#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

		r	ITON					60 and 5:16		CR#2	362						
Date of Notification (1)				Name of Building Owner/Operator (2)  Willingboro Broad of Education  Street Address  Name of Building Owner/Operator (2)  Willingboro Broad of Education  Street Address													
	19 / _	12			Will	ingboro	Bro	ad of Educat	ion 7#12 nct ac	. nu .							
Agencies Notified	Type Notifica	tion			Street	Address	0000	Walter St.	-015 OC 1 50	PM 4: 3	2						
□ EPA	☐ Initial				440	Beverly-	Rar	ncocas Rd	ASSECTION			-107384					
☑ DOLWD ☑ DHSS	Amended Amendme				City, S	tate, Zip C	ode		&SBESTOS & LICE	CUNTRO	L						
□ DCA	☐ Emergend	100			Will	ingboro,	NJ	08046	e LILE	nsing	an						
(NJAC 5:23-8)	justificatio	n)			Name	of Contact	l l			Telephone Nu	Milber						
	☐ Cancellati	on			Kel	vin Smith	1		}								
					FAC	CILITY IN	FOF	RMATION									
Name of Facility Where A		aking	Place	(3)					Type of Facility (								
Willingboro High S	chool								School (K-12)     Subchapter 8		.12)						
Street Address								1	Other (i.e., pri			uildin	gs,				
20 Kennedy Way				550	7				homes, etc.)								
City (5)									Square Feet	# of Floors	В	ldg. A	ge				
Willingboro					т				75,000	2		40+					
County (6)					Coun	ty Code (7	)(STA	ATE USE ONLY)	Current Use (Price		olished)						
Burlington				o\	10011		1	( )	High School								
Name of Monitoring Firm		ing O	wner (	8)	ASCM	No.	1000000		ent Contractor (9)	INC							
TTI Environmental	inc.							eet Address	VIRONMENTAL	., INC.		000000000					
Street Address 1253 N. Church St								eet Address 1123 BEAVEI	STREET								
City, State, Zip Code						y, State, Zip Co					-						
Moorestown, NJ 08					100	BRISTOL, PA											
Project Manager for Mon				Tele	phone	No		lephone No.	10001	License No.							
Jim Guilardi	itoring r iiii			15 0000	6-840		1	215-788-6040	í	00509							
Start Date (10)	Is	chedu	uled C	· Norman Villa	tion Da			me of OSHA M				-					
11 /2 /	_12_	12	2_ /	31	_ / -		E	BRISTOL EN	VIRONMENTAL	., INC.							
Occupancy Status During			- 5					eet Address									
☐ Facility Closed/Vacate	이번 있는 것이 없어요요 그렇게 되었다.						1123 BEAVER STREET										
Abatement Performed Time of Abatement: _								y, State, Zip Co									
	2 3						[	BRISTOL, PA	19007								
Scope of Work (Check al	ii that apply)							☐ Full Conf	tainment with Neg	ative Pressure							
☐ ≥3 sf or ≥3 lf			⊠ Re					☐ Mini-Enc									
≥160 sf or ≥260 lf			☐ De	molitic	on				g Procedure mpted (*) and Nor	n-Friable Proce	dure						
		T		Locat		I T			· · · · · · · · · · · · · · · · · · ·			batem	ent T	ype			
Location	•			Norma		8		Description of		20 2	-	-	T	Ť			
Asbestos-Containing TO BE ABA		)		intena				Containing Ma ermal systems		Amount (Specify	Remova	Repair	nca	nclo			
IN Facili			Cust		Staff?	(1.0	100	surfacing, VAT	, or	SF or LF)	oval	=	Encapsulate	Enclosure			
(13)		-	Voc	(12) No	N/A	1	ot	ther miscellane	ous)				ate	0			
Rooms #301A & 302/								nd mastic		177 SF							
Rooms # 405 thru # 4		×		Floor ti	le a	nd mastic		627 SF			$\Box$						
Rooms #219 & #221			10	Floor ti	le a	nd mastic		246 SF		-							
Boy's and Girl's lock	er room offic	ces		×		Floor ti	le a	nd mastic		380 SF				П			
Name of Registered Was					IJDEP \	Vaste	Cu	bic Yards of	Name of Regis	tered Landfill		1					
SERVICE TRANSPO	SERVICE TRANSPORT GROUP, INC.						Waste MINERVA I			VA LANDFILL							
City, State  NEW CASTLE, DE	19720				Disposal Date				City, State WAYNESB	URG, OH 446	688						
Completed By (Print or Type) Title					All Control of the Co		1	Signature	1	, T	Date	, ,					
Completed By (Print or Type) Title  Brian Scafiro Estimator								Brian	Scoling 1	il	10/	19/1	2				

