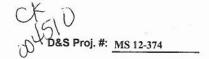
## CK 526382

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

<i></i>				13 9 <del>7.0</del> Tarangan		50.		F	TEC	FIL	1	
Date of Notification (1)					Name of Building Owner/Operator (2) AT&T  Street Address  AM 9: 38							
10/25/2012					AT&T			2017	חרד ה			
Agencies Notified		Notification	Туре		Street Addres	SS		-5.0	2012	6 AP	9: 2	•
/ \ FD.					1 10 10 10 10 10 10 10 10 10 10 10 10 10	55074-77 WE TO DE	4	6 SHE	Ore	9	r 9: 3( TROL G	5
( ) EPA (X) DOL		(X) Initial N		tion	1 AT&T Way, City, State, Z			1000	2108	COM	1180.	
(X) DOH		( ) Cancelle		1011	City, State, Z	ip Code		ez	LICE	NSIN	LKAL	
()DCA		1			Bedminster, I	NJ 07921					G A	
					Name of Con			I TOL N	lumbar		0	5
		1		EACHITYIN	Robert Ericks	sen						
Name of Facility Where Al	patement is 1	Taking Place (	3)	PAGILITY	Type of Facili	ity (4)						
			-		( ) School (K	-12)						
AT&T					( ) Subchapte			20				
Street Address					(X) Other (i.e.	. private & c	ommercial bld	gs., non	nes, etc.	•		
20 Knightsbridge					Sq. Feet_13	5434	# of Flo	oors	1			
<u>City (5)</u>	County (6)		County C		1							
Piscataway	Middlesex		(State U	se Only)	Bldg. Age34 Current Use (prior if being demolished)phone co.							
Name of Monitoring Firm	Hired by Bldo	Owner (8)	ASCM N	0	Name of Contractor (9)							
name of Montoning 1 mm	med by bidg	1. 0111101 (07	<u>/100///11</u>	<u>.</u>			NCM Demo			diation,	LP	
ATC Associates							Access (0.15) (1.15)					
Street Address					Street Addres 404 N. Berry							
3 Terri Lane					404 N. Berry	Street						
City, State, Zip Code	***		***		City State, Zip	Code						
Durlington NI					Brea, CA 928	21						
Burlington, NJ Project Manager for Monito	orina Firm T	Telephone N	umbor	100 - 10 = 000 (10 to 10	Telephone Nu	ımhor		Linear	a Alimak			
John Lutz	ornig i iiii	609-386-880			484-480-8931	Control of the Contro		01066	se Numb	<u>jer</u>		
								0.000	50			
Cahadalad Chad Data (40)		Cabadalad O		D-1- (44)	N (00)	10.10.00						
Scheduled Start Date (10) 11/08/2012		Scheduled C 11/09/2012	ompletion i	Date (11)	Name of OSH EMSL Analyti							
Occupancy Status During	Abatement (		e)		Street Addres			77-20-				
( ) Facility Closed/Vacated				3								
(X) Abatement Performed	Outside of N	formal Facility	Hours -		107 Haddon A							
Describe in segregated ar	ea				City, State, Zi Westmont, N.							
Other - Describe - Source of Work (Check all	that apply)				L							
Source of Work (Check all	шат арргу											
( ) Demolition (X) Rend												
( ) Large Proj. (>160 SF o	r >260 LF AC	CM) (X)SM Pro					oj. (<25 SF or	<10 LF	ACM)			
( ) Full Containment with Location of Asbestos-		ation Normally	Mini-Enclo	Description of	ovebag Procedu		Specify SF or	I E\	Abata	ment Ty	(DO	
Containing Material (ACM)		by Maint./Cus		thermal systen		Amount	opecity of or	LI )	Abatei	ment ry	pe	
Facility (13)	Staff?			surfacing, VAT	, or other						120	<u> </u>
Switchgear Cabinet	YES	NO	NA	miscell.) VAT/Mastic		55 SF			Rem.	Rep.	Encap	Enclose
Switchgear Cabinet	^_			VAT/Mastic		33 SF			X	+	+	-
Name of Reg. Waste Haule	<u>er</u>	NJDEP Was	te Hauler I	D #	Cubic Yards o	of Waste			of Reg.		1	
Waste Management, Inc.		17273			1			GROW	VS Land	till		
City, State							Disp. Date			City, Sta	te	
Newark, NJ						a	11/09/2012		100	Morrisvil	_	
Completed by (Drint or To-		2			D-1				<u> </u>			
Completed by (Print or Typ	e)	Title Senior Proje	ct Manage	r	Signature	N		Date 10/25/2	2012			
Richard P. Semega Jr.				EIA.		,		. 5/25/1	-0.2			
					1 (11)							



