B & G Restorati	on, Inc.						
Stiett Vadions									Straat Address 195 Ryerson Ro	s.d						
City, State, Zip Code								-	City, State, Zip Code	251		(-		-
								_	Lincoln Park, N	1 07035						
Project Manager for I	Monitoring Fi	ım			Phon	e Num	ber	\neg	Telephone Number			Licens		ber		
214 5	. 63	-							973-696-6869 Name of OSHA Mon	tor		0378		-		
Scheduled Stan Date	a (1Q)			Comp	iedou i) ((11)		B & G Restoration	7775-67						
10/22/2012 Occupancy Status D	uine Abatom			/2012	,—				Street Address			0.0				***************************************
ズ Facility closed∧	vacated durin	ıg entire	perio	nd of ab	ateme	nt.		1	105 Ryerson Roa City, State, Zip Code	rd						
Abatement peri	formed outsid	de of no	mai f	acility h	ours-				ony, came, zap code					8.5		
Other-Describe								-1	Lincoln Park, NJ	07035			-			
Scope of Work (chec													***		74	
□	×								full Containment w/neg	ative pressu	re _	Glove	100			
				normal	lly meas	Folet			Aini-enclosure			Non-fi	iable p	proce	dure	
Location of asbestos-conta	ining		ainte	nance/c				ofa	sbestos-containing	Arno	attent		e	e	n E	E
material to be abated in facility	y (13)	Yes	1	No	T	N/A	material (A			(\$pa	icity SF	or	m e	s	C	c
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asement	,	-	-			X	boiler insulat	Market Market		52 sf			X			
basement		-	4		#	<u>X</u>	pipe insulation	n		20 lf			M			旦
			=		-			-		-			밁	밁	4	口
	#		-	-1-				-	**********		-	뷔	4	H		
legistered Weste Hau B & G Restoration,			JDE1	Haule	#O#	4 .	ubic Yards of Ws	ete	Name of Registered L	andfill	-		الا	ا ليا	<u>u</u>	
Ry, State		Cisp	osef D	yard ate	-	Tullytown Resource City, State	ce & Reco	very Ce	enter							
Lincoln Park, NJ 0			محسود			/23/13			. Tullytown, PA							
completed by (Print or	Type)	Titie		******			Signature	-	_) (Date				
Gordana Luna		Treas	mer,			9		3	Gendama Luma		1 1	0/10/0	010			

B & G proj. #: 2012-206

State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7)

***Emergence (Pursuant to NJAC 8:60-7 and 12:120-7)

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Date of Notification	(1)	N	ame of Bu	ilding Owr	er/Operator (2)	201	DOCT OF AM O	C 0					
1 10 1/1 19	<u> </u>		Jeff Smit	h		45	12 OCT 23 AM 3	29					
Agencies Notified	Type Notificat		reet Addre			A	BESTOS CONT	BAI			_		
EPA	✓ Initial	1	58 Norm	al Avenu	e	- C	& LICENSING			-X			
DEP			ty, State,	Zip Code				V)					
⊠ DOL	Amendr	ment	Montela	ir, NJ 070	043								
□ DOH	_		me of Co					Telephor	ne Numbe	er			
☐ DCA	L Cancella	ation	Jeff Sm	ith									
	***************************************			FAC	ILITY INFORM	IOITAI	۸ .		•				
Name of facility wh	nere abatement i	s taking pla	ce (3)		***************************************		T	Type of Facility	(4) ol (K - 12	· ·			
Jeff Smith							17	=	apter 8 (100	han k	(_12)	
Street Address					M*************************************			Name of the second	(Private/0			-12)	
58 Normal Ave	enue							Bldgs.	/Homes,	etc.		lda /	100
City (5)	nuc	Coun	ty (6)			Cor	unty Code (7)	Square Feet	# of Floo	115	١	ldg. A	nge .
Oily (0)			· , (-)				ate use only)	Current Use (P	rior if bei	na der	nolish	ed)	
Montclair, NJ	07043	x					residential				/		
Name of Monitorin	g Firm Hired by I	r (8)		ASCM No.		Name of Abatement C	ontractor (9)						
n/a						B & G Restoration	i, Inc.						
Street Address							Street Address						- XXII
						_	105 Ryerson Road	l					
City, State, Zip Cod	е						City, State, Zip Code						
Project Manager for	Monitoring Firm		Tpi	none Numb		_	Lincoln Park, NJ Telephone Number	07035	License	Missee			
Project Manager for	Monitoring Firm	No.	l Pi	ione Numi	ber		973-696-6869		0378	Num	ber		
0.1.1.1.01.1.0	1- (40)	Tooksal	0	D-t- /4		_	Name of OSHA Monito	or	0370	-			
Scheduled Start Da	te (10)	Sched.	Completi	on Date (1	1)		B & G Restoration						
10/22/2012		10/22					Street Address						
Occupancy Status I		1000					105 Ryerson Road	i					
Facility closed	d/vacated during erformed outside						City, State, Zip Code	Wastresto.					
Describe:						-	Lincoln Doule NI	07025					
Other-Describ							Lincoln Park, NJ	07033					_
Scope of Work (ch	-					N -			٦	*	0.00		
		Renovation				<u> </u>	ull Containment w/nega	itive pressure	Glove				
>3 sf or >3 lf	Ц	≥160 sf or ≥	<u> </u>			Ц,	Mini-enclosure		Non-f			dure	,
Location of asbestos-con	toining	by mainte		used solel todial	1	1 (2)	100 N 100 W	Amount		e	R	E n	E
material to be	9	staff(12)			Description material (sbestos-containing	(Specify S	F or	m o	p	С	n
abated in faci	ility (13)	Yes	No	N/A		,		LF)		v	a i	a p	Ľ
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basement					pipe insulat			20 lf		X	Ħ	뉴	卅
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Registered Waste H			P Hauler	200	ubic Yards of V	Vaste	Name of Registered L			1			
B & G Restoration	on, inc.	195	33	_	l yard		Tullytown Resour	ce & Recovery	Center				
City, State Lincoln Park, N	J 07035			Disposal Dis			City, State . Tullytown, PA						
Completed by (Print		Title			Signature				Date				
Gordana Luna		Treasurer					Gordana Luna		10/19/	2012			

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

2012-205 B & G proj. #: Date of Notification (1) Name of Building Owner/Operator (2) 1 10 /1 9 /1 2 Tim Enchelmaier Agencies Notified Type Notification Street Address ☐ EPA X Initial 105 Clinton Road DEP City, State, Zip Code DOL Amendment Fairfield, NJ 07004 DOH. Name of Contact Cancellation ☐ DCA Tim Enchelmaier **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Tim Enchelmaier Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. # of Floors Blda, Age Square Feet 105 Clinton Road County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) Fairfield, NJ 07004 Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) 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 License Number Telephone Number Project Manager for Monitoring Firm Phone Number 0378 973-696-6869 Name of OSHA Monitor Scheduled Start Date (10) Sched, Completion Date (11) B & G Restoration, Inc. Street Address 10/29/2012 10/29/2012 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 ☐ Glovebag procedure Renovation Full Containment w/negative pressure Non-friable procedure Mini-enclosure \times >3 sf or >3 If ≥160 sf or ≥260 lf E Is location normally used solely E Location of n by maintenance/custodial Amount asbestos-containing n Description of asbestos-containing m C staff(12) (Specify SF or material to be material (ACM) 0 a a abated in facility (13) Yes No N/A p VAT & Mastic 70 sf X 1st floor hallway 1 sf flue packing garage area Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# 19563 Tullytown Resource & Recovery Center B & G Restoration, Inc. 1 yard Disposal Date City, State City, State 10/30/2012 Tullytown, PA Lincoln Park, NJ 07035 Signature Completed by (Print or Type) Title Gordana Luna 10/19/2012 Treasurer Gordana Luna

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

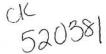
2012-198 B & G proj. #: Check # 5572 Date of Notification (1) Name of Building Owner/Operator (2) 1 10 1/1 19 1/1 12 Michael Doyle Type Notification Agencies Notified Street Address ☐ EPA 265 West Passaic Avenue 冈 Initial ☐ DEP City, State, Zip Code Amendment DOL Rutherford, NJ 07070 Telephone Number Name of Contact X DOH Cancellation ☐ DCA Michael Doyle FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) ■ Subchapter 8 (Other than K-12) Michael Doyle Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age # of Floors Square Feet 88 Joyce Road County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) Bergen Tenafly, NJ 07670 Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) 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 License Number Telephone Number Phone Number Project Manager for Monitoring Firm 0378 973-696-6869 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. Street Address 10/31/2012 10/31/2012 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) Full Containment w/negative pressure ☐ Demolition Renovation ■ Non-friable procedure Mini-enclosure \times >3 sf or >3 lf ≥160 sf or ≥260 lf Is location normally used solely E Location of e е by maintenance/custodial n Amount m n asbestos-containing Description of asbestos-containing p C staff(12) (Specify SF or material to be material (ACM) 0 a a abated in facility (13) Yes No N/A p e 42 lf X pipe insulation boiler room X 12 lf pipe insulation storage room 24 lf pipe insulation laundry room Name of Registered Landfill Cubic Yards of Waste Registered Waste Hauler NJDEP Hauler ID# Tullytown Resource & Recovery Center 19563 1 yard B & G Restoration, Inc. Disposal Date City, State City, State 11/1/2012 Tullytown, PA Lincoln Park, NJ 07035 Signature Date Completed by (Print or Type) Title Cordana Luna 10/19/2012 Gordana Luna Treasurer

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check #4

1210-4565 Check #4610

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

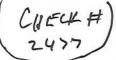
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Joe White

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

RECEIVED 2012 OCT 23 AM 3: 25 Name of Building Owner/Operator (2) Date of Notification (1) Exxon-Mobil Technology Corp 10/22/2012 Street Address Agencies Notified Notification Type 600 Billingsport Road () EPA (X) Initial Notification (X) DOL () Amended Certification City, State, Zip Code (X) DOH () Cancelled () DCA Paulsboro, NJ 08066 Name of Contact Tel Number Bill Nelson **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) () School (K-12) () Subchapter 8 (other than K-12) Exxon-Mobil Technology (X) Other (i.e. private & commercial bldgs., homes, etc. Street Address ___ # of Floors_ 600 Billingsport Road County Code (7) City (5) County (6) Bldg. Age outside pipe line Paulsboro Gloucester (State Use Only) Current Use (prior if being demolished) Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. NCM Demolition and Remediation, LP Environmental Management International Street Address Street Address 395 Turner Industrial Way 34 East Germantown Pike City State, ZipCode City, State, Zip Code Aston, PA 19014 East Norriton, Pa 19401 Telephone Number License Number Project Manager for Monitoring Firm Telephone Number 484-480-8931 01066 Ray Giordano 610-277-0405 Name of OSHA Monitor Scheduled Start Date (10) Scheduled Completion Date (11) 11/05/12 11/06/12 **EMSL Analytical** Street Address Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement 107 Haddon Ave () Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe segregated area, no other trades outside work Westmont, NJ 08108 Other - Describe -Source of Work (Check all that apply) () Demolition (X) Renovation) Large Proj. >160 SF or >260 LF ACM) ()M Proj. (>25<160 SF or >10 <260 LF ACM) (X) Minor Proj. (<25 SF or <10 LF ACM)) Full Containment with Negative Pressure (X) Mini-Enclosure () Glovebag Procedure Description of ACM (i.e. Amount (Specify SF or LF) Is Location Normally Used Abatement Type Location of Asbestos-Containing Material (ACM) in Solely by Maint./Custodial thermal systems insulation, surfacing, VAT, or other Facility (13) Staff? (12) Rem. Encap Enclose Rep. YES NO miscell.) X Outside Pipe Line X **ACPI** 10 LF Cubic Yards of Waste Name of Reg. Landfill Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Gloucester County Solid Waste Auth. 3175 1 cvds Onyx Waste Services City, State Disp. Date City, State 11/07/12 Swedesboro, NJ Woodbury, NJ Completed by (Print or Type) Signature <u>Date</u> 10/22/12 Project Manager Jayk WKO



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

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Occupancy Status D Facility ClosedVi Abatement Perfor Other - Describe Scope of Work (Che 23 st or 23 if 2160 st or 2260 Loca Asbestos - Contain TO BE IN F	During Abatement (Che acated During Entire Permed Outside of Normal eck all that apply) If Bation of ning Material (ACM) ABATED Facility (13) ED I WE ed Waste Hauler M C O LNC	Ck only or end of At Facility I	ovation ovatio	by bel	Sueet Addres Sueet Addres 3 6 9 9 City, State, 24 Minimum Common Com	Containment with Enclosure rebag Procedure. Exempted (1) is the state of the state	O D O O O O O O O O O O O O O O O O O O	egative P	ressure le Proced mount pecity or LF)	Removal *	Rappe	
Occupancy Status D Facility ClosedVi Abatement Perfor Other - Describe Scope of Work (Che 23 st or 23 if 2160 st or 2260 Loca Asbestos - Contain TO BE IN F	During Abatement (Che acated During Entire Permed Outside of Normal eck all that apply) If Bation of ning Material (ACM) ABATED Facility (13) ED I WE ed Waste Hauler M C O LNC	Ck only or end of At Facility I	ovation ovatio	by bel	Sueet Address 3 6 9 9 City, State, Zig Minimum Oescription Non Description Non Oescription Surfacing, Vine Surfacing, Vine Transport Site Obsposal Containing Other myscell Disposal Containing Other myscell	Containment with Enclosure rebag Procedure. Exempted (*): a containment with Enclosure rebag Procedure. Exempted (*): a containment (ACM ms insulation. /AT, or an eous)	O D O O O O O O O O O O O O O O O O O O	egative P	ressure le Proced mount pecity or LF) d Landfill , M.	Removal &	Rappe	
Occupancy Status D Facility ClosedVi Abatement Perfor Other - Describe Scope of Work (Che 23 st or 23 if 2160 st or 2260 Loca As Desios - Contain TO BE IN F	During Abatement (Che acated During Entire Permed Outside of Normal eck all that apply) If Batton of ning Material (ACM) ABATED Facility (13) I D I W ed Waste Hauler	Seck only or crick of At Facility II Ren Derr Used Main Cu S	ovation ovatio	by by bel NIA X - UDEP Wall-author D N (7 9 0)	Sueet Addres 3 6 9 9 City, State, Zig City, State, Zig Municipal State Oescription Asbestos Containing (i.e., thermal syste surfacing, volter myscell Truntis I	Containment we Enclosure rebag Procedure Exempted (*): On of Material (ACM ms insulation. /AT, or aneous) TE Is Name Lure	O D O O O O O O O O O O O O O O O O O O	egative P	ressure le Proced mount pecity or LF) d Landfill , M.	Removal *	Rappe	
Occupancy Status D Facility ClosedVi Abatement Perfor Other - Describe Scope of Work (Che 23 st or 23 if 2160 st or 2260 Loca Asbestos - Contain TO BE IN F	During Abatement (Che acated During Entire Permed Outside of Normal eck all that apply) If Bation of ning Material (ACM) ABATED Facility (13) ED I WE ed Waste Hauler M C O LNC	Ck only or end of At Facility I	ovalion ovalio	Dy wel	Sueet Address 3 6 9 9 City, State, Zig Minimum Oescription Non Description Non Oescription Surfacing, Vine Surfacing, Vine Transport Site Obsposal Containing Other myscell Disposal Containing Other myscell	Containment with Enclosure rebag Procedure. Exempted (1) is the state of the state	A D State	egistered, C	ressure le Proced mount pecity or LF) d Landfill , M.	Removal &	Rappe	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

24	77 /			State of N	ew Jersey							
			TFICATI	ON OF ASI	BESTOS ABATEM		REC	P				
		(Pursual	it to NJAC	8:60 and 12:120)	201-	c/1	1-	۵.		
Date of Notification (1)	117/12		Nar		DANDS CO		REC 2012 OCT 23					
Agencies Notified	Type Notification	1	Stre	et Address			STAC	417	3: /	ج	7	
	[2] Initial		_	300	77 71.	1 ST,	27/05			2	_	
₩ BPA ₩ DEP	Amended Amendment		City	, State, Zip	Code	- N T	082 493	JAT	Roi			
Ø por	Emergency (i				ISLE CIT	-Y, N, J.		MG	10/	==	\dashv	
DOH	justification) Cancellation			ne of Conta	THE		Telephone Number	ar.	-	7		
□ 0CA	Carcelator			-120014		'				_	=	
				ACILITY IN	FORMATION	Type of Facility	(4)				\dashv	
Name of Facility Where	Abatement is Takir	ng Place (3)			School (K-12						
	SIDENCE	ž				Subchapter	8 (Other than K-12)	L				
Street Address 3 4	9 47 +1	PLI	100			homes, etc.) Square Feet	nvate & commercial		ngs.	e	\dashv	
City (5)	A ISLE	C 17	-4					_			_	
County (6) CAPE	MAY		Co	unty Code (E ONLY)	7) (STATE	V A	ior if being demolish	160)				
Name of Monitoring Firm		Owner	ASC	VI No.	Name of Abatem				V Co			
(8) N/A Street Address												
Step 7 Tip Code												
City, State, Zip Code City, State, Zip Code MOPLE SHADE, N.J., 08052												
Project Manager for Mon	itoring Firm	[.7]	elephon	e No.	Telephone No.	9-0472	License No.	14			_	
Start Date (10)	Sche	duled Com	pletion (Date (11)	Name of OSHA N	Monitor V						
10/29/12	1	1./5	11.		705	GPH FC	EMM				터	
Occupancy Status Durin	g Abatement (Che	ick only on	e)		Street Address	S Spn	10 LE 2 UC.					
T Facility Closed/Vacate	ed During Entire Po	eriod of Ab	atement		2 0 7 C						=	
Abatement Performed	d Outside of Norma	al Facility F	lours		City, State, 22p C	OLF SI	LDDE, N.	J. (08	05	2	
Other - Describe:												
Scope of Work (Check a	ill that apply)				Full Cor	ntainment with Ne	gative Pressure					
≥3 sf or ≥3 lf		☐ Reno	vation		Mini-End Gloveba	an Procedure						
≥160 sf or ≥260 lf	224 -0255-0	& Delik			Non-Exe	empted (*) and N	on-Friable Procedu	e A	bater	ment		
		Is Loc							Typ	ж		
Location of	of	Used S	clely by		Description of stos Containing Mat	f terial (ACM)	Amount			m		
Asbestos-Containing &	datenal (ACM)	Mainte	nance/ odial	Asbe (i.e	thermal systems i	nsulation,	(Specify	Re	R	Encapsulate	Enclosure	
TO BE ABAT		Sta (1	iff?	,	surfacing, VAT, other miscellaned	, or	SF or LF)	Removal	Repair	usc	uso	
(13)	82.00	Other Hascondine	J		₽		ate	œ				
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Name of Registered Was	ste Hauler			P Waste ID No.	Cubic Yards of Waste	Name of Keg	1, C, M.V.					
KLOMCO			17	904		City, State						
City. State		, (-	N,J		Disposal Date		OF BINE !	UJ				
		1111			Signature		Date	1,.	1		*	
Completed By	Tib	e V	IP		Jour	en Keln	m 10/	17	112			
JOSEPH K	LOMM -											

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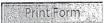
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120) TECEIVED