ASB-41 MAY 11 6 5 1 2 0 6 6



### State of New Jersey

100		NOTI (	FICATIO Pursuar	ON OF AS	SBESTOS AC 8:60 ar	ABATE		RECE	1.7.					
Date of Notification (1) 10/22/2012			Name PSE		ng Owner/	Operator)	(2)	RECEI	YE	)—				
Agencies Notified Type Notification	n		1 150 House Constitution	Address				0CT 25 F	M L:	20				
X EPA X Initial					EY ROA	ND	A	<i>I</i>	., 4.	< 3				
DEP Amended Amendmen Emergency		g	SOU		AINFIEL	D, NJ 0	7080	ESTUS CO LICENSI Telephone	HTRI	OL	8	0		
DOH justification	)			of Contact				Telephone	Numbe	er As a		4111.112		
					FORMAT	ION								
Name of Facility Where Abatement is Taki PSE&G MARION SWITCH STAT	ng Place ( ION	(3)		•	***************************************		Type of Facility  School (K							
Street Address DUFFIELD AVE. & VAN KEUREN	V AVE.						Subchapt	er 8 (Other than private & comn	K-12) nercial b	uilding	uildings, homes,			
City (5) JERSEY CITY							Square Feet APPX 3000	# of Floors				dg. Age PPX 60 YP		
County (6) HUDSON			County (STATE	Code (7)	ິກ		Current Use (P SWITCH ST	rior if being dem	olished)		10-2-1	G		
Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS	Owner (8	)	004	M No. 15		Name	of Abatement C	ontractor (9) IS OF AMER	RICA	T				
Street Address 64 BROAD STREET			1			Street	Address VHITEHEAD							
City, State, Zip Code MATAWAN, NJ 07747					-	City, St			-					
Project Manager for Monitoring Firm TOM GEIGER			Telepho 732-2	one No. 90-221	7	Telephone No. License No. 732-432-8350 01111								
Start Date (10) 11/6/12	Schedul 11/6/1	led Cor	mpletion	Date (11	)	Name o	of OSHA Monito	r						
Occupancy Status During Abatement (Che	ck Only O	ne)				UNIQUE SYSTEMS OF AMERICA Street Address								
Facility Closed/Vacated During Entire	Period of	Abater	nent			396 WHITEHEAD AVE						6		
Abatement Performed Outside of Norr Other – Describe: OCCUPIED BY NE	nal Facility CESSARY	OPER	S ATORS			City, State, Zip Code SOUTH RIVER, NJ 08882								
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If	TOTAL DESIGNATION OF THE PERSON OF THE PERSO	Renova Demolii				×	Mini-Enclosus Glovebag Pro	nent with Negative re ocedure ed (*) and Non-F		Ā.	re			
		Locati									temer	nt		
Location of Asbestos-Containing Material (ACM)	Use	Normal d Sole	ly by	Asha		scription o	of aterial (ACM)		-	Τ.	уре	Т		
TO BE ABATED In Facility (13)	Cust	intenar todial S (12)	Staff?	(i.e	thermal surface	systems sing, VAT niscellane	insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
2ND FLOOR	Yes	No X	N/A	TRA	NSITE	RELAY	PANELS	12 SF	$-\frac{1}{x}$	-	6	"		
									-	-				
Name of Registered Waste Hauler			JDEP W		Cubic Y		Name of	Registered Land	lfill			L		
WASTE MANAGEMENT City, State						te 2	GROW	SNORTH	1000X					
ELIZABETH, NJ			8 6			Disposal Date City, State MORRISVILLE, PA								

11/7/12

Signature

Title

OFFICE MGR.