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

#### RECEIVED

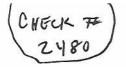
											-				
Date of Notification				uilding Own EL COYL	er/Operator (2) E		2	2012	OCT 26 A	IM 9:5	1				
Agencies Notified	Type Notificat	tion	treet Addi									-			
12	Initial Amended		6 SYDE	ENHAM R	OAD		_	) (D) (B)	ESTOS C LICENS	UNTRO	L	Ť			
☐ DEP	Amendment #:	. I <del>I c</del>		Zip Code	OAD				FLICENS	THC	44				
☑ DOL	Emergency		750 St. V. St. 900		7050						0				
□ DOH	(including	1 1	ame of Co	EN, NJ 0	7039				Telepho	ne Numbe	-	_		-	
	justification)								relepho	ne Numbe	1				
☐ DCA	Cancellation	<u> </u>	MICHA	AEL COY	LE					-					
				FAC	ILITY INFORMA	MOITA	1		We at Least						
Name of facility wh	ere abatement i	s taking pla	ace (3)				- 89	T	ype of Facility						
MICHAEL CO	YLE									ol (K - 12)			400		
Street Address									<u> </u>	napter 8 (0 (Private/0			-12)		
6 SYDENHAM	( ROAD							_		./Homes, e	etc.		dg. A	-	
City (5)		Cou	nty (6)			Col	inty Code (7)	Ι,	oquale reet	# 01 1100	15	Б	ug. A	ge	
9 (-)			,,,,				ate use only)	-	Current Use (F	Prior if heir	na den	olieh	ed)		
WARREN		WA	RREN			•			ouron osc (i	noi ii beli	ig den	IUIISII	cu)		
Name of Monitoring	g Firm Hired by	Bldg. Owne	er (8)		ASCM No.	$\neg \uparrow$	Name of Abatemen	t Cor	ntractor (9)						
							D & S RESTOR	RAT	ION, INC.						
Street Address						_	Street Address						-		
							20 California A	۱ve.							
City, State, Zip Code	е						City, State, Zip Code	Э							
of the second		i i			1		Paterson, NJ 07503								
Project Manager for	Monitoring Firm	1	P	hone Numb	er	_	Telephone Number			License	Numb	er			
							973-345-8020			0	1169				
Start Date (10)	***************************************	Sched	I. Complet	ion Date (1	1)	-	Name of OSHA Mo	2000	2						
10/30/12		11/12	2/12				D & S Restora	tion,	Inc.						
Occupancy Status D	Ouring Abatemer					-	The Control of the Co								
Facility closed		The Company of the Co		ement.			20 California A City, State, Zip Code		1e		-	_			
Abatement pe	rformed outside					- 1	Oity, State, Zip Cour	0							
Describe:  Other-Describ	e: NORMAL H	IOURS				-	Paterson, NJ 0	7503	3						
Scope of Work (ch						-			Containment v	u/pogativo	propo	uro	_		
>3 sf or >3 lf	×	Renovation	n				<b>-</b>		i-enclosure	wnegative	press	ure			
≥160 sf or ≥26		Demolition					☒		vebag procedu						
	30 II U							Nor	n-Exempted (*)	and Non-			edure	,—	
Location of asbestos-con	taining	by mainte	n normally enance/cu	used solely stodial			-b4 4 * * *		Amount		R	R	E n	E	
material (acm	) to be	staff(12)	Γ		material (A		sbestos-containing		(Specify S	SF or	m	р	С	n c	
abated in facil	lity (13)	Yes	No	N/A		•			LF)		V	i	a	Ľ	
BASEMENT				-	PIPE INSU	LATI	ON		154 L FT		e Kz	-	_	<del>  -</del>	
DASENENT		I II E INSU	LATI	ION	_	134 L F I		N N	ᆜ	片	井				
								-			+	님	片	片	
											#	는	片	14	
					-			_			H	屵	Η	片	
Registered Waste Ha	auler	NJDE	P Hauler	ID# I C	ubic Yards of W	Vaste	Name of Registere	d Lan	ndfill			Ш	Ц		
D & S RESTORA		135		C 23.23	YDS		TULLYTOWN			ECOVER	Y				
City, State				Disposal D		City, State									
PATERSON, NJ		Title		11/01/1		TULLYTOWN, PA									
Completed by (Print BOGDAN JOLE		Signature	Date												
BOGDAN JULI		PRESID:		mnter	10/22/12										

Job #: 1210-1685 Check #: 2872

Date of Notification (1)						Name of Building Owner / Operator (2)											
10/23/12		Name of Building Owner / Operator (2)  Musconetcong Watershed Association 7 26  Street Address															
Agencies Notified	Type N	lotifica	ation		Si	ree	t Add	roce	watersned A	155	coeran off.	26 AI	4 0. 50				
⊠ EPA	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2001		10	) M	anla	Avon	ue (PO Box 1 Code 802	421	١ه	/10	, J. 78				
☐ DEP		Initia	Ĺ		Ci	tv	State	& Zin	Code	13)	PABEST	08 00	5 I TT	-			
□ DOL		Amer	nded		Δ	shi	ırv i	380 LI	2020		& L10	CENSII	ROL				
□ DOH	П	Emer	rgency		100			ontact	The same of the sa	_		LHOIR	012		A	l l.	
DCA			ellation					k Gul						Vepho	ne i	umb	er
				-					13:50//			_					
Name of Engility W/h	ore Ab				(0)	FA	CILI	TY IN	ORMATION								
Name of Facility Wh	/North	ateme	ent is Taking F	lace	(3)				Type of Fac								
Asbury Grist Mill Street Address	(NOLLI	10: 5	torage Bin 8	Sne	1)				School								
1 Mill Avenue (47	6 OI4	N/1 - 1 - 1	Ctro-4)								er 8 (Other th						
i min Avenue (47	o Olu	Walli	Street)							Other (i.e. private & commercial buildings, homes, etc.)  Square Feet # of Floors Blda. Age							
City (5)		-	County (C)				<u> </u>	(77)		t	# of Flo	oors		dg. Ag	e		
			County (6)	1	our	nty (	Code	(7)	1985		1		77	7			
Asbury			Warren								rior if being of	demolish	ed)				
N									Vacant Pr	_							
Name of Monitoring	Firm Hi	red b	y Building Ow	ner (	8)		AS	CM No			ment Contra		on.	100000			
Tiger Environmer Street Address	itai			_							d Mold Ser	vices, (	Corp.				
234 20 <sup>th</sup> Avenue									Street Addr								
City, State & Zip Coo	do			-						9 Sylon Blvd.							
	rick, NJ 08724									City, State & Zip Code Hainesport, NJ 08036							
								ber									
Kelly Walton				1301	bei		ephone Number License Number 9-702-0400 License Number 00862										
	cheduled Start Date (10) Scheduled Com							1		609-702-0400   00862   Name of OSHA Monitor							
11/1/12	( - ( )		11/14/12	p.c	uon	Du	(1)	,	EMSL Ana								
Occupancy Status D	uring A	baten	nent (Check o	nly o	ne)				Street Addre	_							
	ed/Vaca	ated [	Ouring Entire F	erio	d of	of Abatement 107 Haddon Ave.											
Abatement P	erform <sup>o</sup>	ed Ou	utside of Norm	al H	ours				City, State 8								
Describe:						Westmont, NJ 08108											
										,							
Scope of Work (Che	ck all th	at ap	ply)						-								
				_	60 702	200					Full Co	ntainmer	nt with Ne	gative	Pres	ssure	;
23 sf or ≥3 lf							ovati				Mini-En	closure					
≥160 sf ≥260	) IT			$\boxtimes$	] [	Den	nolitic	n				Bag Proc					
	t'	,								$\geq$	☑ Non-Ex	empted	and Non-	Friable	Pro	cedu	ire
Asbesto	cation o				s Lo				Description			100000	nount	Aba	atem	ent T	ype
	erial (AC			1454030000	Sole		Jsed		Asbestos-Co Material (A				pecify			_	
	E ABAT						ce or		(i.e., thermal			55	or LF)	₽ Z	71	l ii	g
in	Facility						Staff?		insulation, surfa					Removal	Repair	aps	cls
	(13)		J			2)			or other misce					val	₩.	Encapsulate	Encisoure
				Yes	1	10	N/A									ਰ	
(2) Shed Roofs			87.		I		$\boxtimes$	Roof	ing & Flashir	ıg		3,000 \$	SF		П		П
South Shed	100						$\boxtimes$		estos Caulk			1 wind			Ī	П	Π
							$\boxtimes$								П	П	T
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											416	Ø	Ħ	Ħ	Ħ		
Name of Registered \	Waste I	Haule	r		NJDEP Waste Cubic Yards Name of Registered Landfill												
Horizon Disposal						Hai			of Waste								
					22612 5 GROWS												
City, State Trenton, NJ					Disposal Date City, State												
Completed By (Print or Type)					11/15/12 Morrisville, PA												
									Signature Date								
Kim Trumbetti					Admin. 10/23/12												
50200	Trumbetti								1 /4/	/							