No. of the last of						-		No.				\neg
Date of Notification (1)	117/12			Name	of Buildin	Owner/Operator	20073xcT	ion	`			
Agencies Notified	Type Notification				Address		AP.	3:62				٦
	[X] Initial				300	ファクサ	KES ZIV				=	=
DA BPA DA DEP	Amended Amendment #_		Γ	City, S	tate, Zip C	ode O	= LICENSIN	JA01-43				
Ø DOF	Emergency (inc	luding	ī L			ISLE CI	HIE BICH T	Telephone Number				ᅱ
DOH	justification) Cancellation				of Contac	(A) (A)		1 Biobliotic House				1
□ DCA	- Carlocizion				20014			· · · · · · · · · · · · · · · · · · ·				ㅓ
				FAC	ILITY INF	ORMATION	Type of Facility	(4)		-	-	\dashv
Name of Facility Where	Abatement is Taking	Place	(3)				School (K-12					
	FSIDENCE	==					C Subchapter 8	3 (Other than K-12)	سناسان عا		1	
Street Address	-8 58TM	5 -	٠.			95	homes, etc.)	ivate & commercial	DUNION	iys,		
	-6 30/M						Square Feet	# of Floors	Bldg	. Age	•	
City (5)	A ISLE	C,	174					<u></u> .	<u></u>	_	==	_
County (6) N				Coun	ty Code () (STATE	Current Use (Pri	or if being demolish	ed)			
Coding (o) CAPE	MAY			USE	ONLY)		1			_		=_
Name of Monitoring Fin	m Hired by Building O	wner	7	ASCM N	Vo.	11	nent Contractor (9)					
(8) A	U/A						FMCO IN	36,				=
Street Address						Street Address	SSPRUC	=.1UE,				
_	*					City, State, Zip						-
City, State, Zip Code						City, State, 20	PLE SHO	DEINJI	000	57		_
			Tala	phone I	No.	Telephone No.		License No.				
Project Manager for Mo	onitoring Firm		1 616	priorie i	. .	856-77	9-0472	0044	14			
	Cohad	uled C	omole:	tion Dat	te (11)	Name of OSHA	Monitor					
Start Date (10)		/	5	12		2,	SEPH KL	EMM		_		=
Occupancy Status Dur	2	/	one)			Street Address	(() \ \	= 1			:×	
☐ Facility Closed/Vac	ated During Entire Per	iod of	Abate	ment		369		LULT AUG.		_	==	=
Abatement Perform	ed Outside of Normal	Facilit	y Hou	rs		City, State, Zip	Code	LODE N.	T. 0	180	5	2
Other - Describe:						101	APLE 5	1200 11-1			==	=
Scope of Work (Check	(all that apply)					☐ Full Co	ontainment with Ne	gative Pressure				
≥3 sf or ≥3 lf			enovati			Mini-E	nclosure bag Procedure					
≥160 sf or ≥260 lf		⊠ D¢	emolitic	n		Non-E	xempted (*) and N	on-Friable Procedur	e			_
		Is	Location	on					^	bater Typ		
·			ormath Solet			Description	of		\vdash			
Location Asbestos-Containing	n of	Mai	ntenan	ce/	Asbes	tos Containing M	aterial (ACM)	Amount (Specify	70	-	Enc	1
TO BE AB	ATED		ustodia Staff?		(i.e.	, thermal systems surfacing, VA	T, or	SF or LF)	Removal	Repair	aps	170000
IN Faci	lity		(12)			other miscellan	eous)		laval	¥	Encapsulate	3
(13)		V~~	No	N/A								
		Yes	140	-		0 4 . 15		2000#	X			
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							Ners of Pa	gistered Landfill		ــــــــــــــــــــــــــــــــــــــ		
Name of Registered V	Vaste Hauler			UDEP '		Cubic Yards of Waste	Name of Re	1, C, M.U. A	١.			
KLEMCO	~		_ '	tauter II	04_		_	1707110.71				_
		_	a /	,5		Disposal Date	City, State	OF BINE !	UJ			
MAR	E SHAD	U .	10	10		10		I Date	7	,		
Completed By	Title		11	0		Signature	n Kley	m 10/	17	112		
JOGERN	KLEMM _		V									

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:1207) CEIVED | Otice 10/15/12 | Name of Building Owner / Operate 2017 (1977)

W3.	7,523				Name o	f Building O	wner/	Operator (2)4	061 23	AM 3: 48		
		pe No	tification	1	Center	point Pro	perties					
	s Notified	v	Emor	gency Notificatio	Street A	wift Drive		~	E 1 105	CONTROL		
X	EPA DEP	Х		Notification	City. Sta	ate & Zip Co			LICE	SING	3	
X	DOL			ded Notification		ook, Illino		23		(A)		
X	DOH			ellation		of Contact					Telephone	Number
^	DCA				R. Kra	nich					-	
					FAC	ILITY INF	ORMA	TION				
lame of	f Facility W	nere A	bateme	nt is Taking Place	ce (3) ina			of Facility (4) School (K-12)				
		0000			<u> </u>		7	Subchapter 8	(Other tha	n K-12)		
			30 Pu	laski Street						mmercial buildi		s, etc.
							Squa	are Feet	# of Flo	ors	Bldg. Age	
City (5)				County (6)	County Co	ode (7)		25,000		1		60
) (c)	Bayon	ne		Hudson				ent Use (Prior	if being d	emolished)		
	Duy O						Control of the Contro	ehouse				
Vame o	of Monitoring	Firm	Hired b	y Building Owne	r (8)	ASCM No.		e of Abateme				
	nmental 1	actic	s, Inc					bal Abatemet Address	ent Servi	ces, LLC		
	Address							Schoolhou	se Road			
	ad Street							State & Zip (
City, Sta	ate & Zip C	ode 747						roe Towns		8831		
Viataw	Manager fo	r Moni	itorina F	irm	Telephone	Number		phone Number		License		t
Tom G		i ivioiii	itoring i		732-290-2		1,000,000,000	-605-9062			00714	l
	led Start Da	ate (10)	Scheduled Com	pletion Date	e (11)		ne of OSHA M				
0011000	10/16/1		_		10/26/12		Glo	bal Abatem	ent Serv	ices, LLC		
Occupa	ancy Status	During	Abate	ment (Check on	y one)			et Address				
X	Facility Clo	sed/V	acated	During Entire Pe	riod of Aba	tement	100000000000000000000000000000000000000	Schoolhou				
X	Abatement	Perfo	rmed O	utside of Norma	I Facility Ho	ours -		, State & Zip (
	Describe:	Area	a Isola	ted During Ab	atement		Moi	nroe Towns	hip, NJ 0	18831		
	Other - De											
Scope	of Work (Cl		I that a	oply)				V Euli C	ontainmen	t with Negative	Pressure	
	Demolition			X Renovati	on				nclosure	t with regative	111000010	
	Large Proj	ect		DIE ACM					bag Proce	dure		
~	Quantity is	233	r or ≥ .	≥ 260 LF ACM					Non-fr			
X		Location		_ ZOO EL AOM	Is Locati	on		escription of		Amount		ment Type
			ontaini	ng	Normally U	Jsed	Asbe	estos-Contain		(Specify		y: Removal, incapsulation
	M	aterial	(ACM)	-	Solely b			aterial (ACM)		Square Feet or		ncapsulauc nclosure)
	TC		BATED	8	Maintenan Custodial S		(I.e.,	thermal syste on, surfacing,	MS VAT	Linear Feet)	0, 2,	iciosarcy
		in Fac			(12)	Statir		er miscellane		Linear . con		
		(13)		(12)							
		Fi	rst Flo	or	N/A			VAT		7,500 SF	Re	moval
Name	of Register	ed Wa	ste Hau	ıler	NJDEP Wa	ste Hauler	ID#	Cu. Yds. of		Name of Reg	istered Lar	ndfill
Fre	eehold Ca					18693		Diamagal Da	117	TRRF City, State		
City, S	State							Disposal Da 10/2		Tullytown,	Pa	
	eehold, N			- I				Signature	0/14	1 any court,		Date
	leted By (Prominick Tr			Title Pres.				Dominic	k Tringo	ıli		10/15/1
	ARTERIOR I	inual		11 103.				1 DUILLIAN		F-K-C		112

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Date 10-1	6-20	012	_
e	Removal	Removal x	Abatement Type Removal Removal



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

RECEIVED

Date of Notification (1)					Building C			(2)		20120	CT no				
10/17/12	~		vales is less		nip of M	aplewo	od			reis O	CT 23 /	M;	3: 5	8	
Agencies Notified	Type Notification			Street Ad 574 Va	ldress Iley Stre	eet		1	É	SAF	Stnea	·			
EPA DEP	Initial Amended				e, Zip Coo			 		- Ox	STOS CI LICENS	INI	RO	<u>L</u>	
X DOL	Amendment				vood, N		sey 07	040			-105167	ING		6.9	
DOH DCA	Emergency (justification)	F. C. C. C. C. S. D. C.		Name of						Tele	phone Num			13/4	
DCA	Cancellation			Tom M	alavasi .ITY INFO	DESATIO	NAI.								
Name of Facility Where		g Place (3)		FAGIL	.IIY INFO	RWATIC	N	Type o	f Facility (4)					\neg
Township Civic Hou	ise					98		☐ So	chool (K-1	2)					
Street Address								Z St	ubchapter	8 (Othe	r than K-12) commercia	hulld	inas	home	
124 Dunnell Road								et	c.)						
City (5) Maplewood, New J	ersev 07040							Square 10,00		# of 2	Floors		dg. A 5+	ge	
County (6)				County C	ode (7)						ng demolishe				
Essex				(STATÉ U	SE ONLY)				Center		9	•			
Name of Monitoring Firm				ASCM	No.				ment Con	tractor	(9)	-,			
Matrix New World E	engineering, inc	,. 						Address	ration						
26 Columbia Tpk	* *								e Avenu	ie					
City, State, Zip Code				*				tate, Zip				46.75			
Florham Park, New										w Jer	sey 07424				
Project Manager for Mor Gavin Gilmore	itoring Firm	¥		Telephon 973-24				one No. 225-84			License No 01104				
Start Date (10) 10/19/12		Schedule 10/22/1		npletion [Date (11)				A Monitor nmental	Labs					
Occupancy Status Durin	g Abatement (Chec	k Only On	e)					Address			-				-
Facility Closed/Vac	ated During Entire I								22 Wes	st 					
Abatement Perform Other – Describe:	ned Outside of Norn 7pm Start	Hours	3		_ 1	00000 E	tate, Zip	Code / Jersey	0709	2					
Scope of Work (Check A	II That Apply)					Onio	11, 146W	, oersey			-		-		
23 sf or ≥3 lf	11.77	× R	enova	ition			×	Full	Containm	ent with	Negative Pr	essur	'e		
≥160 sf or ≥260 lf		Parameter	emolit				F	Mini-	-Enclosure	€					
											d Non-Friabl	e Pro	cedur	е	
		100	Locat											ement pe	í.
Location Asbestos-Containing		71	lormal d Sole		Achoe	Des tos Conta	cription		(ACM)	Δ	mount				<u> </u>
TO BE AB	ATED		ntena odial s	nce/ Staff?		thermal :	system	sinsulat		(5	Specify	Re	۳۵	nca	Enc
In Faci		1555005	(12)			other m	ing, VA	neous)		51	or LF)	Removal	Repair	Encapsulate	Endosure
		Yes	No	N/A				ľ		102				ite	0
Mens R	oom		X		G	ypsum	Ceilin	g Boar	·d	8	8 SF	Х			
Mens R	oom		X			Wal	II Plas	ter			280	Х			
Mens R	oom		X			Pipe	Insula	ation		10LF	+6Fittings	Х			
Mens R	oom		X		Ele	ctrical	Wire I	nsulati	on	1,1	00 LF	Х		T	
Name of Registered Wa	ste Hauler		10,110	NJDEP W		Cubic '		1	Name of	Registe	ered Landfill		-		•
Lilich Corporation				lauler ID 8724	NO.	of Was	ile		G.R.O.	W.S L	andfill				
City, State Woodland Park, Ne	w Jersey 07424		1000			Dispos 10/26			City, Stat		ennsylvar	ia			
Completed by	44	Title				Si	ignature	9			, Da		-		
Tatiana Kalenikova	er # 55 6	'Vice.	Pres	ident			Kel	Tree	· Kend	Mor	<u></u>	11	7/1	2	

State of New Jersey

						N OF ASE t to NJAC		ABATEN			RE	CE	11	F	7	
	te of Notification (1) 9/28/12 OK:2276	\$200				of Building ship of !			(2)		- 06/	22	_			
	encies Notified EPA	Type Notification			Street A	Address alley St				43	& LICE	Sin	PAIN PAIN	3: (ig-	
×	DEP DOL	Amended Amendment		_		ate, Zip C wood, N		rsey 07	040		W LICE	NS	NG	RO	<u>.</u>	
×	DOH DCA	Emergency justification) Cancellation		'		of Contact Malavas				ı	Telenhone				20	
					FAC	ILITY INF	ORMATI	ON								
	me of Facility Where A wnship Civic Hou		g Place (3)					Type of F	acility (4) ool (K-12)	81					
1000	eet Address 4 Dunnell Road								Subo X Othe	chapter 8 (er (i.e. priva	Other than ate & comm	K-12 nercia) Il buil	dings	, hom	es,
	y (5) aplewood, New Je	ersey 07040							Square Fe 10,000		# of Floors	3		3ldg. <i>A</i>	\ge	
15 SEC. SAY, 1	unty (6)		-			Code (7)					being dem	nolish	1			
Nai	me of Monitoring Firm	Hired by Building	Owner (8)	- 1	ASC				f Abateme	ent Contra	ctor (9)	-	-,·			
Stre	atrix New World E	ngineering, inc							Corpora ddress	ition			<u>:</u> -			•
	Columbia Tpk	-							cBride /							
Flo	orham Park, New		22						ate, Zip Co land Pa		Jersey 0	7424	1			
	ject Manager for Moni avin Gilmore	toring Firm			Telepho 973-24	ne No. 40-1800		Telepho 973-2	ne No. 25-8400		Licen: 0110).	22.5		
	rt Date (10) /19/12	1	Schedul 10/22/		npletion	Date (11)			f OSHA M	lonitor nental La	nhs		-			
Occ	cupancy Status During							Street A	ddress							
×	Facility Closed/Vaca Abatement Performe Other – Describe: 7	ed Outside of Norm	Period of a lateral Pacifity	Abatem / Hours	ent		+	City, St	Route 22 ate, Zip Co	ode						
-	pe of Work (Check Al							Union	, New J	ersey 07	083					
×	≥3 sf or ≥3 if ≥160 sf or ≥260 if		CHARGE .	Renova	20.70			X	Mini-En Gloveba	closure ag Procedi	with Negati ure and Non-F				e	
	Location	of	1	Locati	ly		Das	cription o	√f.						ement pe	
	Asbestos-Containing I TO BE ABA In Facilit (13)	Material (ACM) TED	Ma	d Solel intenar todial S (12)	nce/		tos Conta thermal s surfac	aining Ma	aterial (AC insulation, , or		Amount (Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure
- W			Yes	No	N/A										te	ro
	Mens Ro Mens Ro		-	X	ļ	G	ypsum				88 SF		Х			
	Mens Ro		-	${x}$				l Plaste Insulati		10	280 LF+6Fitti	nge	X			
	Mens Ro			X		Ele			sulation		1,100 LF		X			
	ne of Registered Wast	e Hauler		700	JDEP W	/aste	Cubic Y	Yards	Na	me of Reg	istered Lar	ndfill				
	h Corporation				3724		5				S Landfill					
Wo	odland Park, New	Jersey 07424		**************************************			10/26/			y, State orrisville	, Pennsy	lvan	ia			
	npleted by ana Kalenikova	¢ ;	Title Vice	Presid	dent		1	gnature		les.	1.	Date 09/	e 28/1	2	00-1-111	

09/28/12

Continuation of Notification Form...

Custodial Staff? (12) Yes No N/A X Ceiling Plaster X Wall Plaster X Pipe Insulation X Electrical Wire Insulation	Containing Material (ACM)	Is Loca Used S	Is Location No Used Soley by	rmally	Is Location Normally Description of Asbestos Containing Used Soley by Material (ACM)	Amount (Specify SF of	Abat	emen	Abatement Type	9
Yes No N/A Incommod to the propertion Incommod to the properties Incommod to the propertie	(13)	Mainte	nance/ lial Staf		(i.e. thermal systems insulation, surfacing, VAT, or other miscellangers)	LF)	Remo	Repai		Enclo
Ceiling Plaster 88 SF X Propertion Telectrical Wire Insulation Telectrical Wire Insulation <th></th> <th>Yes</th> <th>No</th> <th>N/A</th> <th>A THE SECTION OF THE</th> <th></th> <th>val</th> <th>ir</th> <th></th> <th>sui</th>		Yes	No	N/A	A THE SECTION OF THE		val	ir		sui
X Wall Plaster 304 SF X Pipe Insulation 25 LF + 6 X Electrical Wire Insulation 100 LF	idies Room		×		Ceiling Plaster	88 SF	×	+		r
X Pipe Insulation 25 LF + 6 Elbows X Electrical Wire Insulation 100 LF	idies Room		×		Well Me		4			
X Pipe Insulation 25 LF + 6 Elbows X Electrical Wire Insulation 100 LF			<		wall Plaster	304 SF	×	-		
X Electrical Wire Insulation 100 LF	dies Room		*		D: T 1.:					
X Electrical Wire Insulation 100 LF			4		ripe insulation	25 LF + 6	×			Π
A Electrical Wire Insulation 100 LF	dies Room		>		7.1	Elbows				
			<		Electrical Wire Insulation	100 LF	×			Τ

RECEIVED 2012 OCT 23 AM 3: 58 ASSESTOS CONTROL & LICENSING

Horeck

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

Date of Notification (1)							Owner/Operator (2) REC	FIAED				
10/	19 /	12			Cam	pbell So	up						
	Type Notificatio	on			Street A	ddress	Place	2012 OCT 2	3 AM 3: 32			i.	
E2 -1	☐ Amended					ate, Zip Co		Assesso	0.00				
☑ DHSS	Amendment	t # <u>001</u>	Ĺ				oue	Marie	S CONTROL				
	☐ Emergency	(includ	ding			den, NJ		& LHC	Telephone Number	SA	_		-
(NJAC 5:23-8)	_ justification	-				of Contact			Leieblione Marribs	21.5			
	☐ Cancellation	n				s Schoer							
					FAC	ILITY IN	FORMATION						
Name of Facility Where Al	patement is Tal	king Pl	lace (3)				Type of Facility (4)				- 1
Former Sears								☐ School (K-12) ☐ Subchapter 8	(Other than K-12)				
Street Address								Other (i.e., priv	ate and commerc	ial buil	dings	5 ,	
1300 Admiral Wilson	n Blvd							homes, etc.)					
City (5)				-				Square Feet	# of Floors		g. Ag	е	
Camden							*	200000	3		00		
County (6)					Count	y Code (7)	(STATE USE ONLY)	Current Use (Prio	r if being demolish	ied)			
Camden								Manufacturin	ıg			MONTH THE	
Name of Monitoring Firm	Hired by Buildir	ng Owi	ner (8	3) /	ASCM N	lo.	Name of Abateme	ent Contractor (9)			27		
Langen Engineers					00099	9	Alliance Envi	ronmental Syst	ems				
Street Address							Street Address						
River Drive Center 1	4 th Floor						550 East Unio	on Street					
City, State, Zip Code	1,4 11001						City, State, Zip Co						
Elmwood Park, NJ (7407						West Cheste						
	A Company of the Comp			Tele	phone N	do.	Telephone No.		License No.				
Project Manager for Monit	tolling Fillin				1-794-		610-701-9000	Ý.	00508				
Vijay Patel	100	bodul	od Co	San San San	tion Dat		Name of OSHA M						
Start Date (10)	Warners			-	/ _		AET	ionic					
10 / _23_ /	TO A STATE OF THE												
Occupancy Status During					1/4		Street Address	Dood					
☐ Facility Closed/Vacate	d During Entire	Perio	d of A	Abater	ment	oribo	28 N. Pennel						
Abatement Performed Time of Abatement: 7	Outside of Nor	mai Fa		Hour //-	s - Desc	cribe	City, State, Zip C						
Time of Abatement. 1	.00/AIVI- <u>3.30</u> 1 II	·"	—' "	-			Media, PA 19	063					
Scope of Work (Check all	that apply)	i.e					□ Full Con	tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf		Г	7 Rer	novati	on		⊠ Mini-End						
≥3 \$1 61 ≥3 11 ≥ 160 sf or ≥260 lf				nolitio			⊠ Gloveba	g Procedure	- Frieble Brosedur				
							⊠ Non-Exe	empted (*) and Nor	1-Friable Procedur		tom	ent Ty	me
				Locat Iorma			D	.,		_	-		_
Location					ely by	Acha	Description of stos Containing Ma		Amount	Ren	Repair	inc	100
Asbestos-Containing TO BE ABA			Mai	ntena	ince/	(i.e	., thermal systems	insulation,	(Specify	Removal	a.	aps	Enclosure
IN Facili			Cust		Staff?		surfacing, VAT		SF or LF)	<u>m</u>		Encapsulate	6
(13)		-		(12) No	N/A	1	other miscellane	eous)				œ.	
1 st & 2 nd Floor		-	Yes	NO	N/A	pipe ins	sulation		4000 LF	\boxtimes			
							on cloth		35 SF				
Mech Rooom Windows, Doors, mir	rore	-					lue, caulk		1,850 SF				
						_	oad, transite, eb	ony board	122 SF				
electric room, elevate		1	Ш_		AJDED A		Cubic Yards of	Name of Regis	tered Landfill	_			
Name of Registered Was N.E.T.S.	ste Hauler			1.0	lauler II 18947	O No.	Waste 25	Allied BFI I					
City, State					10341	-	Disposal Date	City, State		No. Trans.			
Hazelton, PA							TBD	Imperial, P	A		1	/	
Completed By (Print or T	vne)	Title					Signature	1	Da	ate	1	. /	
John Heemer	140)		tima	tor			THE	10/	(91	18,	11	2
ASB-41								ated octivities		/	,		
MAY 11		* D	o not	use t	his form	for asbes	tos licensure exem	ipieu activities.					