Completed by

CAROL RAIMO

Date

10/22/12

MORRISVILLE, PA

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

# RECEIVED

Data of National (4)			Name of Building Owner/Operator (2)													
Date of Notification (1) 10/24/12			Name of Building Owner/Operator (2)  Demeo Enterprises LLC  Street Address 139 Avenue L  City, State, Zip Code Newark, NJ 07105													
Agencies Notified	Type Notification	1						#	SEFER	00	7,	C @				
EPA I	Initial			139 A	venue	L		, a	& 110	15 6	ONTRA	11	1			
DEP	× Amended			10 1000 17	ate, Zip (					CK.	THE	<i>-</i> 1				
X DOL	Amendmen Emergency		1		ırk, NJ							(1)				
⊠ DOH	justification	)	,		of Contac	:t				Te	lephone Ni	umber				
DCA [	Cancellatio	n 		Allie S						<u> </u>					77c-1 / -	
Name of Facility Where Ab	patement is Taki	ng Place (	3)	FAC	ILITY IN	FORMATI	ON	Type	of Facility (	lity (4)						
Atlas Marble & Grani		,	-/					School (K-12)								
Street Address			a			The same of the sa		H	Subchapter		er than K-	12)				
139 Avenue L								×	Other (i.e. petc.)	rivate	& commerc	ercial buildings, hor			ies,	
City (5)					******			Squa	are Feet	# 0	f Floors	Т	Bldg.	Age		
Newark								100	,000	2			60			
County (6) Essex					Code (7) USE ONL				ent Use (Pri		ing demolis	shed)				
Name of Monitoring Firm H	lired by Building	Owner (8	)	ASCI	M No.		Name of Abatement Contractor (9)							-		
PT Consultants Street Address									es, LLC				i i			
629 Creek Road				0.0000			Street 407 \		ss Lincoln H	ighw	ay, Suite	40				
City, State, Zip Code Bellmawr, NJ 08031									ip Code 19341				=			
Project Manager for Monito	ring Firm		T	Telepho			Teleph				License I	No.		V-State State Stat		
Allie Szyba				51-9980		484-8	01161									
Start Date (10) 10/23/12		12	mpletion	Date (11)	)	Name of OSHA Monitor EMSL										
Occupancy Status During A	batement (Chec	k Only O	ne)				Street		76 de la companya de							
Facility Closed/Vacate  Abatement Performed	d During Entire	Period of	Abater	nent					ute 130				03.72			
Abatement Performed Other – Describe: 4:0	0 pm - 12:00 am	nai Facility	/ Hour	S					ip Code	0077						
Scope of Work (Check All T	hat Apply)						Cillia		son, NJ 0	0011				Hannie L		
23 sf or ≥3 lf	nat / ippiy)	হো -	Renova	ation			Г	1 -			100 mil	_				
≥160 sf or ≥260 lf		-	Demoli					Mi	II Containme ni-Enclosure		Negative	Pressu	ire			
						Glovebag Non-Exem					d Mara Folia	ala Ba				
		Т.		•				I NO	n-Exempted	(") an	a Non-Fria	ole Pro	CX CO	emen	+	
Location of	FS - 62		Locat Norma			Б							_	/pe		
Asbestos-Containing Ma	aterial (ACM)	Use	d Sole	ly by	Asbes	Des stos Conta	cription aining M		(ACM)	Α	mount			m		
TO BE ABATI In Facility	<u>ED</u>		intena todial s		(i.e	thermal :			ation,		Specify	Re	Z.	Encapsulate	Enclosure	
(13)			(12)			other m	ing, VAT			SF	or LF)	Remova	Repair	psu	losu	
		Yes	No	N/A								8	"	fate	le l	
Inside Buildi	ing			X		Pipe	Insulat	ion			12	x	<u> </u>	-		
												$\vdash$	<del> </del>			
	Production of the second															
												1				
Name of Registered Waste I	Hauler		10000	JDEP W	551545F	Cubic Y			Name of R	egiste	red Landfil	<u> </u>				
ecoservices, LLC				auler ID 034757		of Wast	le		Minerva	Land	Ifill					
City, State					al Date		City, State									
Exton, PA								Waynesburg, Ohio								
Completed by Title Jack Bally Sr. Project					iect Manager				Saller	(AD)		ite ctobe	r 24.	201	2	
on Frages						1	jui	1-	my	(gla)						
ASB-41 (R-06-08)				,	Do not	use t	nis form for a	sbest	os licensur	e exen	npted	activit	ies.			

7091

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

RECEIVED

								. 10- 01	14	- [	1			
Date of Notification (1)	24 /	12				ng Owner/Operator ( ALTH MARLTON		2012 OCT 25			500			
Agencies Notified	Type Notific	ation		Stra	et Address			-012 001 25	PH	4:	26			
⊠ EPA	☐ Initial	ation			W. STO									
☑ DOLWD	☐ Amende	d		4				= 3 BES 1 OS	COA	ITR	nı –			
☑ DHSS	Amendm	nent #		- 1	State, Zip			ASBESTOS & LICEI	YSIN	G	OL.			
☑ DCA	☐ Emerger		ing			, NJ 08053								
(NJAC 5:23-8)	justificat				e of Conta			Telephone Nur	nber					
	☐ Cancella	ition			700727373	. GIORDANO		1						
					ACILITY II	NFORMATION								
Name of Facility Where				16			Type of Facility (4)							
VIRTUA HEALTH N	MARLTON H	IOSPITAI	_											
Street Address			======		***************************************		2) ercial h	uildin	ae					
90 BRICK ROAD							homes, etc.)	rivate and comme	oroidi b	unun	95,			
City (5)							Square Feet	# of Floors	В	ldg. A	Age			
EVESHAM TOWNS	HIP, NJ						>50,000	5		40				
County (6)				Cou	unty Code (	7)(STATE USE ONLY)	Current Use (Pr	ior if being demol	ished)		100			
BURLINGTON							HOSPITAL							
Name of Monitoring Firm	Hired by Buil	ding Owne	er (8)	ASCN	/I No.	Name of Abateme	- 62		-					
VERTEX						DELTA/BJDS, INC								
Street Address						Street Address								
1102 BALTIMORE	PIKE SUITE	107				1345 INDUST	RIAL BLVD							
City, State, Zip Code					-	City, State, Zip Co								
GLEN MILLS, PA 1	9342						ON , PA 18966	:						
Project Manager for Mon			Te	elephone	No.	Telephone No.		License No.						
DON HEIM	3		1 100	610 55		215 322-2900		00783						
Start Date (10)	15	Scheduled				Name of OSHA M		1 00/00		- 10		-		
19 / 27/	12	01	/	31 /	63 56	EHS								
Occupancy Status During			CV2000000000000000000000000000000000000			Street Address								
Facility Closed/Vacate						411 SOUTHG	ATE COURT S	UITE E						
Abatement Performed Time of Abatement: 7	AMPN	ormal Faci ///P	lity Ho M- <u>6</u> Al	urs - De VI	scribe	City, State, Zip Co								
Scope of Work (Check al	Il that apply)						ainment with Neg	active Pressure						
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			Renova Demoli			☐ Mini-Enc ☐ Glovebag ☐ Non-Exe								
			Is Loc	ation	T	Z Non-Exc	Inpica ( ) and 140	II-I Habie I Toceut	1 1	atam	ont T	iuna		
Location	of		Norm	nally	W BS	Description of	f			_	ent T	-		
Asbestos-Containing				olely by nance/	Asbe	stos Containing Mar	terial (ACM)	Amount	den	Repair	l nc	nc		
TO BE ABA				al Staff?	(i.e	e., thermal systems i surfacing, VAT,	nsulation,	(Specify	Remova	ar.	Encapsulate	Enclosure		
(13)	y		(12	2)		other miscellane	ous)	SF or LF)	<u>m</u>		ulat	ē		
		Yes	s N	o N/A							Ф			
CARIOLOGY/CATH L	AB PHASE	3 🗆	$\boxtimes$		FLOOR	TILE AND MAST	ric	1,800 SF						
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	- <del>0</del>				-				ᆜᆜ	Ш	Ш	Ш		
E														
									П	П	П	П		
Name of Registered Was	te Hauler			NJDEP	Waste	Cubic Yards of	Name of Regist	tered Landfill						
SERVICE TRANSPO				Hauler I	D No.	Waste	MINERVA L							
City, State				2099	0									
58 PYLES LANE, NE	FW CASTI E	DE 407	20			Disposal Date	City, State	IDC OU 4400						
		30	20				WATNESB	URG, OH 4468						
Completed By (Print or Ty	ype)	Title				Signature		Λ	ate /		1.			
DAMIAN LAVELLE		PROJ	ECII	VIGK.		Dame	arkon	elle. I	010	4	110	-		
SR_41	100000000000000000000000000000000000000	7	A PERSONAL PROPERTY.	2010		and the second s	WO WILL CO.	AND THE RESERVE OF THE PROPERTY OF THE PROPERT		-				