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NIAC 8:60.7 AND 12:120.7

				(PURSUA	ANT TO N	JAC 8:60-7	AND 12:120	)-7	Ch	CKH	9	10
Date of Notification						of Building	Owner / Op	perator (2)			PIECE COLUMN	
$\frac{10}{25}$	/_ 12	-			AT&T		-					
Agencies Notified	Type of	Notifica	tion		-	Address						
EPA	1 ype or	Initial			_	orth Warner F				The state of	2112	
DEP	1 1	Amen				tate, Zip Co f Prussia, PA			į.	GT GE	12	T
☑ DOH	1 -		dmen	t #	-	of Contact	1. 15400		ITalaah	Or		- in
☑ DOL				w/ justification		ederick			Helebna	one Numbe	r	
		Cance								0		0
					FACILITY	INFORMAT	ION			THE		<u> </u>
	-				14					- 55 C		
Name of Facility Wh	ere Abate	ment is	Taking	g Place (3)		Type of	Facility (4)		***************************************	marine for		m
Alai							F270F20F07A27A			Z 1	بې	3
Street Address							School (			7	اب ا	No market
1404 Ocean Drive							Subchap	oter 8 (Other	er than K-1	2) 9		
							bldgs h	e., private omes, etc.	& cmmerc	ial (1)		
City (5)	County (	(6)		County Code	(7)	Square		# Of Floo	,	Building	Ago	
Strathmere	Atlantic				. ,	1	N/A	1 01110	2	Dunuing	50+	
						Current	Use (Prior i	f being de	molished)	1	00	
Name of Monitoring	Firm Hire	d by Bld	g. Ow	ner (8)	ASCM I	NO Name of	Abatement	Contracto	or (9)			
ACER Associates						1100						
Street Address							onmental S	ervices Inc.				
403 Bloomfield Drive U						Street Ad	uuress					
City, State, Zip Code						462 Getty	Avenue					
West Berlin, NJ 08091							te, Zip Code	9	***************************************			
Project Mngr. For Mc	nitoring l	Firm		Telephone Nu	ımber	7	,,	-				
Matt DePalma				856-809-1202		Clifton, N	J 07011					
Sheduled Start Date	1			pletetion Date (1	11)	Telephor	ne Number	THE REAL PROPERTY.	License	Number		
$\left  \frac{-11}{2} \right  = \frac{8}{2}$	/12	_1	1	//	12	-	202 66550		1			
Occupancy Status Du	ring Aha	tomont (	Chool	(Only 1)			72-3660			00	117	
Facility Clo	sed/Vac	ated Duri	ing En	tire Period of			OSHA Mon					
Abatement		atou Burr	ing Li	the renod of		Street Ad	onmental Se	ervices inc.				
Abatement	Perform	ed Outsi	de of I	Normal Facility		On cot Ac	u1033					
Hours - De	scribe:					462 Getty	Avenue					
Other - Des	scribe:			200		City, Stat	e, Zip Code					
Scope of Work (Chec	L All Thes	7:00AM	I-3:30F	M		Clifton, No	07011					
scope of Work (offec	K All That	Apply)										
☐ Demolition		7	1	Renovation		Full Cont	ainment wi	th Nomatic				
≥3sf or ≥3ll	F				H	Mini - End		iii wegative	Pressure			
≥160 sf or ≥	260 If				$\Box$		Procedure	E0				
						Non-Exen	npted (*) an	d Non-Fria	ble Proce	dure		
Landing					-							
Location of Asbestos Contai	nina	Local			Descrip				Abatemer	nt Type	. 110	
Material (ACM	00.000	Norm		Asi	Destos - ( Material	Containing			R	_ [8		
TO BE ABATE	•	Use		// //		(ACN)		Amount (Specify	E M	R	O 10	
in Facility	7.7	Sole				facing, VA1	ri l	SF or LF)		E C		
(13)		by Ma		or o	ther misc	ellaneous)		J. J. L. )	v	A F		
		tenan				1 1.000.00 kg i n 110 kg 1446. • <b>1</b> i			A	1		
		Custo							L	R L		
		Staff YES NO								L	. R	
quipment Shelter		12 N	TIVA	Floor tile and ma	natia			105	-			
, promote and the second		HH	H	noor the and ma	asuG			4SF	7			
		H	H			-			무니			
			Ti-								ᆛᆛ	ᆜ
lame of Registered W	aste Haul			NJDEP Waste	Cubic	Name of R	egistered L	andfill				
Service Transport Group	)			Hauler ID No.		Minerva La		unam				
8 Pyles Lane				SW2117 c	of Waste							
ity, State					Disposal	City. State				******		
lew Castle, DE.					Date	8955 Miner						- 1
ompleted by (Print or	Type			Title	10/5/2012	Waynesbur		88				
larc Heim,	. 1001			Project Manager			Signature	11		D	ate	1
	*	and the second second		-,-ot manager			/ ////		) ~		47	1/25/42
SB-41					- Increase						1 (	0/25/12