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

REA

Date of Notification (1)				Name	of Building	Owner/Operator (2	2)	Com land	EII	10	_	
10/08	/12			Can	npbell So	oup		2012 OCT 23	1	E	D	
	Notification			Street	Address			- 153	AL	-		
⊠ EPA ⊠ In		4		1 Ca	ampbell	Place		a Sarcon	717	3:	52	
	mended mendment#			City, S	tate, Zip C	Code		& LICENS Telephone Number	Mai			
M 21100	mergency (in	221 ROUG		Can	nden, NJ			LICENS	LALO	RO	1	
	stification)			Name	of Contac	t		Telephone Number	er & C		4,	
	ancellation			Chr	is Schoe	n				-	0	
				FAC	CILITY IN	FORMATION						
Name of Facility Where Abaten	nent is Taking	Place	(3)				Type of Facility (4)				
Former Sears							School (K-12)					
Street Address							Other (i.e., pri	(Other than K-12) vate and commerc	ial bu	ildina	S.	
1300 Admiral Wilson Blv	rd .						homes, etc.)					
City (5)				- XX XX - 500	100		Square Feet	# of Floors	Blo	lg. Ag	je	
Camden							200000	3	_	100		
County (6)				Coun	ty Code (7	')(STATE USE ONLY)	Current Use (Price	or if being demolish	ned)			
Camden							Manufacturii	ng				
Name of Monitoring Firm Hired	by Building (wner	(8)	ASCM	No.	Name of Abateme						
Langen Engineers				NA		Alliance Envi	ronmental Sys	tems				
Street Address						Street Address						
River Drive Center 1, 4th	Floor					550 East Uni						
City, State, Zip Code		1				City, State, Zip Co						
Elmwood Park, NJ 0740	7					West Cheste	r, PA 19382					
Project Manager for Monitoring	Firm		1 10000	phone		Telephone No.		License No.				
Ross Caldwell		42./	1000	1-794		610-701-9000		00508				
Start Date (10)				tion Da		Name of OSHA M	Ionitor					
10 /23 /12			n/main	_ / -	12	AET						
Occupancy Status During Abat						Street Address						
☐ Facility Closed/Vacated Du						28 N. Pennel						
☐ Abatement Performed Outs Time of Abatement: 7:00A					cribe	City, State, Zip Co						
-		'				Media, PA 19	063			,		
Scope of Work (Check all that	apply)					□ Full Con	tainment with Neg	ative Pressure				
☐ >3 sf or ≥3 lf			novati				losure	auve i lessure				
≥160 sf or ≥260 lf		☐ De	emolitic	on			g Procedure	- Eriabla Brasadur	-			
		1 1	1			⊠ Non-Exe	mpted (*) and Nor	n-Friable Procedure	1	otom	ont T	·ma
Location of			Locat Norma			Description of	of .		-	atem		1
Asbestos-Containing Mater	ial (ACM)	Use	ed Sole	ely by		stos Containing Ma	terial (ACM)	Amount	Removal	Repair	inc	Enclosure
TO BE ABATED		B255.55	intena todial		(i.e	e., thermal systems		(Specify SF or LF)	3701	air	apsı	nso
IN Facility (13)		000	(12)			surfacing, VAT other miscellane		31 01 11)	=		Encapsulate	6
(10)		Yes	No	N/A							(D	
1 st & 2 nd Floor				\boxtimes	pipe in	sulation		4000 LF	\boxtimes			
Mech Rooom				\boxtimes	Vibratio	on cloth		35 SF	\boxtimes			
Windows, Doors, mirrors				\boxtimes	misc. g	lue, caulk		1,850 SF				
electric room, elevator roo	om				Brake p	oad, transite, ebo		122 SF	\boxtimes			
Name of Registered Waste Ha	uler			JDEP V		Cubic Yards of	Name of Regist					
N.E.T.S.			H	18947		Waste 25	Allied BFI I	mperial				
City, State		No.		100 11		Disposal Date	City, State					
Hazelton, PA						TBD	Imperial, PA	4			,	
Completed By (Print or Type)	Title	•		- 0 100		Signature	\ / /	Dat	е	1	1,.	
John Heemer	E	stima	tor			1	1	10	1	51	/	2
ASB-41				. ,		1/	to do a stirition	-1/	1	1		
MAY 11	*	Do not	use th	is form	tor asbest	tos licensure exemp	neu activities.		P			

Noch

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) RECEIVED

Job #: 1202-1621 Check #: NA

				Ta.		CD "			(2)						
Date of Notification 5/5/12	(1)							vner / Operator rolet, Inc.	2012 001	22 44		4			
Agencies Notified	Type Notifica	tion	_		-	ddres				23 AM	3:31				
Agencies Notified EPA	Type Nounca	iuon					earl S	treet							
□ DEP	☐ Initial		- 1				Zip Coo		MODES	OS CON	TROI				
□ DOL		ded #4 ON	HOLD				NJ 083		& L	CENSIN					
	_	gency		Na	me o	f Conf	tact		-		Tele	phone	e Nu	mbe	r
□ DOH □ DCA		ellation		A 1255550			Novi	ck				27/	-		
				F	FAC	ILITY	INFO	RMATION							
Name of Facility W	here Ahatema	ent is Taking	Place					Type of Facilit	ty (4)						
Name of Facility W		ALLO LANIN	, .ucc	(0)				School (K							
Street Address	o wall							Subchapt	ter 8 (Other th	an K-12)					
808 North Pearl	Stroot							Other (i.e	e. private & co	mmercial bu	uildings, l	home	s, et	c.)	
ouo North Feati	Succi							Square Feet	# of Flo		Bldg	. Age			
City (5)		County (C)				-d- /7	`	104-500	2		60+				
Bridgeton		Cumi			O	VE	IOI	LD	if being	demolished))				
Name of Monitorin	a Firm Hired h	y Build	SAMILE .			HOOI	VITYO.	mame of Abar	cment Contra	ictor (9)					
Horizon Environ		, Danding (Asbestos a	nd Mold Sei	vices, Co	rp.				
Street Address								Street Addres							
PO Box 316								3859 Sylon							
City, State & Zip C	ode							City, State &							
Thorofare, NJ 0	8086							Hainesport,		1		· ·			
Project Manager for	or Monitoring I	Firm			one 48-0	Numb	er	Telephone No 609-702-040		Lice	nse Num	ber 10862	2		
Dave or Steve F	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN	Scheduled	200					Name of OSH							
Scheduled Start D	ate (10)	11/1/12	Compl	GUUI	Dall	o (11)		EMSL Anal							
6/14/12 Off Hold: 10/12/	112	11/1/12													
Occupancy Status	During Abate	ment (Chec	ck only	one)				Street Addres	SS				1		
Facility CI	osed/Vacated	During Enti	ire Peri	od of	f Aba	temer	nt	107 Haddoi						Jan 19	
	t Performed C							City, State &	Zip Code						
Co. Construction of the Co	Describe: Saturday 10/14/12 Work Isolated Area							Westmont,	NJ 08108						
	Isolated Area														
									Mogat	ive Pressure	- Enclosi	ıre			
					Г.		_			nclosure	C LIICIOSI	ui C			
≥3 sf or ≥				X		ovatio				Bag Proced	duree				
≥160 sf ≥	260 If		L		Den	nolition	1			xempted ar		riahle	Pro	cedu	ire
1/2-02								De-saint's		Amo	V/10000000000			ent T	
	Location of				ocati	ion Jsed		Descriptio Asbestos-Cor		(Spe		Aua	CIII	SIIC I	700
	estos-Containi				lely l			Material (A		SF or		_		Щ	п
	laterial (ACM) D BE ABATED		N			ce or		(i.e., thermal s	systems	200703 0250		Ren	Re	lcal	2
1	in Facility	-	- 2.2	usto	dial S	Staff?	i	nsulation, surfa	cing, VAT			Removal	Repair	Encapsulate	Encisoure
	(13)				(12)	T		or other miscel	llaneous)			<u>a</u>	7	late	d
			Y	'es	No	N/A			0 Daylete	440.00					-
Roof				4	Ц			ing, Flashing	& Decking	440 SF 4 each			Η	H	+
Roof Deck			-	4	님.			site Panels r Tile & Masti	•	188 SF			片	H	+
Throughout				4	Η			r Tile & Wasti Ceiling Board &					H	H	1
Ceiling				4	H			n Linoleum	. rundito book	10 SF			H	Ħ	十
Throughout	1117-1-11	. Jan			NI			Cubic Yards	Name of Re	egistered La	andfill				1
Name of Registe	red Waste Ha	uler				auler II		of Waste	Traine of the	-g.0.0.0u LC					
Horizon Dispo	sal					226		10	GROWS						_
City, State					00			Disposal Date 11/1/12	City, State Morrisvill	e. PA					
Trenton, NJ					-	41.		Signature	INIOITIZALLI	·, · ^		Date			
Completed By (F						^{tle} dmii	, (10/1	5/1	2	
Kim Trumbe	etti				A	uiiiii	1.	MA				. 3, 1		_	

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

Job #: 1202-1621 Check #: NA

Date of Notification (1) Name of Equiliting Owner (2) Bidg. Age Soft of Horizontal Commencer (3) Bidg. Age Soft of Horizontal Commencer (3) Soft of Horizontal Commencer (4) Soft of Horizontal Commencer (5) So	Date of Notification	(1)			Ti	Jan	20.	of D	ilding	Owner / O	aarat	or (2)		1 600	CE	11	-		
DOL Amended #5 OFF HOLD Cancellation Name of Facility Where Abatement is Taking Place (3) Street Address Salaw Portion Salaw		(1)										or (2)	2	0ta		1 4	E)	
DOL Amended #5 OFF HOLD Cancellation Name of Facility Where Abatement is Taking Place (3) Street Address Salaw Portion Salaw		Type Notific	ation	_						eviolet, ii	16.		6	120CT	22				
DOL Amended #5 OFF HOLD Cancellation Name of Facility Where Abatement is Taking Place (3) Street Address Salaw Portion Salaw		71	7							Street			,		23	AM	2.	٠.	
DOL Amended #5 OFF HOLD Cancellation Name of Facility Where Abatement is Taking Place (3) Street Address Salaw Portion Salaw			ı								1		40	BESTO	10		٠,) /	
Name of Facility Where Abatement is Taking Place (3) Sub Novick Auto Mail School (K-12) School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other t	□ DOL				11.0									& Line	SCO	N	Da		
Name of Facility Where Abatement is Taking Place (3) Sub Novick Auto Mail School (K-12) School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other t	M DON	70 <u>2</u>				1	Contract of the Contract of th	- 1 0				<u> </u>		-100	-NSI	NO	NU	<u>L</u>	
Name of Facility Where Abatement is Taking Place (3) Sub Novick Auto Mail School (K-12) School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other t															Tele	pho	ne N	ļumb	er
Name of Facility Where Abatement is Taking Place (3) Sub Novick Auto Mail School (K-12) School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other t		L] Can	cilation		1	WIFS	5. L	ebi	ру ио	VICK								-	
School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet			- 475		1.00	F	AC	ILIT	Y IN	ORMATIC	NC				-				
Subchapter 8 (Other than K-12) © Other (i.e. private & commercial buildings, homes, etc.) Square Feet			ent is Taking P	lac	e (3)													
808 North Pearl Street City (5) County (6) County (6) County (7) Cumberland Cumberl		Mall									Marking and a								
Square Feet		`^																	
City (5) Bridgeton County (6) Cumberland Cumbe	808 North Pearl S	treet												cial buildi				etc.)	
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Asbestos and Mold Services, Corp.	City (E)		(C	_	10-		_		/ /				loors			Ag	е		
Auto Dealership Auto Deale	T 25 35 51				Co	unty	/ C	ode	(1)						60+				
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Asbestos and Mold Services, Corp. Street Address PO Box 316 Project Manager for Monitoring Firm Dave or Steve Flanigan Scheduled Start Date (10) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Hours Describe: Saturday 10/14/12 Work Scope of Work (Check all that apply) Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Roof Deck Roof Deck Roof Deck Throughout Name of Registered Waste Hauler Name of Registered Monitor Emissive Report Name of OSHA Monitor Emission Ratio Report Name of OSHA Monitor Emission Report Name of OSHA Monitor Emission Ratio Report Name of OSHA Monitor Emission Report Name of OSHA Monitor Emission Report Name of OSHA Monitor Emission Ratio Report Name of OSHA Monitor Emission Report Name of OSHA Monitor Interest Name of OSHA Monitor Interest Name of OSHA Monitor Interest Name of OSHA Mon	Bridgeton		Cumberland	1	10							42	demol	lished)					
Hortzon Environmental Asbestos and Mold Services, Corp. Street Address PO Box 316 City, State & Zip Code Thorofare, NJ 08086 Project Manager for Monitoring Firm Dave or Steve Flainigan Scheduled Staff Date (10) 6/14/12 Off Hold: 10/16/12 Off Hold: 10/16/12 Off Hold: 10/16/12 Coupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Hours Scope of Work (Check all that apply) Asbestos-Containing Material (ACM) To BE ABATED In Facility (13) Renovation Description of Asbestos-Containing Material (ACM) To BE ABATED In Facility (13) Renovation Obscription of Outside of Normal Hours Solely by Maintenance or In Facility (12) Yes No NA Roof Roof Deck Roof Deck Normally Used Solely Staff Roofing, Flashing & Decking Asbestos-Containing Material (ACM) To BE ABATED In Facility (12) Yes No NA Roof Roof Deck Normally Used Solely By Maintenance or Other miscellaneous In Facility (13) Renovation Description of Asbestos-Containing Material (ACM) Solely by Maintenance or Other miscellaneous In Facility (13) Roofing, Flashing & Decking Asbestos-Containing Material (ACM) SF or LF) Renovation Description of Asbestos-Containing Material (ACM) SF or LF) Renovation Description of Asbestos-Containing Material (ACM) SF or LF) Renovation Description of Asbestos-Containing Material (ACM) SF or LF) Renovation Description of Asbestos-Containing Material (ACM) SF or LF) Renovation Description of Asbestos-Containing Material (ACM) SF or LF) Renovation Description of Asbestos-Containing Material (ACM) SF or LF) Renovation Description of Asbestos-Containing Material (ACM) SF or LF) Renovation Description of Asbestos-Containing Material (ACM) SF or LF) Renovation Description of Asbestos-Containing Material (ACM) SF or LF) Renovation Description of Asbestos-Containing Material (ACM) SF or LF) Renovation Description of Asbestos-Containing Material (ACM) SF or LF) Renovation Description of Asbestos-Containing Material (ACM) SF or LF	Name of Manitoria	Ciona I tima at ti	D. ILI.		(0)			100			-								
Street Address Stre			by Building Owr	ner	(8)		1	AS	CM No										
City, State & Zip Code		Heritai		_	_	- 7							ervices	s, Corp.					
City, State & Zip Code Thorofare, NJ 08086 City, State & Zip Code City, State City, S											70000	T-17							
Thorofare, NJ 08036 Project Manager for Monitoring Firm	The state of the s	de		_			-									-		-	
Project Manager for Monitoring Firm St6-848-0800 Street Address Name of OSHA Monitor EMSL Analytical																			
Dave or Steve Flanigan S56-848-0800 609-702-0400 00862			irm	Te	elep	hor	ne N	Num	ber					License	Numb	er			
Scheduled Start Date (10) 6/14/12 11/11/12	Dave or Steve Fla	anigan															2		
Off Hold: 10/16/12 Cocupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Hours Describle: Saturday 10/14/12 Work Isolated Area Scope of Work (Check all that apply) Street Address Stree		62 65		np	letic	n D	ate	(11)	Name o	f OSI	HA Monitor							
Occupancy Status During Abatement (Check only one)			11/1/12						34	EMSL	Anal	ytical							
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Hours Describe: Saturday 10/14/12 Work Isolated Area Scope of Work (Check all that apply)																			
Abatement Performed Outside of Normal Hours Describes: Saturday 10/14/12 Work Scope of Work (Check all that apply) ≥3 sf or ≥3 lf	Occupancy Status D	od // costed	ment (Check or	nly	one	()	L - 4					707.0						3.40	
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≥3 sf or ≥3 lf		✓ Isolated Area							-										
≥3 sf or ≥3 lf												Negat	ive Pre	ssure En	closur	е			
Demolition					\leq	Re	eno	vatio	on										
Non-Exempted and Non-Friable Procedure	≥160 sf ≥260) If				De	emo	olitio	n			Glove	Bag Pr	rocedures	3				
Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) Roof Roof Deck Throughout Throughout Ceiling Throughout Name of Registered Waste Hauler Nomelet By (Print or Type) Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Asbestos-Containing (Specify SF or LF) Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Asbestos-Containing (Specify SF or LF) Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Floor Tile & Mastic 188 SF Ceiling Throughout NJDEP Waste Cubic Yards of Waste Hauler ID No. 22612 Disposal Date City, State Trenton, NJ Completed By (Print or Type) Title Signature Date		8			TOTAL .											able	Pro	cedu	ıre
Material (ACM) TO BE ABATED in Facility (13) Roof Roof Deck Throughout Ceiling Throughout Name of Registered Waste Hauler Name of Registered Waste Hauler Horizon Disposal Material (ACM) Maintenance or Custodial Staff? (12) Yes No N/A Roofing, Flashing & Decking A each Transite Panels Floor Tile & Mastic Brown Linoleum Name of Registered Waste Hauler NJDEP Waste Hauler ID No. 206 Roof Waste Trenton, NJ Completed By (Print or Type) Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Floor Tile & Mastic City, State Trenton, NJ Completed By (Print or Type) Title Signafure Date	The second secon															Aba	teme	ent T	уре
Maintenance or Custodial Staff? (12) Yes No N/A			g	N															
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Roof Deck		Facility		0000												mo	èp	aps	clso
Roof Deck		(13)								or other m	iscell	aneous)				val	ai.	ula	oure.
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Trenton, NJ Completed By (Print or Type) Title Signature Date				_	_		-		_		lata	TO SELECTION OF THE PARTY OF TH			1				
Completed By (Print or Type) Title Signature Date											ale		DΛ						
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State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

RECEIVED

											-		
Date of Notification (1) 1 0 / 1 6 / 1 2	- 11		Building Own McCarthy	er/Operator (2))		2012	OCT 23 A	M 3: 2	3		A STEEL	
Agencies Notified Type Notificat		treet Add				1	ASE	ESTOR A	Č.				
☐ EPA ☐ Initial ☐ Amended		505 Gr	ove Street				2	ESTOS CO LICENS	INTRO	L.			
DEP Amendment #:	11-		, Zip Code					LICERS	ING _	,219)			
⊠ DOL I—	— °			NIT 07042						G.			
DOH Emergency (including	1	ame of C	Montclair,	NJ 07043				Talanha	no Mirante				
justification)	.	arrie or C	Ontact					Telepho	ne Numb	eı			
☐ DCA ☐ Cancellation		Miche	ll McCarthy	у									-
			FAC	ILITY INFORM	IATION								
Name of facility where abatement i	s taking pla	ace (3)	18-				Т	ype of Facility		,,			
Michell McCarthy								=	ol (K - 12 hapter 8 (han k	(_12)	
Street Address							7		(Private/			`,	
505.0								Bldgs	./Homes,	etc.			
505 Grove Street	1.0-	-1-(0)					= {	Square Feet	# of Flo	ors	В	ldg. A	ge
City (5)	Cour	nty (6)			0.000	nty Code (7) te use only)	-	<u> </u>				No.	
Upper Montclair	ESS	SEX			(Ola	te use only)		Current Use (I	rior if bei	ng den	olish	ed)	
Name of Monitoring Firm Hired by		01.0/1.004/A-1/	T	ASCM No.		Name of Abatem	ent Cor	ntractor (9)	_				
						D & S REST							
Street Address					-	Street Address	Oldin	1011, 1110.					
						20 California	a Ave.						
City, State, Zip Code					_	City, State, Zip Co					-		
						Paterson, N.	I 0750	3					
Project Manager for Monitoring Firm	1	- 1	Phone Numb	er	-	Telephone Numb			Licens	e Numi	oer	-	
						973-345-80				01169			
Start Date (10)	ISched	Comple	tion Date (1	1)	-	Name of OSHA	Monitor						
Company Construction Construction Construction		- FO		ŭ.		D & S Resto	ration,	Inc.					
10/30/12	11/12	-				Street Address							
Occupancy Status During Abatemen						20 California		ue					
Facility closed/vacated during Abatement performed outside						City, State, Zip Co	ode						
Describe:		idollity illo				D-4 NI	1 0750	,					
Other-Describe: NORMAL F					-	Paterson, NJ							
Scope of Work (check all that appl							=	Containment	w/negativ	e press	ure		
\boxtimes >3 sf or >3 lf	Renovation	on						i-enclosure vebag proced	ure				
≥160 sf or ≥260 lf	Demolition	n						n-Exempted (*		-friable	proc	edure	ı
Location of			y used solely	/						R	R	E	E
asbestos-containing	by mainte staff(12)	enance/ci	ustodiai			sbestos-containing	g	Amount	SE or	m	e p	n	n
material (acm) to be abated in facility (13)	5.0		T	material	(ACM)			(Specify LF)	SF OF	0	a	a	C
abated in lacinty (10)	Yes	No	N/A							v e	ı	p	-
basement crawl space		L X		PIPE INSU	JLATI	ON		25 L FT					