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

7091	(Pursuant to NJAC 8:60 and 5:16)														
Date of Notification (1)		0			Name of Building Owner/Operator (2) RECEIVED										
10 /	24 /	12	_		VIR	TUA HEA	LTH MARLTON	HOSPITAL							
Agencies Notified	Type Notifica	ation			Street	Address		20	IZ OCT 25 PM	4:	26				
⊠ EPA					20 \	w. stow	ROAD	40			2010				
□ DOLWD	Amended				City, S	tate, Zip C	ode	A.	BESTOS CO	NTF	ROL				
⊠ DHSS	Amendm		udina		MA	RLTON,	NJ 08053		& LICENSI	NG		i la			
□ DCA     (NJAC 5:23-8)	justification		uuiiig		Name	of Contact			Telephone Number		-6	B			
,	☐ Cancellat				PAT	TRICK A.	GIORDANO		į.						
					FAC	CILITY IN	FORMATION								
Name of Facility Where A	Abatement is 7	Taking F	Place	(3)				Type of Facility	(4)						
VIRTUA HEALTH N	TARLTON H	OSPIT	AL					School (K-12							
Street Address								<ul> <li>☐ Subchapter 8 (Other than K-12)</li> <li>☑ Other (i.e., private and commercial buildings,</li> </ul>							
90 BRICK ROAD								homes, etc.)				977			
City (5)								Square Feet	# of Floors	1500000	dg. Ag	ge			
EVESHAM TOWNS	HIP, NJ							>50,000	5		40		- 1		
County (6)					Coun	ity Code (7	)(STATE USE ONLY)		ior if being demolish	ied)					
BURLINGTON								HOSPITAL							
Name of Monitoring Firm	Hired by Build	ding Ow	vner (	B)	ASCM	No.	Name of Abatement Contractor (9)								
VERTEX							DELTA/BJDS, INC								
Street Address	DIVE OUTE	407					Street Address 1345 INDUSTRIAL BLVD								
1102 BALTIMORE I	PIKE SUITE	107									_				
City, State, Zip Code	0242						City, State, Zip Co								
GLEN MILLS, PA 19 Project Manager for Mon		-		Tolo	phone	No	Telephone No.	SOUTHAMPTON , PA 18966 Telephone No. License No.							
DON HEIM	itoning Film				10 558		215 322-2900								
Start Date (10)		Schedul	led Co	188			Name of OSHA M								
11 / 7 /					) /		EHS	-							
Occupancy Status During							Street Address					_			
☐ Facility Closed/Vacate	Tr 20		- 22		ment			ATE COURT S	UITE E						
☐ Abatement Performed	d Outside of N	ormal F	acility	Hou		cribe	City, State, Zip Co	50-0-A-0							
Time of Abatement: 7	AMPN	Λ/	_PM-	<u>6</u> AM			MICKLETON,								
Scope of Work (Check al	II that apply)				-										
☐ >3 sf or >3 lf		Г	⊠ Rer	ovati	on			ainment with Neg	gative Pressure						
≥3 \$1 61 ≥3 11   ≥ 160 sf or ≥260 lf			Der				Glovebag	Procedure							
							Non-Exe	mpted (*) and No	n-Friable Procedure	1					
V				Locat lorma			December -				atem		ype		
Location Asbestos-Containing		1)	Used	d Sole	ely by	Asbe	Description o stos Containing Ma		Amount	Removal	Repair	Enc	Enc		
TO BE ABA	ATED			ntena	nce/ Staff?	(i.e	., thermal systems		(Specify SF or LF)	VOU	air	aps	Enclosure		
IN Facili (13)	ity		Odot	(12)	Otan.		surfacing, VAT, other miscellane		SF OI LF)	<u> </u>		Encapsulate	6		
(,			Yes	No	N/A							(D			
CARDIOLOGY/CATH	LAB PHAS	E 2													
HALLWAY						EI OOP	TILE AND MAS	TIC	2,150		П	П			
HALLWAT						LOOK	TILL AND MAG	110	2,100	-					
		1							-			Ш			
1100 311111-11-11-11-11-11-11-11-11-11-11-11-	live-	[													
Name of Registered Was	ste Hauler			1 72230	JDEP \		Cubic Yards of	s of Name of Registered Landfill							
SERVICE TRANSPO	ORT GRP.				lauler II 20990		Waste	MINERVA	LANDFILL						
City, State				- N	**		Disposal Date	City, State							
58 PYLES LANE, N	EW CASTLE	E, DE 1	9720	)				WAYNESE	BURG, OH 44688		- 22	#15 m	a)		
Completed By (Print or T	ype)	Title					Signature	n	Dat	e į		1			
DAMIAN LAVELLE		PR	OJE	CT M	GR.		Dame	molan	elle, 1	0/0	24	110	ナ		
ACD 41								0	-	- 1		1	-8-3		