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			-	L	1	15
21-					r.	-

							\$#17.Dc	-			- 4	
Date of Notification (1)	119/12		Nam	^	ng Owner/Operato	(2) ONSTRUCT	-10~ ASSES	12	6 A	M ·	7.	
Agencies Notified	Type Notification		Stree	et Address			#35ES/ & 1/	10			-	
	[X] Initial		5000000	300	フファ	IN ST,	\$ 11	US	Ca			
Ø DEP	Amended		City	State, Zip				6EX	774	17	T	
D DOL	Amendment #_		City.	C - 1		TY NIJ.	08243		OW	G	. 0	
<u> </u>	Emergency (inc	luding				1 10 13				=	=	
DOH	justification)		Name	e of Conta	0.7	ri e	Telephone Number	er			-	
□ ∞A	Cancellation			-100H	- EDUDIL	) !						
	· ·		FA	CILITY IN	FORMATION					<del></del>	-	
Name of Facility Where		Place (3)				Type of Facility	tor.					
- RE	SIDENCE					School (K-1)	2) 8 (Other than K-12)	12)				
Street Address	William State Care				21		rivate & commercia		ings,			
34	W, 3072	177,				homes, etc.						
City (5)						Square Feet	# of Floors	Blo	ig. Ag	e		
AUA	CON				5: 70T1YF	Compatible /Pr	ior if being demolish				=	
County (6)	N			nty Code ( FONLY)	7) (STATE	Current Use (Pr	CANT Deing demois	104)				
CAPE	Wired by Building O	vner T	ASCM	No.	Name of Abaten	nent Contractor (9	)				_	
Name of Monitoring Firm (8)	A Building CV	11161	, work		1 1	EMCO IN						
	<u>/</u>		===		Street Address	× 1 1 × 4 × 1						
Street Address	~				2 / C	S,SPRUC	€ DUE.					
					City State Zin C	ode				_		
City, State, Zip Code					Mar	PLF SHA-	DEINIJI	080	52	73		
				VI-	Telephone No.		License No.				_	
Project Manager for Mon	itoring Firm	,.Tele	ephone	No		9-0472	0044	14				
	Cabadu	led Comple	ation Da	ate (11)	Name of OSHA	Monitor .		-				
Start Date (10)	Scheoo	1/2	1,2	,		EPH KL	EMM					
Occupancy Status Durin		only one)			Street Address	<u> </u>				•		
☐ Facility Closed/Vacate	d During Entire Peri	nd of Abate	ment		369	S, SPA	-VLE & U.S.				_	
X) Facility Closed Vacate	ed During Entire Fell	acility Hou	rs		City, State, Zip C	ode					_	
Abatement Performed	Outside of Normal F	acatty 1100			MA A	001 = SI	IDDE N.	J.,	080	5	2	
Other - Describe:					1-12	7				==	=	
Scope of Work (Check a	Il that apply)				☐ Full Co	ntainment with Ne	gative Pressure					
	r	☐ Renovat	ion		Mini-En	closure					į.	
≥3 sf or ≥3 lf		7 Demolitic			Gloveb	ag Procedure		_				
		77	25300		Non-Ex	empted (*) and No	on-Friable Procedur				_	
		Is Location						^ ا	baten Typ			
		Normali			Description of	4		_	· ,,,		_	
Location of	J1	Used Sole		Aches	tos Containing Ma	iterial (ACM)	Amount			E		
Asbestos-Containing M	Material (ACM)	Custodi		(i.e.	thermal systems	insulation,	(Specify	R	ام	ជ		
TO BE ABAT		Staff?		(	surfacing, VAT	, or	SF or LF)	Remova	Repair	Sd		
IN Facility (13)	2	(12)			other miscellane	ous)		Val	=	Encapsulate		
	.	Yes No	N/A	1								
				-	01111		1400 0	X				
51D1A	10		X		RANSITE		1100 -	\\ \tag{+}	1			
			-				<del></del> ;	-	$\vdash$		_	
			-					-				
-			NOEP	Waste	Cubic Yards	Name of Reg	istered Landfill			-1810-		
Name of Registered Was	ste Hauler		tauler II	O No.	of Waste	CM	, C, M.U. A	٠.				
KLOMCO	INC,		179	04	Disposal Date	City, State	, -, ,		_		-	
City, State APE	= 51117	= N	, J		Usposal Date		73INE ,	1,5	6			
		119			Signature	1 - 50 60	Date 1		1		•	
Completed By	Title	111	P		Joen	an Kelin	m 10/	19/	12		_	
JOSEPH K	LEMM _	Y /			-1						_	