				1									
Registered Waste Hauler		EP Haule	r ID#	ubic Yards of	Waste	Name of Registe					_	_	
D & S RESTORATION, INC.	135			lyd		TULLYTOW	N, RE	SOURCE R	ECOVE	RY			
City, State			Disposal D			City, State	73.1 D.4						
PATERSON, NJ 07503			10/31/1			TULLYTOW	VN, PA	7	TD:4-		_		
Completed by (Print or Type)	Title PRESID	ENT		Signature					Date 10/16	712			
BOGDAN JOLDZIC			m for ashesto	os licensure ex	empted	d activities.			10/10			-	
WATER DOCUMENT STATE	CONTRACTOR STATE												

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

RECEIVED

	Name of Buildin	a Owner!	Operator (2)			2012 OCT 23		_			
Date of Notification (1)	I I consequence of the consequence of					12 001 23	AM 3: 21				
1 0 /12 5 /11 2 Agencies Notified Type Notification	SUSAN CH	RISTOPI	HER			FJBFSTnein					_
Agencies Notified Type Notification						& LICENS	UNTROL				
☐ DEP ☐ Amended	4 WHITFOI		NUE			TIOL IN	THE	isting.	_		
Amendment #:	City, State, Zip						13				
DOL ☐ Emergency	NUTLEY,		0			Telephone N	Number				_
DOH (including justification)	Name of Contac	ct				Totophion					
☐ DCA ☐ Cancellation	SUSAN CI	HRISTO	PHER								_
		FACILI	TY INFORMA	TION							
Name of facility where abatement is t	aking place (3)					Type of Facility (4) School ((K - 12)				
						-	ter 8 (Other	than	K-1:	2)	
SUSAN CHRISTOPHER							rivate/Comm			10	
Street Address					1		omes, etc.	_	Dida	. ^ ~	
4 WHITFORD AVENUE						Square Feet #	of Floors		Blag	, Age	ě.
City (5)	County (6)				y Code (7)	Current Use (Price	r if boing do	<u>- _</u>	ched	1	
				(State	use only)	Current Use (Pric	if it being der	HOIK	Silea	,	
NUTLEY	ESSEX		ACCIANG		lame of Abatement	Contractor (9)					
Name of Monitoring Firm Hired by Bl	dg. Owner (8)		ASCM No.	11	D & S RESTOR						
					Street Address	ATION, INC.					
Street Address				11°	20 California A	ve					
					ity, State, Zip Code						
City, State, Zip Code					Paterson, NJ 0						
	Inha	ne Numbe	· ·	- -	elephone Number	7303	License Nur	nber			
Project Manager for Monitoring Firm	Pho	ne mumbe	;i	11.	973-345-8020)	0116	9			
				_ 1	Name of OSHA Mo	nitor					
Start Date (10)	Sched. Completion	Date (11))		D & S Restora	tion, Inc.			_		_
10/25/12	10/31/12			[3	Street Address						
Occupancy Status During Abatement	(Check only one)				20 California A	Marie Control of the		_		_	
Facility closed/vacated during	entire period of abatem	nent.			City, State, Zip Cod	е					
Abatement performed outside		-	292-22	_	_ > = > = > = = = = = = = = = = = = = =	7502					
Describe:NORMAL H	OURS			-	Paterson, NJ (=
Scope of Work (check all that apply						Full Containment w	negative pre	ssui	re		
	Renovation				<u> </u>	Mini-enclosure Glovebag procedur	e				
≥160 sf or ≥260 lf	Demolition				Ĺ	Non-Exempted (*)	and Non-frial				_
	Is location normally u	sed solely					F		Re	E	E
Location of asbestos-containing	by maintenance/custo	odial	Descript		bestos-containing	Amount (Specify S	For n	- 1	р	С	n
material (acm) to be	staff(12)	Τ	material	(ACM)		LF)			a i	a p	L
abated in facility (13)	Yes No	N/A				7 700	6	_	4	_	\vdash
Basement	X		PIPE INS			120 L FT		_	井	믐	ዙ
Basement CHIMNEY	X		CHIMNE'	Y PAC	KING	2 SQ FT		4	屵	片	ዙ
Busement								믞	屵	片	ዙ
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						150		1	Щ	Ш	1
Registered Waste Hauler	NJDEP Hauler I		ubic Yards of	Waste	Name of Register	ed Landfill N, RESOURCE RI	COVERY	60			
D & S RESTORATION, INC.	13506		2 YDS		City, State	i, illbooked id					-
City, State		Disposal D 10/26/1		8	TULLYTOW	N, PA					
PATERSON, NJ 07503	Title		Signature				Date	2) Xii			
Completed by (Print or Type) BOGDAN JOLDZIC	PRESIDENT			**************************************			10/15/12		_	_	
DOGDITI TODDETO	+ Dt use this form	for achest	ns licensure 6	exempte	d activities.						

CK noyy ??

State of NJ

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D&S Proj. #:	MS 12-	•	(P	ursuant	IO MJAC o	, go and	RECE	=/18	Dept of Healt	h a Senior	Servic	83		_
ate of Notification ((1) 1/1 <u>1</u> 12 1	11	of Building		perator (2)		2012 OCT 23							-
gencies Notified	Type Notification		Address		6	L	Sareron	_ (· 13			Ü		
☐ CPA	Initial Amended	39-	05 BROC	KSIDE	AVENUE		SESTOS - & EICEI	COM	FROL	-			J	
DEP	Amendment#:	City.	State, Zip (ode			a LICE	AZING	g Fee					
M DOL	Emergency		IR LAW		410				Telephone I	Number				
NOU X	(including justification)	Nurre	of Contac						10.0					
☐ DCA	Caracilation	10	P FERL	ANTI					<u> </u>					_
				FACILIT	YINFORMA	TION		Type	of Facility (4)	i		-		
Name of facility with	nere abatement is ta	ıklıng place	(3)					1,350	School	(K - 12)				
JOE FERLAN	ri								☐ Subchar	oter 8 (Other	r than merci	i K-12 al	2)	
Street Address			ł					_	Bldgs./H	omes, etc.	\neg		Age	
39-05 BROOK	SIDE AVENUE						Ondo (7)	Squ	jare Feet #	- 01 1 10013				
City (5)		County	(6)			0.0000000000000000000000000000000000000	Code (7) use only)	Cn	rrent Use (Pri	or if being o	iomoi	shed)	- Constant
FAIR LAWN		BERG	The second second			-1-150	ame of Abatemet	N Contr	actor (9)		-		C C C C C C C C C C C C C C C C C C C	
Name of Monitors	ng Firm Hired by Bi	ig. Owner (8)		ASCM No.	1.1	D & S RESTO							
							reet Address	KAIIC	AN, EVC.					
Street Address			***				20 California	Ave.				1000		
						-	ty, State, Zip Con							
City, State, Zip Co	de						Paterson, NJ					-		
			Pho-	ne Numbe	r		slephone Numbe	r		License N		r		
Project Manager i	or Monitoring Firm	**	1110	IIO E VENTO	•		973-345-802			01	169			==
		(Caban)	Completion	Date (11)		─ N	lame of OSHA M							
Start Date (10)				, 2020 (D & S Restor	ation, l	nc.		*****************		***************************************	-
10/17/12		10/26/				— °	20 California	Δυρητι	e.					
Occupancy Statu	s During Abatement	(Check on	ly DRO) 4 of abataw	ant.			ity, State, Zip Co							
L Facility clos	performed outside	of normal fa	cility hours	j=			,							
						-11	Paterson, NJ	07503						
	criba: NORMAL H							Full	Containment v	v/negative	cress	ne		
Scope of Work:	check all that apply	r) Renovation							-enclosure					
	-	Demolition						Glov Non	rebag procedu -Exempted (*)	and Nort	riable	ргосе	dure	
≥160 sf or	>200 II L.I		normally t	sed solely				J			R	R	E	E
Louation of asbestos	if conteining	by mainte	nance/cust	odial	Descrip	tion of as	bestos-containing	g	Amount (Specify	SF or	m	р	C	n
material (a	acm) to be	staff(12)		T	materia	I (ACM)			(F)		0	a 1	a p	Ĺ
275	facility (13)	Yes	No	N/A	PIPE INS	TIT A TI	7N		90 L FT		8			
BASEMENT					PIPELING	ULAXX					靣			
ensourement					-	-								旦
					1									
														Ш
Registered Was	a Hauler	I NJDI	EP Hauler	1	uble Yards	VVaste	Name of Regist TULLYTOV	ered La	ndfill	ECOVE	v			
D&SREST	DRATION, INC.	133	506		1 YD		City, State	ATA' KE	SOURCE K	DOC VIII	-			
City, State				10/19/1	12		TULLYTO'	WN. PA	A	.w9				
PATERSON	The same of the sa	Takes .		10/19/	Signature		1			Dato				
Completed by (I BOGDAN J	Print or Type)	Title	ENT					ST	74	10/12	/12			
BOGDAN J		Do not us	e this form	for asbest	os licensure	exempted	activities.							

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

						RE	CFILL					
Date of Notification (1)	JO		ilding Owr LANTI	ner/Operator (2)	2012 OCT	23 44					
Agencies Notified Type Notifica EPA Initial DEP Amended Amendment #	39			DE AVENUI	E	458ESTO	CEIVED 23 AM 3: 19 DS CONTROL ENSING)			6	
DOL Emergency			AWN, N	07410			ERSING	4				
DOH (including justification)		ne of Cor					Telepho	ne Number				
DCA Cancellatio	n <u>J</u>	OE FEI	RLANTI							_		
Name of facility where abatement	is taking place	. /2\	FAC	ILITY INFORM	MATION	l	Type of Facility	(4)				
	is taking place	(3)					Type of Facility Scho	(4) ol (K - 12)				
JOE FERLANTI Street Address		-					22.00	hapter 8 (O			-12)	
	822-30							(Private/Co./Homes, e		ercial		
39-05 BROOKSIDE AVENU	JE County	/G\					Square Feet	# of Floor	s	В	ldg. A	\ge
City (5)	County	(0)			(ARAO)	nty Code (7) te use only)	Current Use (F	Prior if bein	a den	nolish	ed)	
FAIR LAWN	BERG											
Name of Monitoring Firm Hired by	Bldg. Owner (8)		ASCM No.		Name of Abatemen						
Street Address					-	D & S RESTOR	RATION, INC.					
						20 California A	Ave.					
City, State, Zip Code						City, State, Zip Code	9					
District Control of the Control of t		I DI		-		Paterson, NJ 0						
Project Manager for Monitoring Firm	1	Ph	one Numb	per		Telephone Number 973-345-8020		License 0	Numb 1169	per		
Start Date (10)	ISched, C	Completic	on Date (1	1)	_	Name of OSHA Mo	nitor					
10/17/12	10/26/1		•	,		D & S Restora	tion, Inc.					
Occupancy Status During Abateme					-	20 California A	venue					
Facility closed/vacated during Abatement performed outside Describe:	of normal fac					City, State, Zip Code						
Other-Describe: NORMAL I	IOURS				_	Paterson, NJ 0	7503					
Scope of Work (check all that apple > 3 sf or > 3 lf ≥ 160 sf or ≥260 lf	y) Renovation Demolition				-		Full Containment v Mini-enclosure Glovebag procedu Non-Exempted (*)	ire	N		edure	9
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location n by maintena staff(12) Yes					sbestos-containing	Amount (Specify S LF)	SF or	ReEove	Repair	E n c a p	E n c L
BASEMENT		X		PIPE INSU	ILATI	ON	90 L FT		×			
						and the second	_		뷔	片	뷰	H
				1					님	Η	片	쓔
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP 13506	Hauler II		Subic Yards of \	Vaste	Name of Registered	d Landfill , RESOURCE RI	COVED	^ 		_	7=
City, State			Disposal D	ate		City, State		JOO V LIK	-	1		
PATERSON, NJ 07503 Completed by (Print or Type)	Title		10/19/1	Signature		TULLYTOWN	, PA	Date				
BOGDAN JOLDZIC	PRESIDEN		for asbesto	os licensure ex	empted	activities		10/12/1	2	-		

Fax:

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

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Colog Figure 1101A	A 是
: 8:60 and 12:1201_	W. L. L. C. C. A. C. C.
REC	CHADest of Health & Senior Service
	APPROVED FIGURE OF Health & Senior Service
	-0.10-10/0,

						RE	CHYPERT	ealthfe 21		SLAIC	28	
Date of Notification (1)	TEI	of Building O		1955	HLIN	2012 OCT	23 DAM 10/5	(Sighature)	ne; 9;	691	9	
Agencies Notified Type Notifica EPA Initial DEP Amended	9 K	ENSINGTO	_	TERRACE	-,081	ASBEST	OS CONTRO GENSING	L				
Amendment		State, Zip Code APLEWOOI		T 07040								
DOH (including justification	Marno	of Contact	,	3 07010			Telephone	Number				
☐ DCA ☐ Cancellation	11 700	RESA DON	AL	D MCLAUC	HLI	N						
,		F	ACH	TY INFORMA	ATION							
Name of facility where abatement	is talding place (3)		-			Type of Facility (4) (K - 12)		2		
TERESA DUNALD MCLA	UGHLIN							pter 8 (Ot	her tha	an K-	12)	
Street Address					***		Other (f	'rivate/Co iomes, at	numen C.	cial		
9 KENSINGTON TERRAC	Œ							of Floor	_	Bld	g. A	je
City (5)	County (6	3)	-			nty Code (7) te use only)	Current Use (Pri	er té bolor	5070	llehe	el's	 -
MAPLEWOOD	ESSEX				(56			OF IT DOING		and 10		-
Name of Montoning Firm Hirest by	Ridg, Owner (8))	T	ASCM No.	T	Name of Abatement						
				STATE OF THE STATE		D & S RESTORA Street Address	ATION, INC.	er-		<u> </u>	- F-1	
Street Address						20 California As	re.					
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1	3					Paterson, NJ 07	503					-
Project Manager for Monitoring Fir	m	Phone Nu	mbe	er .		Telephone Number 973-345-8020		License 0	Numb 1169	er		
	12 1 2		74.4			Name of OSHA Moni	tor			***		
Start Date (10)		mpletion Date	(33	,		D & S Restorati	on, Inc.				•••	e e
10/17/12 Occupancy Status During Abetern	10/26/12				-	Street Address 20 California Av	NO #N. Y.O.					
Facility closed/vacated during Abatement performed outside	ng entire period o de of normal facili	f abatement.				City, State, Zip Gode Paterson, NJ 07	1/-					
Other-Describe: NORMAL							Full Containment w	Inerafive	DIREC	UTA.		
Scope of Work (check all that ap Soprement Soprement		,				図	Mini-enclosure Glovebag procedur Non-Exempted (*)	re	frjabje		dure)
Location of asbestos-containing material (som) to be	is location no by maintenant staff(12)	rmally used so rce/custodial	Mely	Į.		sbestos-containing	Amount (Specify S	For	Remo	Repa	Ence	E n c
abated in facility (13)	Yes	No NA	A				LF)		v e	i	p	
BASEMENT		XJL		PIPE INSU	-	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME	120 L FT		X			坦
Basement Boiler		X		BOILER R	M.B.	ASEMENT	50 SQ FT		X	H	H	卄
				-					一		H	一
		-#-										
Registered Waste Hauler D & S RESTORATION, INC	N.IDEP1	rauler 10#		HILL YARDS OF V	Waste	Name of Registered	Landfill RESOURCE RE	COVER	Y			
City, State	10000	Dispos	al n	ate		City, State						
PATERSON, NJ 07503	· · · · · · · · · · · · · · · · · · ·	10/1	8/1	2 Signature		TULLYTOWN,	PA	Date			2.00	
Completed by (Frint or Type) BOGDAN JOLDZIC	PRESIDEN					and the state of t		10/15/	12	5 57.000		
ASR-41	Do not use th	is form for asb	esto	s licensure ex	empte	d activities.						

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

				(, ,	rodant to 140	AU C	o.ou and 12:120)	2012 OC	ECE,				
Date of Notification	(1)		Name	of Building (Owner/Operator	(2)		2012 00	~/	VED			
1 0 /1 5			1		ALD MCLAU	2000	f Dy	.5 06.	23	Ŭ			40
Agencies Notified EPA	Type Notification	ation	Street	Address	TED MCLA	JGn.	LIIN	& LIC	Alt	3			
	Amended		9 K	ENSINGTO	ON TERRACI	7		& 110	S con				
	Amendment #	#:	City, S	tate, Zip Cod	e			-10	ENSUN	ROL			
	Emergency	,	MA	PLEWOO	O, NJ 07040				1116				
☑ DOH	(including justification) [Name o	of Contact	, 10 0,010	-			Telephone	* pl-		- /	
☐ DCA	Cancellatio	'	TEI	RESA DON	IALD MCLA	ICU	TINI	- 1	relephone	Number			
					ACILITY INFOR								
Name of facility when	re abatement	is taking r	place (3)		- INFOR	MATI	ON						
TERESA DONA								Type of	Facility (4)			65	
Street Address	ED WCLAC	GILIN						_]		ter 8 (Oth	er thai	n K-15	2)
									Other (Pr	ivate/Com	merci	al	-/
9 KENSINGTON	TERRACE							Square		omes, etc.		Dida	A ===
City (5)		Cou	unty (6)			С	ounty Code (7)		1 661 #1	OI FIOOIS		Bldg.	Age
MAPLEWOOD		ES	SEX	ž.		(8	tate use only)	Curren	t Use (Prior	if being d	emoli	shed)	
Name of Monitoring F	irm Hired by E	Bldg. Own	er (8)		ASCM No.		Name of Abateme	ent Contractor	(9)				
Street Address							D & S RESTO						
Street Address		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Street Address		110.				
City, State, Zip Code							20 California						
only orato, hip oode							City, State, Zip Coo	de			-	_	
Project Manager for Mo	nitorina Firm			Phone Num			Paterson, NJ						
η.	g			Prione Num	ber		Telephone Number 973-345-802		Li	cense Nur			
Start Date (10)		ISchen	Comp	etion Date (1	40	_	Name of OSHA Mo			0116	9		
10/17/12				elion Date (1	1)		D & S Restora						
Occupancy Status Durin	a Abatement	10/26	5/12				Street Address						
Facility closed/vac	ated during e	ntire perio	nd of aba	tement			20 California A						
Abatement perform Describe:	ned outside o	f normal f	acility h	ours-			City, State, Zip Cod	е					
Other-Describe:	NORMAL HO	URS				-	Paterson, NJ 0	7502					
Scope of Work (check a	all that apply)						Taterson, NJ 0						
\boxtimes >3 sf or >3 If	⊠ R	Renovation	n				L X	Full Contain Mini-enclosi		ative pres	sure		
≥160 sf or ≥260 lf		emolition					×	Glovebag pr					
Location of	l:	s location	normall	y used solely				Non-Exemp	ted (*) and		proc	edure)
asbestos-containin material (acm) to b	ia b	y mainter taff(12)	nance/cu	ustodial		n of a	sbestos-containing	Am	ount	R	R	E	E
abated in facility (1		Yes	Ma	Τ	material (A	CM)	SSCSIOS-COMEINING	(Sp	ecify SF or	m	p	С	n
D. 1. C. D.		163	No	N/A				LF)		V	i	a p	Ĺ
BASEMENT Basement Boiler			X		PIPE INSUL	_		120 L I	FT	e	m		\vdash
Sasement Boller			X		BOILER RM	I. BA	SEMENT	50 SQ	FT	X	H	H	H
											Ħ	Ħ	計
		_											
egistered Waste Hauler		INIDE	Hauler	10# 10	hio Verda - 2121								
) & S RESTORATIO	N, INC.	1350			bic Yards of Wa YDS	ste	Name of Registered TULLYTOWN,	Landfill	E DECO	/ED3/			
ity, State	W2-20			Disposal Da	te		City, State	KESOUKC	E KECOV	ERY			
PATERSON, NJ 075				10/18/12			TULLYTOWN,	PA					
ompleted by (Print or Typ BOGDAN JOLDZIC	ACCESO 1	le ESIDEN	NT.		Signature				Date	е		-	
		TOTO	AT	. 1					110/	15/12			