ASB-41 MAY 11

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

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

Date of Notification (1)	40					The same of	ner/Operator (	2) RECE	EIVED						
	12	-		Nev	v Brunsv	vick	Board of Ed	lication		С	K# 23	308 \$	200		
Agencies Notified Type Notific	ation			Street	Address			2012 OCT 25	PM 1: 40	)			SERV. We		
☑ EPA   ☑ Initial     ☑ DOLWD   ☐ Amended	4			268	Baldwin	Stre	eet, 3rd Floo	08964 LICE	. 76	) 		2	200		
□ Amended □ DHSS Amendm				City, S	State, Zip C	Code		- JEESIOS	CONTROL						
☑ DCA ☐ Emergen		ding					New Jersey	0890 LICE	STIMIS						
(NJAC 5:23-8) justificati		<del>-</del> -		12/5/26/24/24	of Contac				Telephone Mi	hber					
☐ Cancellat	tion			Har	old Good	dlow	, Jr.								
	1047.5991.1790.1194.03	100000000000000000000000000000000000000		FAG	CILITY IN	IFOF	NOITAMS								
Name of Facility Where Abatement is 7	Section of the sectio	lace (	(3)					Type of Facility							
New Brunswick Middle School	E .							School (K-12	l (K-12) apter ੪ (Other than K-12)						
Street Address								Other (i.e., p	rivate and comr	nercial b	uilding	IS.			
1025 Livingston Avenue								homes, etc.)							
City (5)								Square Feet	# of Floors	В	Bldg. Age				
New Brunswick, New Jersey 0	8901							20,000 2 55+							
County (6)				Cour	nty Code (7	)(STA	TE USE ONLY)	olished)							
Middlesex							*2	Middle Scho		4 .*					
Name of Monitoring Firm Hired by Build	ding Owi	ner (8	3)	ASCM				ent Contractor (9)				¥			
AHERA Consultants Inc				0057	7	Lilich Corporation									
Street Address						Street Address									
PO Box 385							06 McBride			te .					
City, State, Zip Code						1 33	, State, Zip Co		VACUATION CONTRACTOR						
Oceanville, New Jersey 08231						-		ark, New Jerse	y 07424						
Project Manager for Monitoring Firm				phone		Tele									
Eric Clarkson					-1833		73-225-8400								
	Schedule					0.700	ne of OSHA M	0.7.411.6.7.7.							
				_ ′ -	12	J	& S Enviro	nmental Labs							
Occupancy Status During Abatement (					1		eet Address								
☐ Facility Closed/Vacated During Entil						L.	333 Route 2								
Abatement Performed Outside of No. Time of Abatement:AM						City, State, Zip Code Union, New Jersey 07083									
						U	Inion, New J	lersey 07083							
Scope of Work (Check all that apply)					•		□ Full Cont	tainment with Neg	ative Pressure						
≥3 sf or ≥3 lf		Ren			1937		☐ Mini-Enc	losure	janve i ressare						
☐ ≥160 sf or ≥260 lf		] Den	nolitio	n			☐ Glovebag	g Procedure	n Criable Orace	dura					
		le l	ocat	on	Γ		□ Noti-Exe	mpted (*) and No	II-FIIable Floce			ant T			
Location of			ormal				Description of	ıf		-	atem	т :	<del>-</del>		
Asbestos-Containing Material (ACN	1)	Used	Sole Stena	ly by	Asbe	stos (	Containing Ma	terial (ACM)	Amount	Removal	Repair	Enc	Enclosure		
TO BE ABATED IN Facility				Staff?	(i.e		rmal systems surfacing, VAT		(Specify SF or LF)	ove	air	aps	nso		
(13)			(12)				ner miscellane		OI OI LI )	=		Encapsulate	ъ		
	Y	'es	No	N/A	la jeha zamani en vez										
Gymnasium			$\boxtimes$		Ceiling	Mou	inted HVAC	Units (6ea)	60 LF						
		7			Approx	10 1	LF per Unit				$\operatorname{tn}$				
				_	7.1010.00						+=				
		-		닏						ᆜᆜ					
Name of Basisters d'Maria		1			N. STATES OF			&Sun7AM-3:30PM			Ш	Ш			
Name of Registered Waste Hauler	1 000	JDEP \ auler IE		Cub   Was	oic Yards of ste	Name of Regis									
Lilich Corporation				Hauler ID No. 18724				G.R.O.W.S. Landfill							
City, State		0	100 m	Disposal Date											
Woodland Park, New Jersey 07	424	6,	352 -					Morrisville, Pennsylvania							
Completed By (Print or Type)		·			Signature	61		Date	,_ /						
Tatiana Kalenikova	Vice	Pre	side	nt		-	Poteo	or Sculet	do	101,	11/	12			