0/0=	N	OTIF	FICAT			w Jersey ESTOS ABAT	EMENT		Un Company	A	<b>)</b>	
100						8:60 and 12:1			20.	• 1	E	CA
Date of Notification (1)		-	T	Name o	of Buildin	g Owner/Operator	(2)		-50/2	Or.	<u> </u>	4
	19/2012					Por	t Authority of	NY&NJ	15	-/	2	
Agency Notified	Type Notification			Street A	Address				\$5.5	>		AM
√EPA	7 Initial						241 Erie Str	eet	4/1	100	7	.,
DEP	☑ Initial ☐ Amended		-	City, St	ate, Zip (	Code		4	-1	E	,0	DALL
DOL L	Amendment #			•	(SS 50 IV		rsey City, NJ	07310		17	3/	UZA
DOH [	Emergency (includi	ng	-	Name o	of Contac		nocy only, no	Telephone Num	nber			6 '
7004	justification) Cancellation			ivallie c				, cropilone ivan				
<u> </u>				FACIL		alph Campior	10		-			(2)
Name of Facility Where Ab	atement is Taking Pla	ce (3)	1	FACIL	-III INF	OKMATION	Type of Facility	(4)				
858	wark Liberty Inte	50: 8		Airno	rt		School (K-12					
Street Address	walk Liberty litte	illa	uonai	Allpo			Subchapter 8	(Other than K-1 2	2)			
Ne	wark Liberty Inte	ernat	tional	Airpo	rt		Other (i.e. pri	ivate & commercia	al buildin	gs,		
City (5)							Square Feet	# of Floors	Bldg.	Age		
	News	ark					32000	6		50	+	
County (6)					Code (7	) (STATE USE	Current Use (Pr	or if being demol	ished)			
	ssex			ONLY)				Passenger Te	rminal			
Name of Monitoring Firm H	lired by Building Own	er	ASCM	No.			nent Contractor (9	7.0				
(8) Port Authorit	ty of NY&NJ						ONSTRUCTI	ON CONTRAC	CTING	INC	<b>)</b> .	
Street Address					-W-50 (11 - 12W)	Street Address						
	241 Erie Street			11				9th Avenue				
City, State, Zip Code	-					City, State, Zip (		NIV 44405				
	rsey City, NJ 07		olest-	o Ne		Telephone No.	Astoria	a, NY 11105 License No.			-	
Project Manager for Monito	<i>5</i> 7%	100	elephon			(E)	0. 2504	Constantian Assessor Security (1990)	01159			
Ralph Car	npione Scheduled Co	- 4			) x265	718-72 Name of OSHA	9-2501 Monitor		01109	-1-12		-
Start Date (1 0) 11/5/2012			1/201					ENVIRONMEN	IAT			
Dccupancy Status During		SATURD CONTROL	CONTRACTOR OF THE PROPERTY OF	_		Street Address	. KEGIGIGIA E		/ \			
						Consideration and Constitution of the Constitu	36_15A 2	3RD STREET				
Facility Closed/Vacated					73	City, State, Zip (		OILD OIILLI		-		
Abatement Performed C Other - Describe:	outside of Normal Faci	iity Ho	ours			Jity, Otate, Zip		d City NV 111	105			
	hat anniv)					L	Long Island	d City, NY 111	103			
Scope of Work (Check all t	пат арріу)							Negative Pressur	re			
≥ 3 sf or ≥ 3 lf				Rend			-Enclosure					
∑ ≥160 sf or ≥ 260 lf			,	Dem	IOIIIIOI1	☐ Non-	rebag Procedure -Exempted (*) and	d Non-Friable Pro	cedure		2010	
		1	s Locati	on						Al	oate	ment
\$ 679	- F		Normal	ly		Description	of			$\vdash$	- y	1
Location Asbestos-Containing			ed Sole		Ashe	Description stos Containing M		Amount				m l
TO BE ABA			aintenar Custodi	1000		., thermal systems	s insulation,	(Specify		Re	70	Enc
IN Facili			Staff?	2323		surfacing, VA	T, or	SF or LF)		Removal	Repair	Enclosure
(13)			(12)			other miscellan	eous)			vai	<b>#</b>	ure
	2000	Yes	No	N/A								
Terminal B Modernizatio	n, MER No.3 A/C 6			V		ACM Firepro	ofing	1,250 SF	F	V		
	3											
										$\vdash$		$\perp$
		1	IDEE ::	lasts !!	laulee	Cubia Vasta af	Name of Regis	tored Landfill		Ш		
Name of Registered Waste ABC CONSTRUCTIO			JDEP V No.	vaste H	auier	Cubic Yards of Waste	ivame of Regis	stered Landilli				
INC		٦		2280		40		T.R.R.F. It	nc.			
City, State	·					Disposal Date)	City, State					
20 1.20 <del>- (17 () 1.54 (12 (1 + 15 ()</del>	Astoria, NY 1110	5				1/1/2013	-	Tullytown,	PA			
Completed by	Title					Signature			Date			
Stanko Koronsova	ac		sident			7000	10		10	0/19	)/12	2
ASB-41	* Do no	use	this form	for as	bestos lic	exempted	activities.					



#### State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

							1 AM	** 4						
Date of No 09/24/12	otification (1):			wner/Operator (2)	mental Contractor, Inc.	115	CE	ily	EC	)				
Agencies Notified	Type Notification	Street Ac				2012 OC	T 26	AM	7.					
□EPA	☐ Initial ☐ Amended	City, Sta	te, Zip Cod	e:	· · · · · · · · · · · · · · · · · · ·	4		WI ]	-fi-i	45				
□ DEP	Amendment#:	Huntingt Name of	on, NY 117	746	Talanhana	ASRES Number: & L	TOS	CON	TRI	n				
□ DOL	(including	Anthony		- 8 -	00 -17 -	GE L	ICEA	KSIN	G	16				
□ DOH □ DCA	justification) Lancellation	This	2 hu	yed ce	concelled.	± 11 <sub>4</sub>				49				
CANCEL		. 1	1		INFORMATION									
Name of I	Facility Where Abate	ement is Tak	ing Place (	3):	Type of Facility (4):  ☐ School (K-12)									
Street Add					☐ Subchapter 8 (Other than K☐ Other (i.e., private & comm		omes, e	tc.)						
City/ (5):	Cour	nty (6):		ty Code (7):	Square Feet: 2,000,000		of Floo							
Morris Pla	ains Mor	ris	07950	)		,,	01 1 100							
					Bldg. Age: 75 Current Use: Abandoned					7.				
	Monitoring Firm Hir	ed by Build	ng Owner:	ASCM No.:	Name of Abatement Contr	actor (9):								
DVD En	vironmental, Inc.				Danison, Inc			0.000						
Street Add	dress:	7			Street Address:									
P. O. Box	x 2125				358 Broadway									
101 31	e, Zip Code:		- N-		City, State, Zip Code:					_				
	Park, NJ 07010				Newark, NJ 07104									
	anager for Monitorii	ng Firm:		Telephone No.:	Telephone No.:	License No.:								
Tim Don	ahue			(212)-260-9818	(973) 732-6225	01184								
Start Date 09/18/12	(10):	Scheduled 11/30/12	Completion	Date (11):	Name of OSHA Monitor: AmeriSci.	B								
Occupancy	Status During Abatem	ent (Check or	nly one)		Street Address:									
	Closed/vacated During nt Performed Outside of			nt	117 East 36th Street									
Describe:	nt Performed Outside (	n Normai rac	inty riours		City, State, Zip Code:									
Other					New York, New York, 10016									
Describe:								e v/						
1 6	ork (Check all that app	oly):			□ Full C	ontainment with	Negat	ive Pr	essure	<b>;</b>				
$\square \ge 3$ sf or $\square > 160$ sf	$r \ge 3$ If for $\ge 260$ If		□ Rend □ Dem	ovation olition	□ Glove	Enclosure bag Procedure								
		I Is I a	cation		□ Non-E	xempted (*) and N	Non-Fri	Abate						
l I	ocation of		mally	De	scription of				/pe	ı				
Asbestos-	Containing Material		olely by enance/	Asbestos Cont	aining Material (ACM)				(II)					
ТО	(ACM) BE ABATED		odial/		cing, VAT, or	Amount	Removal	Rej	Encapsulat	Enclosure				
1000000	IN Facility		aff?	other	miscellaneous)	(Specify SF or LF)	3401	Repair	psui	osui				
	(13)	Yes N	0 N/A			Si oi Li j	=		at	9				
1 st,	& 2 <sup>nd</sup> Floor	X		Window Caulk		2500 LF	X							
1 st,	& 2 <sup>nd</sup> Floor	X		Lab Counter To	ops	6000 SF	X							
	1 <sup>st</sup> Floor	X		Pipe Insulation	/Elbows	170 LF	X							
	Roof	X		Exterior Roof F		11000 SF	X							
	Roof	x		Interior Roof F Roof Expansion	lashing Mat Assoc. with Joints	1800 SF	x							
a stee	Roof	ı X		Pitch Pockets	*	50 SF	X							
	Roof	X		Roof Membrane	2	27000 SF	X							
1 st	& 2 <sup>nd</sup> Floor	X		Floor Mastic		126000 SF	X							
	1 <sup>st</sup> Floor	X		Floor Tile	,	3500 SF X								