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

Date of Notification (1) 10/17/2012			6		f Building WILLIA			(2)		.,	CCE	IVE	ED.			
Agencies Notified	Type Notification			Street A	ddress LLIAM	STREE	T			112 OL	7 23	AM :)			
DEP X DOL	Amended Amendment		*		ate, Zip C ARK NJ		1		A S	BES	TOS C	ONTI	- 1 le			
DOH DCA	Emergency justification)		Ī		f Contact					Tel	enhane	UMner	UL			
☐ DCA	Cancellation)			/larches					-			800			
Name of Facility Where	Abatement is Takir	n Place (3)	FACI	LITY INF	ORMAT	ION	Type	of Facility (4	4)						
Commercial Buildin		ig i idoc (-,					_		85						
Street Address									chool (K-1 ubchapter		er than K	-12)				
1015 Broad Street								× O	ther (i.e. p	rivate 8	& comme	rcial bu	ldings	, hom	nes,	
City (5)		W-1	-					Square	tc.) e Feet	# 01	f Floors	Т	Bldg.	Ane		
Newark													Jiug.	, ige		
County (6)					Code (7)	_			t Use (Pric	or if bei	ng demol	lished)				
Essex					USE ONLY	0		SASSET SHOP DESCRIPTION	mercial							
Name of Monitoring Firm Sky Environmental		Owner (8)		ASCN	/I No.				ement Con i Corpora		(9)		-560			
Street Address 140 Boulevard	0 Boulevard , State, Zip Code							Address Natchi	ung Ave							
City, State, Zip Code	State, Zip Code Lakes NJ 07046 ect Manager for Monitoring Firm onid Shereshevsky							tate, Zip				-				
Mt. Lakes NJ 0704	. Lakes NJ 07046 ject Manager for Monitoring Firm onid Shereshevsky						West	Orang	ge NJ 07	052						
Project Manager for Mor Leonid Shereshevs				Telepho 973-76	ne No. 39-6946	6		one No. 243-98			License 01171	No.				
Start Date (10) 10/11/2012		Schedule 10/24/2		mpletion	Date (11)				A Monitor I Analytic	al		Trius.				
Occupancy Status Durin										-				111800000		
Facility Closed/Vac	ated During Entire	Period of	Abater	ment			110 0	Colin D	rive							
Abatement Perform Other – Describe:	ed Outside of Norn	nal Facility	Hour	s			2000 2000 2000	tate, Zip								
Scope of Work (Check A							Holol	brook l	NY 1174	1						
[read	н глас Арріу)	101					lo.	1								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		THE REAL PROPERTY.	Renova Demoli						Full Containment with Negative Pressure Mini-Enclosure							
		_					×	Glov	ebag Proc	edure						
		T					1^	I Non-	Exempted	(*) and	Non-Fri	able Pro	1000			
	_	0.00	Locat Norma	200000000										emen ype	ıt	
Location Asbestos-Containing		Use	d Sole	ely by	Ashes	1100000	scription aining M	3.EU2	ACM)	Δ,	mount		Τ	T		
TO BE AB	ATED		intena	nce/ Staff?		. thermal	systems	insulati		(S	pecify	교	72	Enc	Ē	
In Facil (13)	80 KG		(12)	J.a.i.			cing, VA ⁻ niscellan			SF	or LF)	Remova	Repair	Encapsulate	Enclosure	
		Yes	No	N/A		001	ooonan	0000)				<u>a</u>	=	ılate	ure	
2ND FL No	Yes 2ND FL North Side					Plas	ter Ceil	ing		1,6	600sf	x	-			
2nd FL Nor	х			pipe	insulat	ion			35If	x						
1st FL Sou	Х			floor tile	e and n	nastic		4,6	600sf	x						
1st FL Stairway	North Side		х			pipe	insulat	ion		2	20If	x				
Name of Registered Was	ste Hauler			JDEP W		Cubic			Name of R	Register	red Landi	fill			-	
Circle Rubbish		Hauler ID No. of Waste														
City, State Linden NJ	Disposal Date			Al Date City, State Morrisville PA												
Completed by Slawomir Kielczewsl	ki	Title Presi	dent			S	ignature Kiel	COPL	aki.		520	Date 10/17/2	2012			

CF (1071

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

4011								ME	CELL		-51		
Date of Notification (1)		1	Name of	f Building O	wner/O	perator (lm .	CEIV	EL)	3	
Agencies Notified Type Notification			Street A		v 0	<i></i>		20C7	23 AM	2.			
X EPA X Initial		L	4	000	M	MAD							
DEP Amended Amendment	#	. (_	ite, Zip Cod	_/	P	AINFIL	& LII	US CON	FRO	17	280	7
Emergency (justification)	including	1	Name of	Contact				Tale	Phone Nun	her	/ 0	/ 0 0	
DCA Cancellation	apres -			CORGO			ARO	_[_
Name of Facility Where Abatement is Taking	g Place (3))	FACI	LITY INFO	RMATI	ON	Type of Facility	(4)	****		-		
P5 E+ G							School (K-						
Street Address			C-7	-					er than K-12 & commercia		dings,	home	es,
292 S. BRi) GE		<u>S/</u>	•			etc.) Square Feet	# of	Floors	Тв	ldg. A	ae	
SOMERVILLE							AAA 400		1	a	401	40	vRs
County (6)	_			Code (7) USE ONLY)			Current Use (Pri				,		
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN			Name o	of Abatement Co		- /	14/	OK)	
ENVIRONMENTAL TACTICS			004	5			UE SYSTEM			INC	; .		
Street Address 64 BROAD STREET							Address VHITEHEAD	AVE.					
City, State, Zip Code	W-32-66			- 1			ate, Zip Code ΓΗ RIVER, N	1 0000	າ			A	
MATAWAN, NJ 07747 Project Manager for Monitoring Firm		-1-	Telepho	ne No.			one No.	7 0000	License N	0.	_		
TOM GEIGER			732-29	90-2217		732-4	32-8350	-	01111			- 2	
Start Date (10) /////2	Schedule //	/	pletion	Date (11)			of OSHA Monitor UE SYSTEM		AMERICA	INC	: .	12	
Occupancy Status During Abatement (Chec	k Only On	-					Address	A > 45					
Facility Closed/Vacated During Entire In Abatement Performed Outside of Norm					***		VHITEHEAD ate, Zip Code	AVE.				 .	
Other – Describe:	sient h	yne	cessa	ry opera	Zero	1000	TH RIVER, N	J 0888	2				
Scope of Work (Check All That Apply)		-					1						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	tenovat Demoliti					Full Containm Mini-Enclosur Glovebag Pro	е	Negative P	ressu	re		
						V	Non-Exempte		d Non-Friab	le Pro	Michigan, C		
	93	Locatio										ement pe	i
Location of Asbestos-Containing Material (ACM)	Use	d Solel intenar	y by		os Cont		aterial (ACM)	А	mount			т	
TO BE ABATED In Facility	5	odial S		(i.e. t		systems cing, VA	insulation,		pecify or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		(12)	r		other n	niscellan	eous)			oval	air	sulate	sure
	Yes	No	N/A							1		w	
RELAY House	4-1	X		TRAN:	SITE	Floo	R PANELS	5	0 SF	X			
1	+									-			
	+		-							-			
Name of Registered Waste Hauler		10000	JDEP W	25.71(2000)	Cubic	Yards	Name of	Registe	red Landfill	L	L	لـــا	
WASTE MANAGEMENT		CH-21/20	auler ID 125	No.	of Was	ste 3	GROW	's No	RTH				
City, State ELIZABETH, NJ					Dispos	sal Date	City, State		E. PA				
Completed by	Title					ionature	<u> </u>	0.		te/0	/	/	
CAROL RAIMO	off	lice	me	n.		La	tal &	ain	no	/	18/	12	'

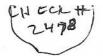
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 13:130)

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Date of Nouncation (1)	17/12		Name o		Owner/Operator	A 2000	MAGINE			
Agencies Notified	Type Notification		Street	1000035			23 AM	3: 11		\dashv
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j œ	- Amended			w. Zip C		1. —	D1823011	ROI		
□ ∞.	Amendment #	gnibula			=GN 1=15	ro, W,),	Telephone Number	10.	===	=
□ 00H	justification)			Contac			I elebrora union			
	Cancellation	.•	-		BREUN	10				=-}
	,		FACI	או את	ORMATION		,,			_
: ame of Facility Where	Abatement is Taking	Place (3)				Type of Facility				İ
PESI	DENCE					School (K-12	(Other than K-17)			
Tuest Address		1	-			Other (I.e., p	rivate & commercial	paland	\$.	- 1
4560	ASBORY	VV				Square Feel	V OF FLOORS	8100	AQ8	
Ciry (5) .		97				1000	1-2-	1	0 +	
.0 054	on City		Count	v Code ()) (STATE	Current Use (Pr	for I being demolist	red)		
County (6) C ADT	MAY		USE	WLY			CANT	<u> </u>		
		wner I	AS COUR	0.	Hame of Abater	meni Convegor (9				4
isme of Maritoning Firm	Hiteo by Boilding	/			- KLOM	100 270				==
Sireel Adoress	///				Sveel Address	S. SPRU	CE AVE.			1
2itest Montess					Cay, State, Zip	Fode				
City, State, Zip Code					Cay, sale, Do	PLZ SHA		805	<u>ٿ</u>	==
X			lephone h	h	Yalanhana No.		License No.	LL		
Sideci Manader la Mo	niloring Firm		ISPT DIRE	₩.	856-7	79-047	2 0046	=		
	1.6-1-	dued Comp	letion Dat	e (11)	Name of OSHA	Honray /	. 44			
Sian Daie (10)		15	112		JOSE	PKHIEL				 -
10/29/1)	3 III S	Sueel Address	SPILUC	=105.			
Occupancy Status Duri	ng Abatament (Cite	edA to boins	(ement		3695	>1 > Picoc	-		$\dot{=}$	==
S Facility Closed Vaca	d Ourside of Nome	Facility Ho	urs		Ciry. State, Ago	Code CILAT	E, N.J.	080	5 7-	á
Other - Describe:					MAP	LE JAND				
Scope of Work (Check	all that apply)			XV2-5.Web	T Ful C	containment with N	egative Pressure			
		Renov	ation .		Mini-E	indosure .		R227		
21 50 51 01 2260 11		₩ Demai	ion	A	HNON	Exempled (') and I	Non-Frieble Proced	T A	Dater	neri.
J: W		Is Loca	tion						110	*
		Used So	aly lew by		Descriptor	ol	Amount			m.
Aspesios Containing	ol	Mainter	Isonal	Asbe	sios Containing h	UP RISAMINA.	(Specity SF or LF)	Removal	RACE	
TO BE AD	AIEU	Cusio		1 4	surfacing. Vi	A1. 01	3, 4 6.7	1 8	E	*
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		Yes	AIN OF		•		1 2: 02 14	X		
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			TAIRE	Made .	Cubic Yards	Name of F	Registered Landfill	J. A	,	No.
name of Registered Y	Yasie Hauler		Hauler	D No.	01 Waste	C,1	4, 6, 14.	J , /3	_	
KIEMC	O INC.		175	04	06psil0a	te City, State		4.).	5.	
Co State		5,08	052			woo	DBINE,	7070		
MAPLESI	10DE'N				Sipostu	re , 10	Dai	1/1	, /	12
Compeled By		الدا وم	NER	_		aughts		-	<u></u> -	==
JOSEPH C	LEMM_		=)	1000-F1986101789/52 1202-1		(d)	- 1

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

Agencies Notified Type Notification Street Address St	Date of Notification (1)	117/12		Name	of Buildin	Owner/Operator	197, oc 1 33,	AML3: 11	`			
Amendment # Amendment # Emergency (including)	And the second of the second o			Stree		77 1	SOT828	CONTROL			_	
County (B)	DA BPA		C	City 3	State 7in (`ode	& LICEN	SING		-	-	=
Name of Facility Where Abatement is Taking Place (3) FALLITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Dier Han K-12) Dier Han K-12 Subchapter 8 (Dier Han K-12) Dier Han K-12 Subchapter 8 (Dier Han K-12) Dier Han K-12 Dier H	M DOL	Amendment #		City,	SEA	ISLE CI	TY, N.J.	08243				_
Street Address Stre	□ рон	justification)	icluding			:1 _			er			
Name of Facility Where Abatement is Taking Place (3) Record (1/2) School (K-12) Successor (K-12) S	□ DCA	10 TO		I_F	1001	EDUDITE.)	1	-	-		_
School (K-12) School (K-12) School (K-12) She (K-				FA	CILITY INF	ORMATION						_
Sireet Address The County (S) County Code (7) (STATE Square Feet \$0 of Floors Bidg. Age A	Name of Facility Where	Abatement is Takin	g Place (3)									
County (6) Cou		SIDENCE	<u> </u>				Subchapter 8	(Other than K-12)				
County (6) County (7) County (6) County (7) County (6) County (7) County	Street Address	6 2441	571				homes, etc.)				e	\dashv
County (6) CAPE ANY Name of Monitoring Firm Hired by Building Owner (8) NAM SCM No. Street Address City, State, Zip Code City, S		MALON	•							3		
Name of Monitoring Firm Hired by Building Owner (8)	County (6) ~	A .				7) (STATE	Current Use (Pr	or if being demolish	ned)			_ .
Street Address City, State, Zip Code Mother C SADD = N.J., Od 65 72 It cleanse No. 00 44 49 Name of OSHA Monitor 10 10 11 12 12 12 12 12 12 12 12 12 12 12 12			Owner	ASCM	No.	Name of Abaten	nent Contractor (9)					
Street Address 3695, SPRUE JUT.		. / .					FM CO IN	JC,				=
City, State, Zip Code City, State, Zip Code Multiple Color Multiple	Street Address	-				Street Address	S,S PRUC	E DUE.				_
Project Manager for Monitoring Firm Telephone No. Telephone No. S56 - 77 9 - 0 477 2 License No. 00 4 4 4 4	City State Zin Code					City, State, Zip C	ode	20 7	100	<u></u>		
Start Date (10)	City, State. 2p cocc						PLE SHAT	P C 110 12	00 0	3. 2		=
Start Date (10) Status During Abatement (Check only one) Street Address S.	Project Manager for Mor	itoring Firm	Te	lephone	No	856 - 77	9-0472		14			_
Street Address Stre	Start Date (10)	The Allinois	/ .	/		Name of OSHA	Monitor SEPN KL	EMM				
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code MAPLE NJDE NJDE MAPLE NJDE	10/29/12										•	\neg
Abatement Performed Outside of Normal Facility Hours	Occupancy Status Durin	ed During Entire Pe	eriod of Abat	ement				· uct 1 uc.				=
Scope of Work (Check all that apply) Scope of Work (Check all that apply) Staff	Abatement Performer	d Outside of Norma	I Facility Ho	urs		City, State, Zip C	Code	n = (L) =	Τ.	2 %	2 5	2
≥3 sf or ≥3 lf						1012	APLE 3	1206 101				=
S of or ≥3 if Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type	Scope of Work (Check a	ill that apply)						gative Pressure				
Location of Normally Used Solety by Maintenance/ Custodial Staff? (12) Yes No N/A Name of Registered Waste Hauler State No N/A Normally Description of Asbestos Containing Material (ACM) Amount (Specify SF or LF) Registered Landfill Normally Normally Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Registered Normally Normally Normally Normally Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Registered Normally Normal	≥3 sf or ≥3 lf >160 sf or >260 lf					Gloveh	an Procedure	on-Friable Procedu	re			
Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A SID IN C Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A SID IN C Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A SID IN C Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A SIDEP Waste Cubic Yards Name of Registered Landfill Haufer ID No. of Waste Cubic Yards Name of Registered Landfill Haufer ID No. of Waste			le Local	tion		Notes	templed () and the	21112001100				
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Yes No N/A Name of Registered Waste Hauler NDEP Waste NDEP Waste Hauler ID No. of Waste Custodial Staff? (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Applied Amount (Specify SF or LF) Property TO ANS ITE Name of Registered Landfill Hauler ID No. of Waste Cubic Yards Name of Registered Landfill	190		Norma	lly		Description	of		_	1 yr	е — Т	_
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Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauter ID No. of Waste C. M. C. M. V. A.			(12)			other miscellane	eous)		<u>8</u>	=	Jiate	me.
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		ste Hauler		Hauler I	D No.				١.			
K LEMCO LNC, 1/909 Dismosal Date City State		INC,	,	_	04	Disposal Date	City, State		~			
City. State APEE SHADE, NID WOOTBING, NID	City. State	E SHAD	GIR	(12			1000		(, 0	<u>:</u>		=
Completed By Title 1/10	Completed By JOSEPN K	LEMM _	· //	P		Signature	an Kolin	m 10/	17/	/12		



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

RECEIVED

Date of Notification (1) 10–16–12					of Building			27 TO	2	012 OCT	23	AM	· ·	,
Agencies Notified	Type Notification			Street A	Address		-					AM	3: (9
₹ EPA	☐ Initial			106	Allen	Road	l		A	& LIC	75.0			
□ DEP	☐ Amended			City, St	ate, Zip C	ode				& LIC	FN	UN	TRO)L
X DOL	Amendmen Emergency		[king R		ŊJ	07920			L17.	MAG	•	
X DOH	justification)	1			of Contact				Tel	ephone Nu	mber			100
□ DCA -		1			ry Par									
Name of Facility Where	Ahatement is Takir	na Place (3	1	FAC	ILITY INF	ORMATI	ION	Type of Facility	(4)					
Office Buildin		ly Flace (3)											
Street Address	.9	-						☐ School (K-		er than K-1	2)			
250 James Stre	et							Other (i.e.				dings	hom	es,
City (5)			e a value s					etc.) Square Feet	# 0	f Floors	T F	Bldg. A	lae.	57755.01
Morrisville, N	J							105,000	# 0	2		30y		
County (6)			-	County	Code (7)		-	Current Use (P	rior if bei	na demolis	hed)			
Morris					USE ONLY	o		office bu						
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	и No.		Name	of Abatement Co						
EHS Environmen	tal, INc.						1	mouth Envi			·. o.	Tnc		
Street Address			-				The second of the second	Address			/			-
411 Southgate	Court, Suit	e E					923	Haws Aver	nue					
City, State, Zip Code								tate, Zip Code						
Mickleton, NJ	08056						Nor	ristown, E	PA 194	101				
Project Manager for Mon	itoring Firm			Telepho				one No.		License N	lo.			
Jack Carney			18	856-2	24-008	30	610	-239-9920		00398	}			
Start Date (10)		Schedule			Date (11)			of OSHA Monitor						
9-25-12		10-1		2			E	mouth Envi	ronme	ental C	0.,	Inc.	60	
Occupancy Status During	Abatement (Chec	k Only One	e)					Address						
☑ Facility Closed/Vaca								Haws Aven	ue					
☐ Abatement Performe☐ Other – Describe:	ed Outside of Norn	nal Facility	Hours	5				tate, Zip Code						
7							Nor	ristown, P	A 194	01	20			
Scope of Work (Check Al	i i nat Apply)													
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		DX De	enova							Negative F	ressu	re		
23 = 100 31 01 = 200 II		L31 D0	Sinoni	1011				Glovebag Pro	cedure					
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Asbestos-Containing TO BE ABA		Mair	ntenar	nce/				laterial (ACM) insulation,	5000	mount pecify	R	_	Enc	ᄪ
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(13)		r		_		otner m	niscellan	eous)	l		val	=	Encapsulate	ure
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		++												
Name of Registered Wast	e Hauler		NI	JDEP W	laste	Cubic `	Yarde	Name of	Register	red Landfill		L		
Newark Carting			3130	auler ID		of Was		0.0000000000000000000000000000000000000		ou curiuilli				
				4509		40		IES		W-72-0-1-0-1				
City, State							al Date	City, Sta	te					
Newark, NJ		_				10-12		Bethl	ehem,					
Completed by		Title	-			Si	gnature	112	,	Da 10	te -16-	12		
Timothy E. Brya	mı	vice	-Pre	eside	nt		w	1///		10	-10-	-12		
ASB-41 (R-06-08)					r		* Do no	t use this form to	/ r asbesto	os licensure	exem	pted	activit	ties.