ASB-41 MAY 11

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

# CHECK # 24954 RECEIVED

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

Date of Notification (1)	/23/12		Name of Building Owner/Operator (2)  Mr. Don Giberson  Street Address  Name of Building Owner/Operator (2)  Mr. Don Giberson												
Agencies Notified	Type Notific	ation		Stree	t Address					40	-11	4.	3/		
EPA DEP	Initial Amended	4		67.	01-1- 71- (	S-1-	9 Bank Stre	et 🤼	SEST	03	COI	dT a	201		
<b>⊠</b> DOL	Amendm  Emergen	ent # <u>1</u>	_	City, 8	State, Zip (		dentown, NJ	08505	& LI	CEN	SIA	Ġ	OL		
M DOH	justificat	ion)	9	Name	e of Contac			Teleph	one Numb				(		
□ DCA	Caricella			_		Oon Giberson							_		
Name of Facility Where	Abatament is	Taking Place	2 (3)	FA	CILITY INF	ORMATION	Type of Facility	(4)			-				
Name of Facility Where		Residence	A-1000 A-1000 C				School (K-1	2)							
Street Address	514	Prince S	Street				Subchapter Other (i.e., ) homes, etc	orivate &	than K-12 commercia	12) cial buildings,					
City (5)	600						Square Feet	Feet # of Floors				ge			
	Е	Bordentoy	vn	T 0		7) (07475	1500	rior if bois	2			5			
County (6)	rlington			USE	ONLY)	7) (STATE	Current Use (P		eing demolished) esidence						
Name of Monitoring Firm		ding Owner		ASCM	No.		nent Contractor (	70	a .		00.00				
-	MECS					Stevens Environmental Services, Inc. Street Address									
Street Address	PO Box	341				PO Box 322									
City, State, Zip Code						City, State, Zip C									
Project Manager for Mo	rosswick, l	NJ 08513	Archive Leaves	phone	No	Allentown, NJ 08501 Telephone No. License No.									
William W	1273	r.		1983	8-4070	Telephone No. License No. 00493									
Start Date (10)		Scheduled C	-			Name of OSHA	Monitor								
11/2/12		-	11/5/	12			N	IECS					_		
Occupancy Status Durin  Facility Closed/Vacat				ment		Street Address	PO I	30x 34	1						
☐ Abatement Performe	d Outside of N	ormal Facili				City, State, Zip C									
Other - Describe:		)PM		-			Crosswicks, NJ 08515								
Scope of Work (Check a  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	all that apply)	<b>X</b> Re	enovat emolitio	ion on		☐ Mini-En	ntainment with Ne closure ag Procedure empted (*) and N	<u></u>		e					
			Location							Α	bate	ment			
Location		Used	d Solei	y by		Description of			00000000		1 71				
Asbestos-Containing I TO BE ABA	Material (ACM) <u>TED</u>	C	ntenar ustodia			tos Containing Mat thermal systems i	nsulation,	Amo (Spe	ecify	Removal	Repair	Enca	Encl		
IN Facility (13)	/	1	Staff? (12)			surfacing, VAT, other miscellaned		SF o	r LF)	noval	ᆲ.	Encapsulate	Enclosure		
1		Yes	No	N/A	Ø		000000					ate			
Baseme	ent			×		Pipe insulat	ion	96	LF_	×					
Crawlsp	ace			×		Pipe Insulat	ion	70	LF						
Name of Desistered 14/2	eto Haules			JDEP V	Masta	Cubic Yards	I Name of Rec	istered I s	andfill						
					7 No. 292	of Waste 2 CU T.R.R.F., Inc. Land					ĭll				
City, State Allentown, NJ					Disposal Date Ofty, State  11/5/12/1 Tullytown, P.					PA			5.070		
Completed By Title						Signature	/	2 441	Date						
Mahlon E. Stevens Project					t Manager 10/2							23/12			