Roof	X	Tar on Parapet Wal	ls	3500 SF	X		
1 <sup>st</sup> Floor	X	Back tile sealant of	n inside of exterior	1200 SF	x		
1 <sup>st</sup> Floor	X	Transite Hood		1600 SF	X		
1 <sup>st</sup> Floor	X	Radiator Paper		500 SF	X		
1 <sup>st</sup> Floor		Plaster Ceiling		200 SF	X		
Name of Registered Waste Haul Newark Carting	ler:	NJDEP Waste Hauler ID No.: 4506	Cubic Yards of Waste: 10	Name of Registered landfill: Tullytown Re. Facility			
City, State: Newark NJ 07102 / Newark Car	ton	osal Date:	City, State: Newark, NJ				
Completed By: Tony Daniels		Project Menonen	lature: Some	Date: 09/24/1	2		



## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

								1 Ace	CE	-11	0.00						
Date of No 09/24/12	otification (1):		Name	of Bui Indust	lding Or rial Wre	wner/Operator (2) ecking and Environn	nental Contractor, Inc.	2012 OCT			ED						
Agencies	Type Notificati	ion	Street	Addres	ss:			ASSESTO & LICE	26	AM.							
Notified	□ Initial				itman R			ASBECT		417	1:50	<b>&gt;</b>					
□EPA	☐ Amended Amendment#:				ip Code NJ 1174			2010	SM	· .	46	,					
□ DEP	☐ Emergency	production of the same of the		of Con			Telenhor	ne Number:	NSI	WIA	n						
10.00000000	(including		Antho	ny Lar	osa	2 (2)	2.		.07	$\forall G$	UL.						
□ DOH □ DCA	justification) ancellation		_	This	pus	rect is c	encelle d.				7						
CANCEL	LED			•	/ F	ACILITY INFORM	MATION										
Name of F	acility Where	Abater	ment is	Taking	Place (3	3):	Type of Facility (4):										
Street Add							☐ School (K-12) ☐ Subchapter 8 (Other than										
170 Tabor City/ (5):		Count	v (6).		Count	ty Code (7):	☐ Other (i.e., private & com	mercial buildings, no	omes, e	ic.)							
Morris Pla		Morri	·		07950	y code (7).	Square Fee: 2,000,000	# 0	of Floo	rs:							
							Bldg. Age: 75 Current Use: Abandoned	1									
Name of N	Monitoring Firn	n Hire	d by Bu	ilding (	Owner:	ASCM No.:	Name of Abatement Con				100						
	vironmental, I		•				Danison, Inc	10 0									
Street Add	lrace:						Street Address:										
							Sirect Address.										
P. O. Box							358 Broadway										
City, State	, Zip Code:						City, State, Zip Code:	ity, State, Zip Code:									
Cliffside	Park, NJ 070	10					Newark, NJ 07104										
Project Ma	anager for Mon		g Firm:			Telephone No.:	Telephone No.:	License No.:									
Tim Don	ahue					(212)-260-9818	(973) 732-6225	01184									
Start Date 09/18/12	(10):		Schedul 1/30/1		pletion	Date (11):	Name of OSHA Monitor AmeriSci.	:									
Occupancy	Status During Al	bateme	nt (Chec	k only o	ne)		Street Address:										
	Closed/vacated Di					t	117 East 30th Street										
	nt Performed Out	-					City, State, Zip Code:										
(5, 3)) accompany							New York, New York, 1	0016									
☐ Other Describe:																	
# # International Control of the Con	ork (Check all th	at appl	y):				C P 11	C	NI4	: D							
$\square \ge 3$ sf or	> 3 lf				□ Reno	vation	□ Mini	Containment with i-Enclosure	Negat	ive Pr	essure	ž					
$\square \ge 160 \text{ sf}$	$\overline{\text{or}} \ge 260 \text{ lf}$				□ Demo	olition		ebag Procedure Exempted (*) and N	lon-Fr	iable P	roced	are					
				Locati		_				Abate		t					
	ocation of	*****	, N	lormal	ly	A shestos Conta	scription of aining Material (ACM)			13	pe						
Asbestos-0	Containing Mat (ACM)	terial	Use Ma	d Solel intenar	y by nce/	(i.e., therma	l systems in ulation,		R	20. 00	Er	m					
TO	BE ABATED			ustodia			cing, VAT, cr niscellaneous)	Amount	Removal	Repair	Encapsulat	Enclosure					
	N Facility			Staff?		otilei i	iliscellaticous)	(Specify SF or LF)	340	air	usc	ınsc					
	(13)		Yes	(12) No	N/A			Si oi Li	=		at	G.					
	Roof		103	X	1071	Roof Flashing		8000 SF	X								
	Roof			Х		Roof Membrane		3000 SF	X								
Uı	nderground			X		Underground T	ransite Electric Banks	500 SF	X								
Uı	nderground			X		Underground Pi	iping	1200 LF	X								
- 15-81V-100	Roof			Х		Roof Flashing In	nterior Perimeter	3000 SF	X								
	Roof			X		Tar Pitch & Par	apet Wall Tar	5000 SF	X								
Fron	t 1 <sup>st</sup> , 2 <sup>nd</sup> & 3 <sup>rd</sup>			X		Window Caulk		1000 LF X									
	Roof			X		Tar & Paper Wa	ater Proofir g	8000 SF	X								
1 s	t, 2 <sup>nd</sup> & 3 <sup>rd</sup>			Х		Pipes		4300 LF X									
1955 &	1962 wings 1	1-3		Х		Fireproofing		15000 SF	X								