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:50 and 12:120)

	NO	(Purs	uant to ?	€JAC 8:60	and 12:120)	20	12 OCT	23	AM SPA	DWE!	<u> </u>		\exists
rate of Notification (1)		100	MR	ARCH		A.S	BEST	NevDer	t of Health	& Se	nior i	Servi	280
gencles Notified Type Notification		1	eel Addin	255 1100 150	ented to	sist.	& LI	ENS	LHC I	line)	7	57	4
DEP Amended OOL Amendment#		100	- Chan	Zin Codo	7 07			Date:	HIE!! A	_110	ne;		-17
Emergency (in	duding		me of Co					Telep	nane Numbe	of .			
DOH justification) Cancellation			LEWI,					1					
	Name Pil		FACILIT	YINFORM	ATION	Type of	Facility (4	,				511725	
Name of Facility Where Abatement is Taking I ARCHER Street Address					-	Se Se	hool (K-12) RiChter	than K-12)	سا اداند	e h	omac	
200 LINGBERTH GLUD.						etc	<u> </u>		commercial I		~~~~		•
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County (3)		Ç.S	ounty Co	de (7) E ONLY)		ļ	res		demolished	D)			
Name of Monitoring Flan Hited by Building O	wner (8)	7	ASCM	NO.			ment Con ntracting		9)				
Street Address						Lawell							
City, State, Zip Code	*****				City. S	Stele, Zip n Rock	Code N.J. 07	452				2	
Project Manager for Monitoring Firm		T	elephone	No.		-262-5	Section 1.		License No. 00156				
Start Date (10)	Schedule	Com i7	filation D	ate (11)	Name Örri	of OSH lega En	A Monitor	ntal Se	ervices Inc	ì.			
Occupancy Status During Abatement (Check	Only One	2)				Addres:	s r Street						
Facility Closed/Vacated During Entire F Abaltement Performed Outside of Norm Other – Describe:	eriod of A all Facility	Hours	ent		City.	State, Zi ckensa	Code ck, NJ 0	7606					
Scope of Work (Check All That Apply)								-					
≥3 sf or ≥3 lf ≥360 sf or ≥260 lf		enovat erroliti				Min	i-Enclosur	cedure c	Nagative Pr				
	1			es 1935-195-19		Nor	1-Exemple	o () and	Non-Friabl		Abalı	men	t
		itspoJ Ismol	500		Description	on of					Ty	pe	_
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cust	d Sole intenar lodia(S (12)	nce/ Staff?	(i.e. t	s Containing hermal syste surfacing. \ other miscell	Material ms insula /AT. or	(ACM) ation,	(5	mount Specify or LF)	Removal	Repeir	Encapsulate	Euclosus
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Name of Registered Waste Hauler		1	N ABOTA	Aaste	Cubic Yard	\$			ered LandSi		ــــــــــــــــــــــــــــــــــــــ	1	1-
Rovic Transport		1 1	tauter 10 20785		of Waste	ı			hlehem La	indfi	II Co	rp.	_
City, State Riverdale, New Jersey 07457					Disposal Dis	ale)— ve	City, St. Bettale	ste shem,	PA 18015	-			
Completed by R. McDonald	Title Pres	siden	t		Signat	M	1/	1	10	2/15	s/i	2_	2

CK 9895

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) **Bloomfield College** October 16, 2012 Agencies Notified Street Address Notification Type 467 Franklin Street Initial Notification ASBESTOS CONTROL X **EPA** Amended Certification City, State, Zip Code DCA Bloomfield, NJ 07003 ■ Emergency (including DOL justification) Name of Contact X DEP □ Cancelled Jack Mc Grane DOH X FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Bloomfield College- Knox Hall- Basement School (K-12) Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) 467 Franklin Street Sq. Feet: 2,000 # of Floors: 3 Bldg. Age: 50+ years City (5) County (6) County Code (7) (State Use Only) Current Use (prior if being demolished): Offices, Storage Bloomfield Essex Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Contractor (9) ASCM No. Envirovision, inc. GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 20-21 Wagaraw Road, Bldg # 34A **268 MAIN STREET** City State, ZipCode City, State, Zip Code Butler, NJ 07405 Fairlawn, NJ 07410 License Number Telephone Number Project Manager for Monitoring Firm Telephone Number 973-636-9145 Fred Larson 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor November 21, 2012 November 26, 2012 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD, Bldg # 34A Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe Other - Describe: Non Occupied - Sub-Chapter 8 FAIRLAWN, NJ 07410 Phase 2 Source of Work (Check all that apply) x Full Containment with Negative Pressure Mini-Enclosure Renovation \geq 3 sf or \geq 3 lf Tent /Glovebag Procedure 150 ef or > 260 Demolition

Location of Asbestos-Containing Material (ACM) in Facility (13)		The second secon		Description of A (ACM) (i.e. then VAT, or other mi	sbestos Containing Material mal systems insulation, surfact scell.)		Amoun (Specif or LF)	t	Abater	nent Typ	<u>e</u>	
Basement	X	T	1	TSI			200 l	_F	X			
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Wa See Belo		r ID#	Cubic Yards of Waste:					stered La	andfill	
Hauler #1) Greenwood Aba NJ DEP # 12561 Hauler #2) Newark Carting,				osal Dat vembe			City, Sta Route 2, Bridgept 304-842	Box 68 ort, WVA				
Completed by (Print or Type) Marin Graure	СТ	Signature Marin Grau	re		Date Oc	tober	16, 20	12				

GAC # 2012-311

MANAGER

UK 33471

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2012 OCT 23 AM 3: 62 Federal Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification Name of Building Owner/Operator & LICENSING 7 Merck Sharp & Dohme Corp. 1 0 Agencies Notified Type of Notification Street Address 556 MORRIS AVENUE **USEPA** Initial DEP Notification X DCA/DOL Amended City, State, Zip Code X DOH Cancellation Summit, NJ 07901 Name of Contact Telephone Number Todd Mills FACILITY INFORMATION Name of Facility Where Abatement is Taking Place Type of Facility) School (K-12)) Sub-Chapter 8 (Other than K-12) MERCK - Building S 5 Street Address (X) Other (I.e. private & Commercial buildings, homes, etc.) 556 MORRIS AVENUE # Floor Age of Bldg. SF of Bldg. City 10000 County County Code 3 50+ Current Use (prior if being demolished) State use Only SUMMIT, NJ UNION Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatment Contractor AERO ENVIRONMENTAL ACM CONSULTING CORP. Street Address Street Address 275 ROUTE 10 E. SUITE 220-306 2150 STANLEY TERRACE City, State, Zip Code City, State, Zip Code SUCCASUNNA, NJ 07876 UNION, NJ 07083 Telephone Number License Number Project Manager for Monitoring Firm Telephone No. TO BE DETERMINED 908-687-1008 00575 TO BE DETERMINED Name of OSHA Monitor Scheduled Start Date Scheduled Completion Date 2012 **EMSL ANALYTICAL** 30 11 2012 Day Year Month Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement 307 WEST 38TH STREET Abatement Outside Normal Facility Hours City, State, Zip Code X Describe: 4:00PM TO 1:30AM Other - Describe: NEW YORK, NY 10118 Scope of Work (Checl Only One) Abatement Method Demolition Full Containment with Negative Pressure Mini-Enclosure >3sf or >3lf > 160sf or > 260lf Glovebag Procedure X Non-Friable Procedure Renovation Is Location Normally Describtion of Amount to be Abatement Type Location of ACM Facility Used by Custodial Staff ACM to be Removed Yes NO N/A Removed (Specify SF/LF) Rem. Rep. Enc. Encl. PIPE FITTING INSULATION 6 FITTINGS 1ST FLOOR - STORAGE AREA X NJDEP Waste ID No. Name of Registered Landfill Name of Registered Waste Hauler Cubic Yds waste **NJDEPE 16666** Clean Harbors Env. Services, Inc. 5 Clean Harbors Lone Mountain, LLC City, State Disposal Date City. State of Registered Landfill Waynoka, Oklahoma Norwell, MA TBD Completed By (Print or Type) Signature Title 10/17/2012 TIMOTHY RYAN GENERAL MANAGER

CK .1131

1121							•	RECEN	/ p== =			
Date of Notification ((1) October 17, 2	2012				ing Owner / Operato	r (2)					
Agencies Notified	Type Notific	The second second second			et Address		and the second	2012 OCT 23 AI	1 3:	62		
□EPA □DEP :				186	Ridgedal	e Avenue		ASSESTOS CO & LICENSII			4	
⊠ DOL		al		City,	State & Z	ip Code		& LICENSI	411	UL		
⊠doh	15 - 21	ended endment a	#	Flor	ham Park	, NJ 07932			40		ja.	
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				Dam	iano Alba	nese					•	
				F	ACILITY	INFORMATION	1			-		
Name of Facility Wh JP Morgan Chase E		t is Taking	Place (3)			Type of Fa	cility (4) ol (K-12)					
Street Address							napter 8 (Other th	an K-12)				
186 Ridgedale Aver	nue							commercial building	s ho	me	etc.	١
						Square Fee			g. Age		Olo.,	
City (5)			-			2,5	000	2	33.	56	1	
Florham Park						Current Use Bank	e (Prior if being d	emolished)			u .	
County (6)			County Cod			Dank						
Morris	F		USE ONLY									
Name of Monitoring I The Louis Berger G		Building C	wner (8)		ASCN	No. Name of At Synatech,	patement Contrac	tor (9)				
Street Address						Street Addr					-	
412 Mount Kemble						829 Radio	Road					
City, State & Zip Cod Morristown, NJ 079						City, State		-				
Project Manager for I		n	Te	elephone	Number	Telephone	Harbor, NJ 0808 Number	License Num	her	_	_	
Bruce Lockwood			97	73-407-10	000	609-296-69	16		0081	7		
Scheduled Start Date October 27,		Schedule	ed Complet	tion Date ber 29, 2		Name of OS Synatech, I	SHA Monitor			1000		
Occupancy Status Di		ent (Check uring Entir	only one)			Street Addr	ess					
	Performed Out				7000	City, State 8	**************************************					
	cribe: upied During A	batement				Little Egg I	Harbor, NJ 0808	7				
Scope of Work (Chec	ck all that appl	y)										
			_	er e			Full Containme	ent with Negative Press	ure			
≥3 sf or ≥ 50 lf				Renovat			Mini-Enclosure					
≥160 sf or ≥26	60 If			Demoliti	on		Glovebag Proc					
Los	ation of		11-1			2		d(*) and Non-Friable Pr	ocedu	re		
Asbestos-Conta		(ACM)			ally Used	Descrip Asbestos-0		Amount (Specify	Ab	atem	ent	Type
TO BE	E ABATED	,		dial Staf		Material		SF or LF)				
	Facility (13)					(i.e., therma		*			m	Т
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obby					x	Ceramic T	ile Mastic	560 SF	V		L	Ļ
Coupon Booth			1		x	Carpet		50 SF	X			
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lame of Registered V	Vaste Hauler		NJDEP V Hauler ID		Cubic Y	ards of Waste	Name of Regis	stered Landfill				
ynatech, Inc.				429	6		Grows Landfi	ı				
City, State		1100000			Disposa	al Date	City, State		0/41			-
ittle Egg Harbor, N.	J 08087				Octob	er 30, 2012	Morrisville, PA					
completed By		Title			Signatu		International Parties, PA	Date				
iane Aloia		Executi	ve Adminis	etrato-	120	care alor.				- 6		
v Alvid		LACCULI	ve Auminis	orrator	1	in all		October 17, 2012				

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Date of Notification (1) 10/18/12	- 10					Owner / Operator	r (2)	2 OCT 23 AM				-
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⊠ EPA	;					Ave.	43	MESTON		15	194	
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	ergency			of Cor				T	elepho	ne N	umb	er
DCA Can	cellation	Ale	х В	laylo	r							
		F	AC	ILITY	INF	ORMATION						
Name of Facility Where Abaten	ent is Taking Place	(3)	102/2500			Type of Facili					254000	
Verizon						School (F		75 727				
Street Address							ter 8 (Other th					
31 South Haddon Ave.								mmercial building			etc.)	
City (E)	[Causts (6)]	Carrati		-d- (-	7\	Square Feet	# of Flo	oors	ldg. Ag	е		
City (5)		County	y Co	ode ()	Current Head	Prior if being of	domoliohod)			-	
Haddonfield	Burlington					Offices	Phor ii being t	demonstred)				
Name of Monitoring Firm Hired	by Puilding Owner	(0)		100	M No.		tement Contra	ctor (0)			_	
USA Environmental	by Building Owner ((0)		ASC	VI INO.	AbateTech,		Citi (a)		22.00		less Sept.
Street Address 8436 Enterprise Ave.						Street Addres PO Box 25	SS					
City, State & Zip Code				-		City, State & 2	7in Code					
Philadelphia, PA 19153						Lumberton,						
Project Manager for Monitoring	Firm Te	lephor	ne N	Numb	er	Telephone Nu		License N	umber			
Mark Jenkins	21	5-365	-58	10		609-265-210)7		0052	9		
Scheduled Start Date (10) 10/31/12	Scheduled Comple	etion [(11)		Name of OSH EMSL Analy						
Occupancy Status During Abate			-	3117		Street Addres			-			
Facility Closed/Vacated	During Entire Perio	od of A	Abat	emer	ıt	108 Haddor	1200-000-000-000-000					
Abatement Performed 0	Outside of Normal 1	Hours				City, State & 2						
Describe:						Westmont,	NJ 08108					
Facility Occupied During		A										
Scope of Work (Check all that a	ippiy)						Full Co	ntainment with No	evitene	Pres	cure	۵.
☐ ≥3 sf or ≥3 lf	<u> </u>	7 R	Reno	vatio	1			closure	ogu•o		Jourc	•
≥160 sf ≥260 lf	F	7		olition	3800			Bag Procedures				
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Location of		ls Loc	catio	n		Description		Amount	Aba	tem	ent T	ype
Asbestos-Containi	ng No	ormall				Asbestos-Cont Material (AC		(Specify	71			Π
Material (ACM) TO BE ABATED	B.A.	Solel ainten				(i.e., thermal sy		SF or LF)	Remova	71	Enc	Enclosure
in Facility		stodia				insulation, surface	ing, VAT		ova	Repair	aps	clos
(13)		(12			2	or other miscella	aneous)			Ŧ.	Encapsulate	ure
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Mechanical Vent Room			1			Floor tile & N	/lastic	430 SF		Ц		
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		11-	#	H					ㅐ	H	H	H
Name of Registered Waste Hau	ıler		NIL	EP V	laste	Cubic Yards	Name of Rec	istered Landfill				
Traine of Registered Waste Flat	iici			ler ID		of Waste	realite of reg	notorou Lariann				
AbateTech, Inc				1875		12	TRRF Land	Ifill				
City, State Lumberton, NJ						Disposal Date 11/2/12	City, State Tullytown,	PA				
Completed By (Print or Type)		1-	Title		- 4	Signature	12.		Date			
Gwen Trumbetti	7	100		s. Co	ord.		110		10/18	/12		

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Date of Notification (1	Vame	e of	Bu	ilding	Own	er / Operato	or (2)			RECEI	VE	-)		
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EPA	Type Nounca	ation	7	-	rus Frus	tee	uui	ess of Pri	ncet	on Univer	rsity F	Δ Mac	Milla	n Blag Al	N,	- 2			
□ DEP	☐ Initial			0	City.	Sta	te 8	Zip (Code	on onver	Sity L	.A. 1965	BF C	'En	1 /:	4	3		
☑ DOL		nded #6						NJ 0					21	OS COL	<i>1</i> ~		_		
☑ DOH	☐ Emer	gency						ntact					~ [CENSIA	eleb	Adi	ne N	lumb	oer
☐ DCA		ellation		- 13				tego,	P.E.					n Blag. Al TOS COA ICENSIN	A-P	J¥.			
	AC-12	· · · · · · · · · · · · · · · · · · ·								//ATION									-
Name of Facility Whe	ere Ahateme	ent is Taking P	lace	e (3		CII	LII	TINE		ype of Faci	lity (4)						_		
Princeton Univers				<i>د</i> رد	',				۱ř	School (
Street Address		-							− i	_		Other tha	an K-	12)					
One Washington I	Road								١Ď					cial building	s, ho	m	es, e	etc.)	
									s	quare Feet		# of Flo	ors	BI	dg. A	\ge	•		
City (5)		County (6)		Co	unty	Cod	de (7)	\neg						_				
Princeton		Mercer	- 1		(2.4			(40)a	c	urrent Use	(Prior i	f being d	emoli	shed)					
			-						U	niversity	Libra	ry		,					
Name of Monitoring F	irm Hired b	y Building Owr	ner	(8)		1	ASC	M No		ame of Aba			ctor (9))					
ATC Associates, I	nc.								A	bateTech	, Inc.								
Street Address							1,000		1,500	treet Addre							6040e6	210000	
Bromley Corporat		Terri Lane,	Su	ite	12					O Box 25									
City, State & Zip Cod										ity, State &									
Burlington, NJ 080 Project Manager for N		inna	TT.	lan	hone	. NI.				umberton				License No		_			
Mike Keehn	worldoning r	11111			386-			ei		elephone N 09-265-21				License N	00		Q		
Scheduled Start Date	(10)	Scheduled Cor	100000						_	ame of OSI	Correction.	nitor	_		00.	J_			
7/2/12	(10)	Jonedaled Col	0.00		/12		,	1.0	10000	MSL Anal									
Occupancy Status Du	uring Abaten	nent (Check or	nly (one	e)				_	reet Addre									
		During Entire P				ate	me	nt	10	08 Haddo	n Ave								
Abatement P	erformed Ou	itside of Norma	al I	Ηοι	Irs				C	ity, State &	Zip Co	ode							
Describe:									W	lestmont,	NJ 08	3108							
Facility Occup															- 2,1 - 2				
Scope of Work (Chec	k all that ap	ply)										FII C		and with Na	4:.		D==		20
≥3 sf or ≥3 lf			K	7	Rer		_+i_	_			H	Mini-End		ent with Ne	egativ	/e	Pres	ssure	а
≥3 sf or ≥3 lf ≥160 sf ≥260	If		2	듹	Der						\forall			e ocedures					
	н		L	_	Dei	1101	itiOi	1					11:00	d and Non-	Friak	ماد	Dro	codi	uro
Loc	ation of			ls l	ocat	ion				Descriptio		TAOTI-LXC		Amount	_	_			Туре
	s-Containing	1			ally				As	bestos-Cor		,		(Specify	1.	T		Γ.	T
	rial (ACM)			Sc	lely	by				Material (A	CM)			F or LF)	1.			g	l m
	ABATED				enar					., thermal s					1	PAR	Re	cap	B
	Facility (13)		Cu		dial	Sta	ff?			ation, surfaction, surfaction					3	Remova	Repair	Encapsulate	Enclosure
20	(13)		Ye		(12) No	IN	/A		01 01	iller miscen	lalleou	٥)			*	-		ate	l o
Various Locations	Througho	ut 1 st Floor	Г	1	П		<u>a</u>		P	ipe Insula	ation		20 LF	(wrap & cu	t) 🔀	1	П	П	
4 th Floor Room 4-8	R-D	Jul 1 11001	-	╡┼	H		3	No.		or tile &				72 SF	, 		片	H	H
1 st Floor Tech Ser			十	$\dagger \dagger$	Ħ		1			or tile & l				160 SF			Ħ	H	Ħ
B Level Former Sy	The state of the s	ice		it	Ħ		1			Floor ti			_	60 SF			Ħ	Ħ	Ħ
			Ī	it	Ħ	ΤĒ	Ť					4				Ť	Ħ	一	T
		2)] [ΤĒ									TE]			
Name of Registered V	Naste Haule	er			100000			Vaste	100000000000000000000000000000000000000	ic Yards	Name	e of Regi	stere	d Landfill	•				
Al (. T l . l					На			No.	of W	aste									
AbateTech, Inc.						18	875	0	<u> </u>	10		F Landi	rill			_			
City, State Lumberton, NJ									1-2-2-3	osal Date 0/31/12		State /town, F	ο Α						
1. 1 TO STORY OF STREET STREET STREET,	Tue -\				7.						lully	rown, F	H		Det	_			16
Completed By (Print of Gwen Trumbetti	ı ıype)	**			Tit		C	ord.	Sign	ature		_			Date	7:	014	2	
ramsott						, pa		oru.		AUS	0				10/	10	8/1	4	

State of New Jersey 1210-4559 NOTIFICATION OF ASBESTOS ABATEMENT Check #4484 (Pursuant to N.J.A.C. 8:60 and 12:120) RECEIVED

1210-4559

Date of Notification								wner / Operato	or (2)	2012 OCT 2	_				
Agencies Notified	Type Notific	action				dress	O.E	•		2018 061 2	3 AM 1	: 40			
EPA	Type Nound	ation	100			ido T	orra		£	1care-		46			
DEP	☐ Initia	al	-		-	e & Zip		10:00 Wo.AC.	-	& LICE	CONT	en.			
DOL		ended	1 20			Hill, N				& LICE	NSING	TUL.			
☑ DOH	⊠ Eme	ergency				Contac		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Telepho	ne N	Juml	her
DCA		cellation	(6)	Гom			300								
				FA	CIL	ITY IN	IFO	RMATION							
Name of Facility W	here Abatem	ent is Taking F	Place (3					Type of Facil	lity (4)			11/11			
Clara Barton ES								School (Z						
Street Address	anderswer are not								AND THE RESERVE OF THE PERSON	Other than K-	Control of the contro				
223 Rhode Island	d Ave.									te & commer				etc.)	
City (5)		County (6)	Cou	unter	204	o (7)		Square Feet		# of Floors		Bldg. Ag	е		
City (5) Cherry Hill		County (6) Camden	Col	unty (Jou	e (7)		Current Use	/Drior if	hoina domol	iohod\				
Cherry Tim		Carrider						school	(FIIOI II	being demoi	isileu)				
Name of Monitoring	Firm Hired	by Building Ow	ner (8)		A	SCM N	lo.	Name of Aba	tement	Contractor (9	9)		_		
TTI Environment	al							AbateTech,	, Inc.						
Street Address								Street Addres	SS						
9 East Stow Rd. City, State & Zip Co	ndo		- 7///				_	PO Box 25 City, State &	7in Co.	da					
Mariton, NJ 0805								Lumberton				€0.			
Project Manager for		Firm	Telep	hone	Nui	mber		Telephone N		3040	License 1	Number			
Jim Guilardi			856-9			7.87		609-265-210	07	***************************************		0052	29		
Scheduled Start Da 10/15/12		Scheduled Co	mpletio 10/16		te (1	11)		Name of OSI		itor					
Occupancy Status I		ment (Check o	1704719110100	(A) (B) (B) (B)			_	EMSL Anal			-				
		During Entire F			aten	nent		108 Haddor							
	Performed C	utside of Norm	al Hou	ırs –				City, State &	Zip Cod	de					
Describe:								Westmont,	NJ 08	108					
		Abatement			_										
Scope of Work (Che	eck all that a	pply)							П	Full Containn	ent with N	Jonativo	Dro	eeur	0
≥3 sf or ≥3 l	f		\square	Ren	ova	tion				Mini-Enclosu		vegative	1 10.	Sour	C
≥160 sf ≥26	0 If		П	Den	nolit	ion				Glove Bag Pr					
_									-	Non-Exempte		n-Friable	Pro	ced	ure
177.0	ocation of			ocati				Description			Amount	Aba	atem	ent 7	Туре
	os-Containir	ng	Norm			t		Asbestos-Con			(Specify				T
	erial (ACM) BE ABATED		Maint	lely b			,	Material (A0 i.e., thermal s			SF or LF)	Z.		등	_ <u>_</u>
	Facility		Custo					ulation, surfac		T I		Remova	Repair	aps	Clos
	(13)			(12)			OI	r other miscella	aneous)		va	air.	Encapsulate	Enclosure
			Yes	No	N/A	Α								a	
Kitchen Storage	Room		Ш		L		P	ipe joint ins	ulation	1	6 LF				
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			H	H	+	<u> </u>						᠆H	Η	H	ዙ
			H	H	F							ᅢ	H	H	卄
Name of Registered	Waste Hau	er		NJ	DEP	Wast	e C	ubic Yards	Name	of Registere	d Landfill				1
AbataTask las						ID No.	of	Waste							
AbateTech, Inc.				18	750		-	1		Landfill					
City, State Lumberton, NJ							Di	isposal Date 10/16/12	City, S	state t own, PA					
Completed By (Print	or Type)		- 2	Title	A ·		Si	gnature	ully	own, i A		Date		SE (21)	
Gwen Trumbetti	J JP5)			1000	ice			onatalo o	. 1/			10/1	5/1	2	
				Co	ord			$\langle M \rangle$	vr						