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

			/D:		ALIAC 8-6	30-7 at	nd 12:120-7)		1, 10, 2	The state of the	-			
B & G proj. #:	2012-210	-	(Pu	irsuant	O NJAC 0.0	50-1 al	10 12.120 1)	Check # 5580						
									RE	CEI	VE	D		
Date of Notification	(1)	Nan	ne of Buildin	g Owner	Operator (2)									
1 10 1/12 12	]/  <u> 1  2</u>		C Hartman						7812 OC	7 25	PH 4	. 31		_
Agencies Notified	Type Notification	Stre	et Address	t			č.			33		20 00000 <del>0</del> 0		
☐ EPA	☑ Initial		Dater Lan						\$35FS	TOS C	UNT	ROL		
☐ DEP			, State, Zip	Code					& L	ICEN:	SING	-	ID	
⊠ DOL	Amendme	11 8	Saddle Rive		456				Telephone	Number			1.67	_
☑ DOH		1	ne of Contac	ct					Telephone	110111001				
☐ DCA	☐ Cancellation	on    1	KC Hartma	an										_
				FACIL	ITY INFORMA	ATION								
N of to cilibrate	nere abatement is t	aking plac	e (3)					Тур	of Facility (4	(K - 12)				
Name of facility wi	lete abatement le t	annig print	- (-)				1			(K - 12) apter 8 (O	ther th	an K-1	2)	
KC Hartman										Private/Co			-/	
Street Address									Bldgs./	Homes, e	tc.		~ ^a	
7 Dater Lane								Sq	uare Feet	# of Floor	s	Dia	g. Age	5
City (5)		Count	y (6)				y Code (7) use only)	-	rrent Use (Pr	ior if bein	g demo	olished	d)	
		D				(State	use only)	5000000	idential	ioi ii boiii	9 00,,,,		3	
Saddle River,	NJ 07456 ng Firm Hired by Bl	Berg			ASCM No.	111	Name of Abatement	Contr	actor (9)					
	ng Film Filled by bi	ug. Owno.	(0)				B & G Restorati	ion, In	с.					
n/a		-				<b>-</b>   :	Street Address							
Street Address							105 Ryerson Ro							
City, State, Zip Co	de						city, State, Zip Code	•						
Only, Online, —p			1	n de l'evenue			Lincoln Park, N	JJ 070	35	License	Niumah	0.5		
Project Manager for	or Monitoring Firm		Pho	ne Numbe	er		elephone Number			0378	Numo	er		
*************************************					9	_ -	973-696-6869 Name of OSHA Mor	nitor		0370				
Scheduled Start D	ate (10)	Sched.	Completion	Date (11	)		B & G Restorat		nc.					
11/2/2012		11/2/2	2012				Street Address							
	During Abatement						105 Ryerson Ro	oad						
X Facility clos	ed/vacated during	entire perio	d of abatem	nent.			City, State, Zip Code	е						
Abatement	performed outside	of normal f	acility hours	<b>-</b>			2000 T 200 T 200 W T 200							
Describe: Other-Describe:	ribe:					- 11	Lincoln Park, N	NJ 070	)35					_
Scope of Work (	check all that apply	)		sodna – eskidikir i sir		_	naviete week w			<b>5</b> 7 or				
Demolition		Renovatio	n			-	II Containment w/n	egativ	e pressure	Glove	ebag pi friable			
$\ge 3 \text{ sf or } >3$	If 🔲 :	≥160 sf or	≥260 If			M M	ini-enclosure			☐ Non-	R	R		
Location of		Is location	n normally u	sed solely	1			- 1	Amount		е	e	E n	E
asbestos-c	ontaining	staff(12)	enance/custo	odiai	Descript material		sbestos-containing	- 1	(Specify	SF or	m	p a	c	n c
material to abated in fa		Yes	No	N/A	material	(ACIVI)		- 1	LF)		V	i	p	L
			,,,,		1			$\dashv$	6 lf		e	1	П	$\Box$
basement laundry	room			LX.	pipe insula				30 lf			同	一	恄
attic				LX	pipe ilisuia	1011								
					-									
Registered Waste	e Hauler	INJD	EP Hauler II	D#   C	ubic Yards of	Waste	Name of Registere	ed Lan	dfill					
B & G Restora	ation, Inc.		563		1 yard	-	Tullytown Res	ource	& Recover	y Center				
City, State		X-528-1-11/12-V		Disposal I			City, State	1						15
Lincoln Park,		Title		11/2/20	Signature		Tullytown, PA			Date				
Completed by (P Gordana Lun		Signature Gordana Luna 10/22/2012						2						
UUIUalla Luli		Treasure	7.70		-1	10/22/20					THE RESERVE			