Name of Registered Waste Hauler: Newark Carting		NJDEP Waste Hauler 4506	ID No.:	Cubic Yards of Waste: 10 Name of Registered landfill: Tullytown Re. Facility				
City, State: Newark NJ 07102 / Newark Carton	Dispo	osal Date:		City, State: Newark, NJ				
Completed By: Tony Daniels		Title: Project Manager	Signature:		Date: 09/24/12			

RECEIVED

MR OCT 26 M 7: 50

ASSESTION CONTROL

#### State of New Jersey

## NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

Date of No 09/17/12	otification (1):					wner/Operator (2) ecking and Environ	mental	Contractor, Inc.	MENERY							
Agencies Notified	Type Notifica	tion	550,400,500	t Addre				201	20CT 26 AM	7: 1	50					
100000000000000000000000000000000000000	☐ Initial				nitman I Zip Code							7.7				
□ EPA □ DEP	☐ Amended Amendment#:				NY 117			A.S.	ESTOS COI	NIR	<u> </u>					
□ DOL	☐ Emergency	249	103/47/43/05/05/05	of Co				Telephor	& LIBENSI	VG	٠					
□ DOH □ DCA	(including justification The ancellation		Anth	ony Lar	rosa			O		(2) 72	4)					
CANCEL	LED		L		***	FACILITY IN	FORM	MATION								
Name of F	acility Where	Abater	nent is	Taking	Place (	3):	Тур	e of Facility (4):								
								hool (K-12)								
Street Add 170-183 T								bchapter 8 (Other than I her (i.e., private & com		omes e	te)					
City/ (5):	door Road	Count	ty (6):		Coun	ty Code (7):										
Morris Pla	ins	Morri	S		07950	3	Squ	are Feet: 2,000,000	# 0	01 100	ors:					
								g. Age: 75								
N CX	faultania a Fia	II:	d L., D.	.:14:		ASCM No.:		rent Use : Abandoned ne of Abatement Con					-			
	Monitoring Fir nvironmenta				Owner:	ASCIVI No.:			tractor (3).							
						1		nison, Inc								
Street Add	ress:						Stre	et Address:								
	ır Avenue							Broadway								
City, State	, Zip Code:						City	, State, Zip Code:								
Newark,								wark, NJ 07104	1							
	nager for Mo	nitoring	g Firm:			Telephone No.:	Tele	phone No.:	License No.:							
Sam Ilou	noh					(201)-304-5003		3) 732-6225	01184							
Start Date 09/18/12	(10):		Schedul 2/31/1		pletion	Date (11):	20,100,000	ne of OSHA Monitor: eriSci.		=						
Occupancy	Status During A	bateme	nt (Chec	k only o	ne)			et Address:								
	losed/vacated [					t	35860.55	East 30 <sup>th</sup> Street		ainment with Negative Pressure						
☐ Abatemer Describe:	nt Performed Ou	itside of	Normal	Facility	Hours		City	, State. Zip Code:								
							New	York, New York, 1	0016							
☐ Other Describe:							-									
	ork (Check all t	hat apply	y):			11 A 14 A					· n					
$\square \ge 3$ sf or	> 3 lf				□ Reno	vation		□ Mini	-Enclosure	Negat	ive Pr	essure	8			
$\square \ge 160 \text{ sf}$	$or \ge 260 \text{ lf}$				□ Demo			□ Glov	ebag Procedure	Von-Fr	iahle P	rocedi	ıre			
			Is	Locati	on			LI INOII-I	Skempted ( ) and i	T						
	ocation of		N	<b>Jormal</b>	ly	De Ashastas Cont	script	ion of			Ty	pe				
Asbestos-C	Containing Ma	terial		d Sole		(i.e., therma	anning il syste	Material (ACM) ems insulation,		_		Ш	m			
TO	(ACM) BE ABATED			ustodi		surfa	cing, \	VAT, or	Amount	Removal	Re	nca	ncl			
1787103	N Facility			Staff?		other	misce	laneous)	(Specify	101	paii	psu	nso			
(13)								120	SF or LF)	<u>a</u>		lat	re			
Yes No N/A  1 <sup>st</sup> & 2 <sup>nd</sup> floor X						Pipe Removal			. 400 LF	X						
						Caulking			150LF	X						
Name of R	egistered Was	ste Hau	ler:		NJDE	P Waste Hauler ID	No.:	Cubic Yards	Name of Regis		landfil	1:	L			
Newark Carting 4506					4506			of Waste: 10	Tullytown Re.							
City, State		ork Co	rton	Dispo	sal Date	e:		City, State: Newark, NJ								
Newark NJ 07102 / Newark Carton  Completed By: Title:							Signa		Date:							
Completed 23.						et Manager	1	my Joenne	09/17/12		Abatement Type Enclosure Repair d landfill:					

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

Date of Notification (1): Name of Building Owner/Operator (2) 09/17/12 Metro Industrial Wrecking and Environmental Contractor, Inc. Type Notification Agencies Street Address: Notified 273 Walt Whitman Road Ritial City, State, Zip Code: MEPA ☐ Amended Huntington, NJ 11746 Amendment#: □ DEP □ Emergency Name of Contact: WDOL (including Anthony Larosa justification) POOH Cancellation □ DCA **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3): Type of Facility (4): ☐ School (K-12) Street Address: ☐ Subchapter 8 (Other than K-12) 170-183 Tabor Road WOther (i.e., private & commercial buildings, homes, etc.) City/ (5): County (6): County Code (7): Square Feet: 2,000,000 # of Floors: Morris Plains Morris 07950 Bldg. Age: 75 Current Use: Abandoned Name of Monitoring Firm Hired by Building Owner: ASCM No .: Name of Abatement Contractor (9): Safeair Environmental Services, Inc. Danison, Inc. Street Address: Street Address: 9 Seymour Avenue 358 Broadway City, State, Zip Code: City, State, Zip Code: Newark, NJ 07108 Newark, NJ 07104 Project Manager for Monitoring Firm: Telephone No.: Telephone No.: License No.: Sam Ilounoh (201)-304-5003 (973) 732-6225 01184 Start Date (10): Scheduled Completion Date (11): Name of OSHA Monitor: 09/18/12 12/31/12 AmeriSci. Occupancy Status During Abatement (Check only one) Street Address: 117 East 30th Street ☐ Facility Closed/vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code: Describe: New York, New York, 10016 □ Other Describe: Scope of Work (Check all that apply): ☐ Full-Containment with Negative Pressure ☐ Mini-Enclosure ☐ Mino-Enclosure ☐ Non-Exempted (\*) and Non-Friable Procedure  $\square \ge 3$  sf or  $\ge 3$  lf  $\square \ge 160$  sf or  $\ge 260$  lf ☐ Renovation □ Demolition Is Location Abatement Description of Type Location of Normally Asbestos Containing Material (ACM) Used Solely by Asbestos-Containing Material (i.e., thermal systems insulation, surfacing, VAT, or Maintenance/ Encapsula: Enclosure (ACM) Removal Amount Repair Custodial/ TO BE ABATED other miscellaneous) (Specify Staff? IN Facility SF or LF) (12)(13)N/A Yes No 1st & 2nd floor X 400 LF X Pipe Removal X Caulking 150LF NJDEP Waste Hauler ID No .: Cubic Yards Name of Registered landfill: Name of Registered Waste Hauler: 4506 of Waste: 10 Tullytown Re. Facility Newark Carting City, State: Disposal Date: City, State: Newark NJ 07102 / Newark Carte Newark, NJ Date: Completed By: Title: Signature: Tony Daniels Project Manager 09/17/12