1210-4558 Check #4483 RECEIVER

Date of Notification	(1) 10/9/12								er / Operate			2	MIZOCT -	20	VE	D	
Agencies Notified EPA	Type Notific	ation		Stre	eet	Add	ress 1 Broa			ais, i	iic.	Æ.	SESTOS & LICE	3 A	1 /:	42	
□ DEP	☐ Initia	I				_	& Zip		eet			8.57	25/03	COL	17-	•	
☐ DOL		nded#		0.7	210		urg, N		866				" LICE	MSIN	IR	9L	
□ DOH		rgency					ontact							releph	one	Numl	ber
☐ DCA	Cand	cellation		Tin	ıa [Don	ward										
			PAI	F	AC	ILI	TY INF	FORN	IATION								
Name of Facility WI			Place (pe of Faci	ility (4)						
Avantor Perform	ance Mater	rials, Inc.							School								
Street Address											(Other th						
600 North Broad	Street												cial building			etc.)	
City (E)		[Ct (C)	10.				/7\		quare Feet		# of Flo	oors	В	ldg. A	je		
City (5)		County (6)	100	ount	y C	ode	(1)	0.		(D-i-	16.1		:- L - N				
Phillipsburg									urrent Use	(Prioi	r if being o	demoi	ished)				
Name of Monitoring	Firm Hirad h	y Building Ow	nor (9	\		IAC	CM No	- DISS	ant ame of Aba	otomo	nt Contra	-t //	2)				
Health & Safety S		by building Ow	ner (o	,		AS	CIVI INC		bateTech			ctor (s	9)				
Street Address		4				-		_	reet Addre						_	- 05	
318 12 th Street									D Box 25								
City, State & Zip Co								50,000	ty, State &			A.V.	****				
Hammonton, NJ		•	T-1-	. f					ımberton								
Project Manager for Jim Proctor	ivionitoring F	·irm	Tele				iber	100000	lephone N 9-265-21		er		License N	umber 005			
Scheduled Start Da	te (10)	Scheduled Co	100000000000000000000000000000000000000			200	1)	_	ame of OS		onitor			005	29		
10/11/12		3011544154 30	10/1			٠.,	,	0.000	MSL Anal								
Occupancy Status I	Ouring Abater	ment (Check o	nly on	e)	VIII O		-710		reet Addre				100				
		During Entire F				teme	ent	-	8 Haddo								
	Performed O	utside of Norm	nal Ho	urs				10 5	ty, State &	100							
Describe: Facility Occ	upied During	Abatament						W	estmont,	, NJ 0	18108						
Scope of Work (Che																	
Coops of Front (One	on an inai ap	,6.97								П	Full Co	ntainm	nent with No	egative	Pre	ssure	Э
≥3 sf or ≥3 l	f		\boxtimes	R	end	ovati	on			\boxtimes	Mini-En						
≥160 sf ≥26	O If			D	em	olitic	n			\boxtimes			ocedures				
					and the same						Non-Ex	empte	ed and Non-				-
	ocation of os-Containin	~	ls Non	Loc					Description Destos-Cor				Amount	Ab	atem	ent T	Гуре
	erial (ACM)	9		olel					Material (A		ig		(Specify SF or LF)			m	
<u>TO E</u>	BE ABATED		Mair	iten	and	e or		(i.e.	, thermal s	systen			,	Rer	R P	nca	Enc
ir	Facility		Cust			taff?			tion, surfac					Remova	Repair	Encapsulate	Enclosure
	(13)		Yes	(12 No		N/A		or ou	her miscell	ianeo	us)			<u> </u>		ate	9
Steam System				×				-	team Va	lvoc			I1 each				
Oteam Oystem			H	H	#	H			otcaiii va	1462		1	i i eacii	무	H	H	H
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								1000						T	П	Ħ	Ħ
Name of Registered	Waste Haule	er							c Yards	Nan	ne of Reg	istere	d Landfill				Î
AbateTech, Inc.				1		187	D No.	of Wa	aste 10	TDI	RF Land	£;11					
City, State						107	JU	Diene	osal Date		, State	1111					
Lumberton, NJ									0/15/12		, State l ytown, l	PA					
Completed By (Print	or Type)			17	Γitle		-	Signa			,			Date			4
Gwen Trumbetti	Santa Santa Pia (Ci				Offi			1	CAS		1			10/9	/12		
				10	200	ord			UXI	u >	~			1.010			- 1

Date of Notification (1)				Name o	f Building	Owner/Opera	ator (2)	- NE	CEIV	· E- I	Frag	
Octob	er 19, 2012			Jacobus	s Pharm	aceutical	Co.		2012 OCT 2	. 6	E.	3	
Agencies Notified	Type Notification			Street A	ddress				COIZ OCT	23 000			
⊠ EPA •	☐ Initial		- 1	County	Road 6	83				-U AM	1:	31	
DEP	Amended		Ī	City, Sta	ate, Zip Co	ode		(SBESTA	S No.		•	
DOL	Amendment		_	Plainsb	oro Tow	nship, NJ			& LICI	PACUN	TRU)	
□ DOH		including		Name o	f Contact				Telephone	Number	3		
DCA	Cancellation		- 1	Tom Sa	antoli								
				FACI	LITY INFO	ORMATION							
Name of Facility Where	Abatement is Taking	g Place (3)					Type of Facility (4	-)				
Jacobus Pharmaceu	tical Co.	(#						School (K-12					
Street Address									8 (Other than I rivate & comm		dinas	home	29
County Road 683								Other (i.e. precedure)	ivate a commi	croiar bail	unigo	, 1101111	
City (5)								Square Feet	# of Floors	E	Bldg. /	Age	
Plainsboro Township	, NJ												
County (6)					Code (7)			Current Use (Prio	r if being demo	olished)			
Middlesex				(STATE	USE ONLY)		-		Pharmace	utical			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	ΛNo.	Na	ame c	f Abatement Con	tractor (9)				
Sabre Health						The	e M/	ACK Group, LI	_C	2004 - Day 100 - Day			
Street Address						St	reet A	ddress	-				
1015 Zucksville Roa	d					150	00 K	ings HWY N,	STE 209				
City, State, Zip Code	*					Ci	ty, St	ate, Zip Code					
Easton, PA 18040						Ch	erry	Hill, NJ 08034					
Project Manager for Mor	nitoring Firm			Telepho	ne No.	Te	elepho	ne No.	Licens	se No.			
Brent Altemose, CIH	, CSP	20		866.734	1.0127	(97	73) 7	59 - 5000	00781				
Start Date (10)	EPA DDL DDH DDCA DOH DDCA DOH DDCA DOH DDCA Emergency (includin justification) Cancellation me of Facility Where Abatement is Taking Place obus Pharmaceutical Co. eet Address anty Road 683 (5) Insboro Township, NJ unty (6) dlesex me of Monitoring Firm Hired by Building Owner (ore Health eet Address 5 Zucksville Road (ore Health eet Address 5 Zucksville Road (ore Health eet Address Core Handth eet Address 5 Zucksville Road (ore Health eet Address 6 Zucksville Road (ore Health eet Address 6 Zucksville Road (ore Health eet Address 6 Zucksville Road (ore Health eet Address (ore Hea				Date (11)	Na	ame o	f OSHA Monitor					
	DEP DOL					The	e M	ACK Group, LI	∟C.				
Occupancy Status Durin	g Abatement (Chec	k Only Or	ne)			St	reet A	Address					
▼ Facility Closed/Vac	ated During Entire	eriod of	Abate	ment		150	00 K	ings HWY N,	STE 209				
	ed Outside of Norm	al Facility	Hour	s		Ci	ty, St	ate, Zip Code					
						— Ch	erry	Hill, NJ 08034					
Scope of Work (Check A	II That Apply)						-	-					
		The same of the sa	Renov				2	Full Containme		ve Pressu	re		
≥160 sf or ≥260 lf			Demol	ition			8	Mini-Enclosure Glovebag Proc					
3		8					Ź	Non-Exempted	(*) and Non-Fri	able Proce	dure		
		Is	Loca	tion								temen	it
Location	n of		Norma	ally		Descrip	otion	of			1	уре	_
Asbestos-Containing	Material (ACM)		d Sol	ely by		tos Containi	ng Ma	aterial (ACM)	Amount			m	l
		100000000		Staff?	(i.e	. thermal sys surfacing			(Specify SF or LF)	Rer	70	ncap	ncl
	()		(12)			other misc			Of Of Er)	Remova	Repair	Encapsulate	Enclosure
3.5% 5.6%										<u>a</u>	-	ate	ď.
		Yes	No	N/A							+-	+	-
Maintenand	e Shop	X		,	а	sbestos ti	le &	mastic	900sf	-	,		1
Bathro		X	,			<u>'-</u>		500sf		<u></u>			
Vestib	ule		X			_'	'-		50sf	X			
						Pij	ре		80 I/f	\times			
Name of Registered Waste Hauler				NJ DEP V		Cubic Yar		Name of F	Registered Lan	dfill			-
				Hauler ID 45		of Waste	5.3	Cumberla	and County	Landfill			
City, State				-13		Disposal I		City, State					
	N.I					12/3							
Completed by		Title					ature			Date			
Mike Cooper	<1 •	Presid	ent			1/2	1	//	*	10/19/1	2		
Ivilke Cooper		i resid	CIT							. 0, 10, 1			

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

Location of		s Location	V	Description of				emen /pe	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Us Ma	ed Solel aintenar	Xey-	Asbestos Containing Material (ACM) Fittings Fittings Fittings 6" LP Condensate Pipe pipe insulation	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
	Yes	No	N/A	3 AM 1:31				0	L
Penthouse AC-5			STO	S co Fittings	8	$\perp \times$			
TankRoom/SteamRoom	X	ď	LICE	NSING Releam Pipe	8 l/f	X			
==	X			6" LP Condensate Pipe	70 l/f	X			Ī
bathroom/locker rm		X		pipe insulation	120 lf	X			T
Datin Commodicer ini	+	/ \		ppo modellon	12011	/_>		- 85	t
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Date of Notification (1)				Name of	Building	Owner/Op	erator	(2)	0. 1		ME(CE	111	P== _		
Octol	ber 17, 2012			Jacobus	Pharn	naceutica	al Co.			200	RE(are f	5)	
Agencies Notified	Type Notification	The second second second		Street Ad	ddress					2012	COCT 2	30				
⊠ EPA	Initial		(County	Road 6	883		- 7			2012	3 1	M	1:	-1-	
DEP	Amended	2		City, Sta	te, Zip C	ode			£	4 3 4	Fern	^		•	y II	
DOL	Amendment Emergency			Plainsbo	oro Tov	vnship, N	1 J			ð	LICE	5 00	MI	DO	,	
□ DOH	justification)			Name of	Contact					Te	ephonel	Watnow	*G	110	L.	
DCA	Cancellation			Tom Sa	ntoli						-					
Non- of Facility Wilson	AL -1	- DI (0		FACII	LITY INF	ORMATIO	N	Tona	of Cooilibs /A							-
Name of Facility Where		g Place (3	5)					_	of Facility (4							
Jacobus Pharmaceu	itical Co.					-			School (K-12 Subchapter 8		or than k	(_12\				
									Other (i.e. pr				ouild	ings,	home	es,
County Road 683								- 6	etc.)	1 "			_ DI	d a A		
City (5)								Squar	re Feet	# 0	f Floors		В	dg. A	ge	
Plainsboro Township	o, NJ				2 -1 - (7)				. II. (D.)			link a d				
County (6)				County C		0		Curre	nt Use (Prio							
Middlesex	- Uland by D. Udfan	0(0)		1 4004	NI-		Nieren	- f A h - d	tement Cont		rmace	utical				
Name of Monitoring Firm	n Hirea by Building	Owner (8)		ASCM	NO.	Also.					(9)					
Sabre Health								Addres	Group, LL				_	-	-	-
Street Address	ä									STE	200					
1015 Zucksville Roa	10								HWY N, S	SIE	209	***				
City, State, Zip Code							NOT KELLING VARIOUS									
Easton, PA 18040 Project Manager for Mor	nitoring Firm		-1	Telephor	ne No			y mili, none No	NJ 08034		Licens	e No			-	
180				366.734		1		759 -			00781	0 110.	*			
Brent Altemose, CIF	1, CSF	Schedule		mpletion [- '			A Monitor		00701					
9/26/1	2	Concadi		12/31/1		2			Group, LL	C						
Occupancy Status Durin		k Only Or		12/01/1				Addres		.0.			_			
									HWY N, S	STF	209					
	cated During Entire ned Outside of Norm					-			ip Code						11000	
Other - Describe:			ALCONO PORTO				202000 80000000		NJ 08034							
Scope of Work (Check A	All That Apply)	_						,,				-				
≥3 sf or ≥3 lf			Renova	ation				X Ful	I Containme	nt witl	n Negativ	re Pres	ssur	e		
≥160 sf or ≥260 lf		- Commont	Demoli					X Min	i-Enclosure		80700					
							ŀ	Glo Nor	vebag Proc n-Exempted (edure	Non-Fria	able Pr	oceo	lure		
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Τ.						1401	1-Exempled (() and	14011-1-110	I DIC I I			ement	t
		0.00	Locat Norma	100 C 100 C										Ty	ре	
Locatio Asbestos-Containing		Use	ed Sole	ely by	Asbes	Deso stos Conta	cription inina N		(ACM)	F	Amount				ш	
TO BE AB	ATED	5.00	intena todial	ance/ Staff?		e. thermal s	systems	s insula			Specify	-	Re	N	nca	Enc
In Faci			(12)			surfaci other mi	-	0.000		S	F or LF)		Remova	Repair	Encapsulate	Enclosure
(10)			ĺ			1940191 1111		,				1	/al	Ŧ	late	ē
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Vestib	ule		$\langle \times \rangle$			***************************************	_"_				50sf		X			
			\Diamond				D:				80 l/f		$\langle \rangle$			
Penthouse Name of Registered Wa				NJ DEP W	aste	Cubic Y	Pipe		Name of R			dfill				
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City, State						Disposa	al Date		City, State	!						
Newark / Riverdale,	NJ			Tu			/31/1:		Newburg	, PA		_ 5-				
Completed by		Title				Şig	mature	101	2			Date				
Mike Cooper		Presid	lent			-	Land.	//_	/			10/17	7/12			

 $[\]ensuremath{^\star}$ Do not use this form for asbestos licensure exempted activities.

					8:60 and 12		IT.	2012 OC	E) pro		330	0
Date of Notification (1)		T	Name of	f Building	Owner/Ope	rator (2)		201-			11	-	
October 03, 2012			lacobus	s Pharm	naceutical	Co.		**!20C	7 ~	2	Sec.	U	
Agencies Notified Type Notification			Street A	ddress				* STEST	1	A	٧,		
EPA Initial Amended		(County	Road 6	883		7	TOBEST	10.	- 48	/ /:	31	
DEP Amended	1		City, Sta	ate, Zip C	ode			& Lir	55	COL	7-	•	
DOL Amendment Emergency (F	Plainsb	oro Tow	vnship, NJ	J		-,,	CN	SIA	! Re	71	
DOH justification)	moruding	· [Name o	f Contact				Telephone	eNum	bér			
DCA Cancellation			om Sa	antoli									
Name of Facility Where Abstract is Takin	- Diago (2)	FACI	LITY INF	ORMATION								
Name of Facility Where Abatement is Taking	g Place (3)					pe of Facility, (4	+)					
Jacobus Pharmaceutical Co. Street Address							School (K-12	2) 8 (Other than	V 12			8	
Description of the Control of the Co							12.00	rivate & comn			dings	home	es,
County Road 683							etc.)						
City (5)						Sq	uare Feet	# of Floors	5	B	ldg. A	\ge	
Plainsboro Township, NJ								1					
County (6)				Code (7) USE ONLY	3	Cı	irrent Use (Prio	A AND AND AND AND AND AND AND AND AND AN					
Middlesex			4					Pharmace	eutic	al			
Name of Monitoring Firm Hired by Building (Owner (8)	ASCM	I No.	Theorem		batement Cont						
Sabre Health							K Group, Ll	_C					
Street Address					10-20-22	treet Add							
1015 Zucksville Road	.5						gs HWY N,	STE 209					
City, State, Zip Code							, Zip Code						
Easton, PA 18040			20-20-20-0				ill, NJ 08034						
Project Manager for Monitoring Firm			Telepho		1000	elephone		200800000	se No).			
Brent Altemose, CIH, CSP	0.1.1.	-	66.734	-			9 - 5000	0078	1				
Start Date (10)	Schedul			Date (11)	S description		SHA Monitor						
9/26/12	0 . 0		12/31/1	2		and the second	K Group, LL	.C.		-			
Occupancy Status During Abatement (Check	c Only O	ne)				treet Add							
Facility Closed/Vacated During Entire F							gs HWY N,	STE 209					
Abatement Performed Outside of Norm Other - Describe:	ai Facilit	y Hours					, Zip Code						
Scope of Work (Check All That Apply)					— Cr	nerry H	ili, NJ 08034					25000-00	
						. 🖂						0	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	The same of	Renova Demolit				X	Full Containme Mini-Enclosure	nt with Negat	ive Pr	essu	е		
		Demon	OII				Glovebag Proc	edure					
					7.0		Non-Exempted ((*) and Non-Fr	iable l	roce			
	1:	s Locati	on									emen: /pe	t
Location of		Normal ed Sole	-			ption of						T T	T
Asbestos-Containing Material (ACM) TO BE ABATED	(99.07.09	aintenar			tos Contain thermal sys			Amount (Specify				m	m
In Facility	Cus	todial S (12)	taff?	(1.0	surfacing	, VAT, o	r	SF or LF)		Remova	Repair	Encapsulate	Enclosure
(13)		(12)			other misc	ellaneou	is)			SVO	pair	sula	Sure
	Yes	No	N/A							=		ਰ	(D
Maintenance Shop	X	140	1075	а	sbestos ti	le & m	astic	900sf		X			
Bathroom	1	X				"_		500sf		$\langle \chi \rangle$			
Vestibule		X				"_		50sf		$\langle \rangle$			
Penthouse AC-5		X			Pi	pe		80 I/f		$\overleftrightarrow{\lambda}$			
Name of Registered Waste Hauler	1	N	J DEP W	aste	Cubic Yar		Name of R	legistered Lar	ndfill			1	
		Н	auler ID	No.	of Waste		100						
Newark Carting / Rovic		+ 1	450)9	15	2000 BY	-	and County	Lan	dfill			
City, State					Disposal I		City, State						
Newark / Riverdale, NJ	1 =		3/11/1			1/12	Newburg,	PA	-				
Completed by	Title				Sign	ature	1.0		Dat			2	
Mike Cooper	Presid	dent		-1000				<u></u>	10/3	3/12			