B & G proj. #: 2012-185

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

B & G proj. #:	2012-185	_	(Pursua	nt t	O NJAC 6.0	)U-1	aii	RECE	Check	# 5579							
Date of Notification	(1)	Name o	f Building Own	ner/0	Operator (2)				•••								
1 0 / 2 2	]/  <u>1  2  </u>	Kriste	n Sturt			200-08-		2012 OCT 25	PM 4: -0								
Agencies Notified	Type Notification	Street A			AL THE LAW OF		7	No are to the									
☐ EPA	✓ Initial	15 Fr	nst Avenue				*	ASSESTOS	CONTROL								
☐ DEP			te, Zip Code	-				& LICEN	SING (1	<b>)</b>							
DOL	Amendme	nt Bloo	mfield, NJ (	700	03												
□ DOH	_	Name of	Contact			3000			Telephor	e Numi	oer ¬						
☐ DCA	Cancellation	on    Kris	ten Sturt														
			FA	CILI	TY INFORMA	TION	1				9	75.70					
Name of facility wh	ore abatement is 1	aking place (3)						П	Type of Facility	(4)	2)						
Name of facility wi	lete abatement io	aning piese (s)						- 11		ol (K - 1	(Other th	an K	.12\				
Kristen Sturt							_				/Comme		12)				
Street Address										/Homes							
15 Ernst Avenu	ıe								Square Feet	# of FI	oors	Ble	ig. Ag	je			
City (5)		County (6)						Code (7)			aina dam	olich	\d\				
THE ARM TO LONG TO SELECT		_				(Sta	ate	use only)	Current Use (F	on II 10n°	eing den	Olisiid	u)				
Bloomfield, N	J 07003	Essex		_	ASCM No.		TN	ame of Abatement C									
Name of Monitorin	ng Firm Hired by B	ag. Owner (8)			ASCIVI NO.			B & G Restoration									
n/a						_		treet Address	i, iiio.								
Street Address	The state of the s						١	105 Ryerson Road	1								
				-		-	Ci	ty, State, Zip Code									
City, State, Zip Coo	ie .							Lincoln Park, NJ	07035								
Project Manager fo	y Monitoring Firm	-	Phone Nu	mbe	r	_	T	elephone Number		1,243,047.5	nse Numi	er					
Project Manager ic	n wontoning i iiii							973-696-6869		037	78						
	-1- (10)	Isched Cor	npletion Date	(11)		-	N	lame of OSHA Monit									
Scheduled Start D	ate (10)			(,,,				B & G Restoratio	n, Inc.					-			
11/1/2012		11/1/2012				_	15		d								
Occupancy Status	During Abatemen	(Check only o	ne)			- 1	-	105 Ryerson Roa lity, State, Zip Code	<u> </u>								
	ed/vacated during operformed outside	of normal facilit	y hours-				1	ity, State, Zip Code									
Describe:						_		Lincoln Park, NJ	07035								
Other-Desc	theck all that apply	1									*	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		17 30 202			
Demolition		Renovation				$\boxtimes$	Fu	II Containment w/neg	ative pressure	Gl	ovebag p	roced	ure				
		≥160 sf or ≥260	\ if			П	Mi	ni-enclosure		☐ No	on-friable	proce	dure				
$\times$ >3 sf or >3	<u>г</u> Ц	Is location nor		lelv	г—	_			T		IR	R	E	E			
Location of asbestos-co	[24 0000kW] (1)	by maintenan		,	ı	on of	asl	bestos-containing	Amount		e m	e p	n	n			
material to	be	staff(12)			material				(Specify LF)	SF or	O V	a	а	C			
abated in fa	acility (13)	Yes	No N/	A							е	ئا	p				
boiler room					thin duct ir	isulat	tio	n	40 sf			빔	빝	붜			
hallway					thin duct ir		_		15 sf			뷔	붜	뷰			
laundry room					thin duct in	sulat	tio	n	7 sf			H	ዙ	片			
											᠆片	ዙ	ዙ	ዙ			
				-	ubic Yards of	Mast	0	Name of Registered	Landfill		_	الا	ТП				
Registered Waste	Hauler	NJDEP H 19563	lauler ID#		ubic Yards of yard	vvast		Tullytown Resou	rce & Recove	ry Cen	ter						
B & G Restora	tion, me.		Dispos	-	AND DESCRIPTION OF THE PARTY OF		-	City, State									
City, State Lincoln Park,	NJ 07035		11/2					Tullytown, PA									
Completed by (Pr	Signature		(	Gordana Luna	77	Da	•	,									
Gordana Luna	_	Gordana Luna 10/22/2012							-								

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

RECEIVED (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 2012 OCT 25 PM 4: 25 10 24 / 12 JOHN DWYER Agencies Notified Type Notification Street Address STOS CONTROL **⊠** EPA 439 MAGILL AVE □ DOLWD ☐ Amended City, State, Zip Code Amendment # ☑ DHSS COLLINGSWOOD NJ 08108 ☐ Emergency (including DCA justification) Name of Contact Telephone Number (NJAC 5:23-8) ☐ Cancellation JOHN DWYER **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) DWYER RESIDENCE School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 439 MAGILL AVE homes, etc.) City (5) Square Feet # of Floors Bldg. Age COLLINGSWOOD >50,000 100 County Code (7)(STATE USE ONLY) County (6) Current Use (Prior if being demolished) CAMDEN HOME Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) VERTEX DELTA/BJDS, INC Street Address Street Address 1102 BALTIMORE PIKE SUITE 107 1345 INDUSTRIAL BLVD City, State, Zip Code City, State, Zip Code **GLEN MILLS PA** SOUTHAMPTON, PA 18966 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. DON HEIM 610 558-8902 215 322-2900 00783 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor \_\_11\_\_ / \_\_05\_\_ / \_\_12 11 / 11 / 12 **CRITERION LABS** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 3370 PROGRESS DRIVE Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-3:30PM/ BENSALEM, PA 19020 Scope of Work (Check all that apply) □ Full Containment with Negative Pressure ≥3 sf or ≥3 lf □ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition ■ Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Encapsulate Enclosure Used Solely by Remova Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A BASEMENT  $\boxtimes$ П П PIPE INSULATION 258 LF M П П ... П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste SERVICE TRANSPORT SERVICE MINERVA LANDFILL 20990 City, State Disposal Date City, State WAYNESBURG, OH 44688 58 PYLES LANE, NEW CASTLE, DE. 19720 Completed By (Print or Type) Title Signature

DAMIAN LAVELLE

PROJECT MGR.