Date of Notification (1)			Name	of Building	g Owner/Ope	rator (REC	SFIAF					
September 1	2. 2012				maceutical	303	.50						
	Notification			Address	naceutical	CU.	2012 OC	23 AM	1:3	1	55		
N 504				Road 6	683								
	nitial Amended			tate, Zip C		-	ASEFS	TOS CO	HTR	0L	1		
☑ DOL ☐ A	Amendment #		Commence of the commence of th		wnship, NJ	1	2 8	ICENSI	NG				
	Emergency (including ustification)	9		of Contact	September 1 - Control of the Control			Telephor		nber			
	Cancellation		Tom S	antoli				1		-			
					FORMATION			-		-			
Name of Facility Where Abatem		(3)		1880			Type of Facility (4	4)					
Jacobus Pharmaceutical C	io						School (K-1						
Street Address								8 (Other than	n K-12	2)		7 120250	22450
County Road 683	4						Other (i.e. p etc.)	rivate & com	mercia	ai buii	aings	, nom	ies,
City (5)			19				Square Feet	# of Floor	s	E	3ldg.	Age	
Plainsboro Township, NJ													
County (6)				Code (7)			Current Use (Pric	or if being de	molish	ed)			
Middlesex			(STATE	USE ONLY	n	-		Pharmac	eutic	al			
Name of Monitoring Firm Hired b	by Building Owner (8)	ASCI	M No.	- N	ame o	f Abatement Con	tractor (9)	-				-
Sabre Health					Th	e MA	ACK Group, LI	_C					
Street Address				1 90	St	reet A	ddress						
1015 Zucksville Road					15	00 K	ngs HWY N,	STE 209					
City, State, Zip Code					Ci	ity, Sta	ate, Zip Code						
Easton, PA 18040	v				Ch	erry	Hill, NJ 08034	ļ					
Project Manager for Monitoring F	irm		Telepho	ne No.	Te	elepho	ne No.	Lice	nse No	ο.			
Brent Altemose, CIH, CSP			366.73				59 - 5000	0078	31				
Start Date (10)	Schedu	led Cor	mpletion	Date (11)	Na	ame o	f OSHA Monitor	MILES					
9/26/12			10/26/	12	Th	e MA	CK Group, LL	₋C.	1				
Occupancy Status During Abater	ment (Check Only O	ne)			St	reet A	ddress						
Facility Closed/Vacated Dur Abatement Performed Outsi	ring Entire Period of	Abater	ment		-		ngs HWY N,	STE 209					
Abatement Performed Outsi Other - Describe:	ide of Normal Facilit	y Hour	s		Page 1990		ite, Zip Code					10	3
					— Ch	erry	Hill, NJ 08034						
Scope of Work (Check All That A	.ppiy)					<u> </u>	7						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova				×	Full Containme	nt with Nega	tive P	ressu	re		
Z 100 31 01 2200 11		Demoli	lion				Mini-Enclosure Glovebag Proc	edure					
				7	1		Non-Exempted (riable	Proce	dure		
	1:	s Locat	ion									emen	t
Location of	1012	Normal			Descrip	otion o	f					уре	
Asbestos-Containing Material TO BE ABATED		ed Sole aintena			stos Containii			Amount				m	
In Facility	Cus	todial S	Staff?	(i.e	 thermal system surfacing 			(Specify SF or LF		Remova	Re	Encapsulate	Enclosure
(13)		(12)			other misce	ellane	ous)		ž.	VOL	Repair	Sula	DSU
	Yes	No	N/A							<u>m</u>	7	ate	o o
Maintenance Shop		INO	INA	3	sbestos til	0 8 r	nactic	900sf		V			-
Bathroom		X		a	_"_	8	ilastic			\Diamond		-	-
Vestibule		\Diamond	-					500sf		\Diamond		-	
vestibule		\wedge	-		-			50sf		\wedge	_		-
Name of Registered Waste Haule	er l	N	J DEP W	laste	Cubic Yard	de .	Name of D	egistered La	ndfill				
Traine of Registered Waste Flaure		(3.00)	lauler ID	97.81E1.77.73	of Waste	15	Name of R	egistered La	nanıı				
Newark Carting / Rovic			450)9	14.	.5	Cumberla	ind County	/ Lan	dfill			
City, State	- 4				Disposal D	ate	City, State						
Newark / Riverdale, NJ	*				10/26	5/12	Newburg,	PA				5	6
Completed by	Title			-	Signa	ture	212		Dat	e ·			
Mike Cooper	Presid	lent			1/2	11	/		9/12	/12			

	(P	ursuan	t to NJA	AC 8:60 an	d 12:120)	D	CCEL	YED				ĺ
	Т	Name	of Build	ing Owner/	Operator (2	2)	المنط المنط المنط	To have Same				
ate of Notification (1)		Iacob	us Pha	armaceut	ical Co.		ሰም ላሳ	15 TO 10 10 10 10 10 10 10 10 10 10 10 10 10				1
October 03, 2012			Addres			Z\$12 (161 23	AM 1: 36				
gencies Notified Type Notification		Count	ty Road	d 683			7 A TEN O	SOUTBOL				1
EPA Initial		City,	State, Zi	p Code		A 3 8	5103	CONTROL	1,			
DEP Amendment #1		Plains	sboro 7	Township	, NJ		LICE	elephoneNumbe	 r			1
Emergency (include	ling	Name	e of Con	tact			'					
DOH justification) Cancellation		Tom	Santol	i	0.00			-				1
DCA Cancellation		F/	CILITY	INFORMA	TION	Type of Fa	cility (4)					
ame of Facility Where Abatement is Taking Place	ce (3)											
ame of Facility Whole Facility CO							ol (K-12) hapter 8 (C	other than K-12)		1		
cobus Pharmaceutical Co.		97.0				Other	(i.e. priva	te & commercial t	ouildings	, non	165,	
Street Address						etc.)		# of Floors	Bldg.			
ounty Road 683						Square Fe	et '	0111001				
City (5)							- (Prior if	being demolished	d)			-
lainsboro Township, NJ		Cou	nty Cod	e (7)		Current	se (Filot ii	harmaceutica	1			
County (6)		(STA	ATE USE	ONLY)								
liddlesex Name of Monitoring Firm Hired by Building Own	er (8)	TA	SCM No).		of Abatem						
					The N	MACK Gr	oup, LLC	·				_
abre Health						t Address		200				
Street Address					1500	Kings HV	VY N, S	IE 209				-
015 Zucksville Road						State, Zip C						
City, State, Zip Code					Cher	ry Hill, N.	08034	License No				
Easton, PA 18040		Te	lephone	No.		phone No.		00781				
Project Manager for Monitoring Firm		866	5.734.0	127	(973	759 - 50	000	00701				_
Brent Altemose, CIH, CSP	cheduled	Compl	etion Da	ite (11)	1170 (370)	ne of OSHA		^				
Start Date (10)	0.1.7		/31/12			MACK G	roup, LL	<u>. </u>				-
9/26/12	Only One					et Address		TE 200				
Occupancy Status During Abatement (Check C		atomo	nt		1500) Kings H	WY N, S	STE 209				
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal	Facility h	Hours	111			, State, Zip						
Abatement Performed Outside of Normal Other - Describe:					Che	erry Hill, N	J 08034					
						5-7			Oroccure			
Scope of Work (Check All That Apply)	⊠ R€	enovati	on			Full	Containme Enclosure	nt with Negative I	-1622016	•		
≥3 sf or ≥3 lf	P	emolitic	on			N	Las Droc	adure	Descod	uro		
≥160 sf or ≥260 lf						Non-	Exempted	(*) and Non-Friable	Proced	Abate	ment	-
	1									Ту		
		Location lormally			Descrip	ntion of						
Location of	Use	d Solel	y by	Asbesto	e Containi	ng Material	(ACM)	Amount (Specify	D	л	nca	
Asbestos-Containing Material (ACM)	Mai	ntenar odial S	rce/	(i.e. t	hermal sys surfacing	tems insula	tion,	SF or LF)	Remova	Repair	Encapsulate	
TO BE ABATED In Facility	Cusi	(12)	itaii.		other misc	ellaneous)			ova	air.	late	
(13)			T									-
	Yes	No	N/A			··		900sf	X			1
Chan	X			as	bestos t	ile & mas	uC					T
Maintenance Shop		X				"-		500sf	$+\!(\cdot)$			+
Bathroom	+	$\langle \rangle$	1			."_	The second secon	50sf	X			
Vestibule				+		ino		80 l/f	X			
Penthouse AC-5		X		1	Cubic Ya	ipe	Name o	f Registered Land	Ifill		- ope (2) 40	
Name of Registered Waste Hauler		1	NJ DEP \	Waste	of Waste					í.		
Name of Registeros				509	100000000000000000000000000000000000000	5.3	Cumbe	rland County	Landill			-
Newark Carting / Rovic			4.		Disposa		City, St	ate				
City, State					Contraction of the	31/12	Newbu	rg, PA	Date			
Newark / Riverdale, NJ						mature	10		Date	0		
Completed by	Title				1	11/		/	10/3/1	۷		
Mike Cooper	Pres	ident							Soure ev		d ac	

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

Date of Notification (1)			N	lame of I	Building Ov	vner/O	perator (2)	CEIY	てこり					
	er 12, 2012				Pharmad		al Co.								-
Agencies Notified T	ype Notification		S	treet Ad	dress	Marine XV	2	01200	CT 23 A	M 1: 3	34				
	Initial				Road 683										
EPA DEP	Amended		C	ity, Stat	e, Zip Code	9	A	SBE	STOS C	ONTR	OL.				
☑ DOL ☐	Amendment :		42.000		ro Towns	ship,	NJ	_ &	LICENS	ING	noneNumi				-
DOH L	justification)	including			Contact					relepr	ioneivumi	Jei			
DCA C	Cancellation		To	om Sa						·					-
-		OL (0)		FACIL	ITY INFOR	RMATIO	ON	Type	of Facility (4)						
Name of Facility Where Ab		g Place (3)													
Jacobus Pharmaceutic	al Co.								School (K-12) Subchapter 8	(Other	than K-12)				
Street Address									Other (i.e. pri	ivate & c	ommercia	l buildir	ngs, h	omes	,
County Road 683									etc.) re Feet	# of F	oors	Bld	g. Ag	e	
City (5)						•		Squai	e i coi	0		20.00			
Plainsboro Township,	NJ			2	Code (7)	9		Curre	nt Use (Prior	r if being	demolish	ed)	-		-
County (6)					ISE ONLY)			Ourio	III 000 (1 III		naceutic				1
Middlesex		2 (0)		A C C N	l No.		Name	of Abat	tement Cont				-		
Name of Monitoring Firm H	lired by Building	Owner (8)		ASCM	INU.	. 8	0.000.000.000.00		Group, LL		\$1 M			6	
Sabre Health				L				Addres	The same of the sa						
Street Address							12000000		HWY N, S	STF 20	9				
1015 Zucksville Road									ip Code		-				
City, State, Zip Code							100 (100)		NJ 08034	i					
Easton, PA 18040			- 1	Telepho	ne No	_		none N			License N	0.			
Project Manager for Monito			100	66.734					5000	o	0781				
Brent Altemose, CIH,	CSP	Schedule							HA Monitor						
Start Date (10)		Scriedule		10/26/1			10-1002-00-20-20-20-20-20-20-20-20-20-20-20-		Group, Ll	LC.					
9/26/12	Abstamant (Cha	ck Only On		10/20/	12			Addre							
Occupancy Status During				0.000			1500	Kinas	HWY N,	STE 20)9				77 73-500
Facility Closed/Vacat Abatement Performer	ted During Entire	Period of A	baten	nent					Zip Code						
Abatement Performer Other - Describe:	d Odtside of North						10000000		NJ 08034	4					
Scope of Work (Check All	That Apply)														
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		No.	emoli					Mi	ini-Enclosure	•					
△00 0.01								HGI	lovebag Prod on-Exempted	(*) and N	Ion-Friable	Proced	dure		
					T								Abat	emen	t
			Locat Norma			_	2.0.							ре	1-
Location	of		d Sole	1 50	Ashes		escription ntaining		al (ACM)	An	nount			m	m
Asbestos-Containing TO BE ABA			intena todial		(i.e.	therm	al syster	ns insu	lation,	7	pecify or LF)	Rer	R	ncap	ncl
In Facili		Cusi	(12)				facing, V miscella			SF	OI LF)	Remova	Repair	Encapsulate	Enclosure
(13)					-	0,			50			<u>a</u>	_	ate	Œ
	100	Yes	No	N/A								17	-	-	-
Maintenance	e Shop	X			а	sbest	os tile	& ma	stic	9	00sf			-	-
Bathroo			X				_"_			5	00sf	X			
			\Diamond	-			_"_				50sf	X			
Vestibu	ile			-	1						-				
		1	L_,_	NIDEE	Mosts	Cub	ic Yards		Name of	Registe	red Landfi	_{II}	<u>_</u> -		1 -
Name of Registered Was	te Hauler			NJ DEP Hauler I			vaste		200000000000000000000000000000000000000						
Newark Carting / Roy	vic.	80	100		509		14.5	11	Cumber		ounty La	andfill			
City, State .						Disp	osal Da	te	City, Sta						
Newark / Riverdale, I	V.J.			3			10/26/		Newbur	g, PA					
Completed by		Title					Signatu	fre//	3/2			Date			
Compicted by						- 8	Man	1//		1	la/	12/12			
Mike Cooper		Presid	dent			20010-			-/		31	12/12			

				Name of Building Owner/Operator (2) Jacobus Pharmaceutical Co. Street Address County Road 683 City, State, Zip Code												
Date of Notification (1)				Name of Building Owner/Operator (2)												
October 17, 2012 Agencies Notified Type Notification						aceutical	2012 n									
Agencies Notified		Street Ad				CT 23										
EPA	Initial		County Road 683 City, State, Zip Code					A	n tare		AM 1	: 34				
DEP DOL	Amended	" 2						577.	SE C	705 a		- q				
DOL	Amendment Emergency (# <u>~</u> including	-			nship, NJ		ESTOS CONTROL Telephode (Nympor POL								
DOH	justification)			Name of					le	ebueuelah	APR.	OL.				
☐ DCA	Cancellation			Tom Sa		DIAL TION			_							
Name of Facility Whe	re Abatement is Taking	n Place (3)	FACII	LITY INFO	DRMATION		Type of Facility (4)			-				
Jacobus Pharmace		,				1										
Street Address	eutical Co.	- 275					School (K-12) Subchapter 8 (Other than K-12)									
								Other (i.e. p				lings,	home	es,		
County Road 683 City (5)							- +	etc.) Square Feet # of Floors Bldg. Age								
	-:- KI I						oquare r cer	THE COOL # OF FIOURS			blug. Age					
Plainsboro Townsh County (6)	nip, inj		Т	County C	ode (7)		-	Current Use (Pri	or if he	ina demolis	shed)	<u> </u>	-			
				County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished)								
Middlesex Name of Monitoring F	irm Hired by Building	Owner (8)		ASCM	No	N:	ame c	Pharmaceutical me of Abatement Contractor (9)								
	init timed by building t	Owner (0)		Accivi	140.		M									
Sabre Health Street Address								e MACK Group, LLC								
				1000												
1015 Zucksville Ro City, State, Zip Code			5550 A12000 51 -		1500 Kings HWY N, STE 209 City, State, Zip Code											
				1 220		Hill, NJ 0803										
Easton, PA 18040 Project Manager for N	- 4	Telephor	ne No			one No.		License No.								
TO THE PARTY OF TH		866.734.0127					00781									
Brent Altemose, C Start Date (10)		Completion Date (11)			(973) 759 - 5000 00781 Name of OSHA Monitor											
9/26	Ju 00	12/31/1			he MACK Group, LLC.											
	12/31/1	Street Address														
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement						1500 Kings HWY N, STE 209										
Abatement Perfo					City, State, Zip Code											
Other - Describe			<u> </u>	900	Cherry Hill, NJ 08034											
Scope of Work (Chec	k All That Apply)						,	,					-			
>3 sf or ≥3 lf		Renovation				Σ	Full Containm	ent wit	h Negative	Pressu	re					
				emolition			₽	Mini-Enclosur	ure							
							1	Glovebag Pro	ocedure d (*) and Non-Friable Procedure							
						Troil Exemples	, , , , , , , ,		Abatement							
	Loca Norma	THE STATE OF THE S		_	Description of				· Type							
I ocation of				lely by	Asbes		Description of s Containing Material (ACM)			Amount			ш			
TO BE ABATED MI				ance/ Staff?		thermal sys	ermal systems insulation,			(Specify		D	nca	Enc		
In Facility Cus)			urfacing, VAT, or er miscellaneous)			SF or LF)		Repair	Encapsulate	Enclosure		
(13)				1	Ottion inibe	- J	40)			Removal	1	ate	re			
		Yes No		N/A								-	1000			
Maintena	nce Shop	X			а	sbestos ti	ile &	& mastic		900sf						
Rath	room	1	X		4	_	"_			500sf	X					
			$\langle \rangle$	>+	. "п_					50sf		-				
	tibule			>			-				$\rightarrow \langle \rangle$	-	-	-		
Penthouse AC-5			X	<u></u>			ipe							L		
Name of Registered			DEP Waste Cubic Yards			ls Name of Registered Landfill										
Newark Carting / F		4509 15.3			5.3	3 Cumberland County Landfill					89					
City, State		Disposal Da			and the same of th											
Newark / Riverdale	e NJ			12/31/				The state of the s								
Completed by		Signatur								Date						
Mike Cooper	50 No. 10					11.	21		/	10	0/17/1	2				
Joopei							10/17/12									

•	ls	Locatio	7			Abatement Type				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Polisto 2012 DC	Solely menan delal-Si (12)	by cold E	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Liciosaid	
	LE Mes	, NO	N/A	TRO) Eittinde	8	X			T	
Penthouse AC-5	5 535	3/05	CO	ITROL Fittings G Steam Pipe 6" LP Condensate Pipe	8 I/f	\Rightarrow			+-	
TankRoom/SteamRoom	3	LICE	KOII	G Steam Pipe		\Rightarrow		-	+	
	X	$\overline{}$		6 LF Condensate ripc	70 l/f	\Rightarrow	+-	-	+	
bathroom/locker rm		X		pipe insulation	120 lf	-	-	-	+	
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Ch423

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

RECEIVED

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

Date of Notification (1)	-		Nama	f Building (Dwnor/On	aratar	(2)	* 5-129	VEIN								
10/19/12		Hame of Ballang Owner/Operator (2)															
Agencies Notified Type Notification	100	Street A	Address venue L				2012 OCT 23 AM 1: 52										
EPA I Initial DEP Amended	7	139 Avenue L City, State, Zip Code Newark, NJ 07105 Name of Contact Telephone Number									-						
DOL Amendment Emergency (rk, NJ 07	7105		& LICENSING KUL										
DOH justification) DCA Cancellation	OH justification) Name of Contact								1 olophono rambol								
			LITY INFO	RMATION	V .	0											
Name of Facility Where Abatement is Taking Atlas Marble & Granite	g Place (3)						Type of Facility (55.5									
Street Address						School (K-12) Subchapter 8 (Other than K-12) Other (i.e. princts & commercial buildings homes											
139 Avenue L City (5)						Other (i.e. private & commercial buildings, homes etc.)											
Newark						Square Feet 100,000		# of Floors 2		Bldg. Age 60							
County (6) Essex		County	Code (7) USE ONLY)				being demolished)										
Name of Monitoring Firm Hired by Building (ASC		2007-1107-0-	Jame	Manufacturing e of Abatement Contractor (9)											
PT Consultants			,,,,,,,				services, LLC										
Street Address 629 Creek Road							Address West Lincoln H	Highway, Suite 40									
City, State, Zip Code				C	ity, S	State, Zip Code											
Bellmawr, NJ 08031 Project Manager for Monitoring Firm	T	Tolonbo	no No			on, PA 19341											
Allie Szyba	(4 5)	856-251-9980 4			elephone No. License No. 01161												
Start Date (10) 10/23/12	d Com 2	pletion	Date (11)		lame EMSI	e of OSHA Monitor SL											
Occupancy Status During Abatement (Check	;)					Address											
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: 4:00 pm - 12:00 am	eriod of Al	oatem Hours	ement				N. Route 130 State, Zip Code										
Other – Describe: 4:00 pm - 12:00 am						naminson, NJ 08077											
Scope of Work (Check All That Apply)	X Re						1										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	enovat emoliti				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure											
	ocatio	on				14011-Exemples	() air	a Non-i Hab	Abatement								
Location of	Soleh	у		Descri						Type							
TO BE ABATED Maint			ice/		hermal sys	stems	aterial (ACM) insulation,	(5	Amount (Specify SF or LF)		R	Enca	En				
In Facility (13)		(12)			surfacing other misc			SF			Repair	Encapsulate	Enclosure				
	Yes	No	N/A							Removal		ate	e.				
Inside Building			Х	Pipe Insula			tion		12								
													- 1				
Name of Registered Waste Hauler	N.	NJDEP Waste Cubic Ya			rds	Name of F	Registe	egistered Landfill									
ecosenvices IIC				Hauler ID No. of Waste			Minerva Landfill										
City, State Exton, PA		Disposal Date 10/23/12				City, State Waynesburg, Ohio											
Completed by Title					1 /	a A	Da	te	-		-						
Jack Bally	ject	Manag	ger		1/	tdi Da	le	00	ctobe	r 19,	201	2					