Date of Notification (1)			Name	of Buildir	ng Owner/Operato	r (2)							
10	0/18/2012					The Po	ort Authority	Of NY & NJ	16				
Agency Notified	Type Notification			Street .	Address	24	14 F-i- C4 D-	226	3	1000	ECEL		
EPA	Initial		-	City S	tate, Zip		11 Erie St. Ro		3		M		- 4
□ DEP ☑ DOL	Amended Amendment #			Oity, O	tuto, Lip		ersey City NJ	07310 ~	C		0	į.	
☑ DOH	Emergency (inclu	ding	-	Nama	of Contac		ersey City NJ		har A		land		_
DCA DCA	justification)		- 1	Name	or Contac			Telephone Num	Del 'O	•	-	1	
N SON	Cancellation					Uday Mehta						1	_
				FACI	LITY INF	ORMATION		か	Ċ_			Frank!	1
Name of Facility Where	Abatement is Taking P	lace (3)					Type of Facility	(4)	3-3		_		
P	A NJ/NY Elizabe	th Mar	ine 1	Termin	al		School (K-12		6	-	9		
Street Address								(Other than K-1 2		2000			
	Port Terminal B	vd. G	uard	Booth	1		homes, etc.)	ivate & commercia	ullain	gs,			
City (5)		,			74		Square Feet	# of Floors	Bldg.	Age			_
	Bayor	no Al					15	1		31	0+		
County (6)	Dayor	ine, iv	J	County	Code (7	) (STATE USE	A	or if being demoli	shed)				-
County (o)	Union			ONLY)		, (0		Guard Boo					
Name of Monitoring Firm		nor T	ASCN	f No		Name of Abater	nent Contractor (9	2000 CAR HANDAS LANGE - 100 PROCESS	tri			—	_
(8)	ANT PROPERTY OF THE PROPERTY O	nei	ASCIV	1 140.		The second secon			TINIO	1814	_		
Port Author	ity Of NY & NJ						CONSTRUCTI	ON CONTRAC	IING	INC	٥.		_
Street Address		W 20 20 20 20 20 20 20 20 20 20 20 20 20				Street Address							
	241 Erie St. Room	1 236				0. 0 7.	200,000,000,000,000,000,000	9th Avenue					
City, State, Zip Code		27230213211				City, State, Zip							
	Jersey City NJ 07						Astoria	, NY 11105					_
Project Manager for Mon	1000 App.	Te	• 77	ne No.		Telephone No.		License No.					
	Mehta			-595-4	881		9-2501	0	1159				_
Start Date (1 0)	Scheduled	a Daga is				Name of OSHA			2000000				
11/01/2012			/201	3			PRECISION	ENVIRONMEN	TAL				_
Occupancy Status Durin	g Abatement (Check o	nly one	)			Street Address							
☑ Facility Closed/Vacate	ed During Entire Period	of Aba	temen	t			THE RESERVE OF THE PARTY OF THE	3RD STREET					
Abatement Performed Other - Describe:	Outside of Normal Fa	cility Ho	urs			City, State, Zip		CITY NV 4	4405				
Scope of Work (Check a	II that apply)						LUNG ISLAN	D CITY, NY 1	1105	-			_
	ii tiiat appiy)							Negative Pressure	9				
$2 \le 3$ sf or $\ge 3$ If $2 \le 160$ sf or $\ge 260$ If				☐ Ren	ovation		-Enclosure rebag Procedure						
<u>V</u> ] ≥100 Si di ≥ 200 li				Преп	iontion	✓ Non	-Exempted (*) and	Non-Friable Proc	edure				
		10	Locat	tion						Α	bater		t
	2		Norma							-	Тур	e T	-
Location Asbestos-Containing			ed Sole		Ashe	Description stos Containing M		Amount			,	п	
TO BE A		35007	Custod			., thermal systems	insulation,	(Specify		Re	20 8	ן מ	Fnc
IN Fac			Staff			surfacing, VA		SF or LF)		Removal	Repair	Encansulat	SC
(13	5)		(12)			other miscellan	eous)			val	1	loto la	ē
		Yes	No	N/A			- 1						
Pad	63	1.10	1	Detac	ched ACM Roof	fing Material	304SF		V				
Guard			1		Window Cau		52 LF		V	$\Box$	1		
- Juliu	5001.1	+	<u> </u>	\ \ \			9			Ť		1	_
		+										+	
Name of Registered Wa	ste Hauler	I N.	IDEP I	Waste H	lauler	Cubic Yards of	Name of Regis	tered Landfill					
ABC CONSTRUCTI			No.			Waste							
	C.			22280		40	1	Tullytowr	1				
City, State						Disposal Date/	City, State						
	Astoria, NY 11	105				11-15-2012/	∕/ т	ullytown , PA	19007	7			
Completed by	Title			reserving.		Signature	//		Date				
54-04-104-4-04-4-04-4-4-4-4-4-4-4-4-4-4-4	STANKO KORONSOVAC PRESIDE						$\triangleleft$		10-	18-	201	2	
ASB-41	* Do r	his for	m for as	bestos lid	censure exempted	activities.	1						

Check #

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

RECEIVED

			200	-5773								- 1	1		
Date of Notification (1) 10/19/2012				Name of Saint B	Building ( Banabus	Owner/C Healt	perator h Care	(2) Sys	tem o	wet	59% 44		#J		
Agencies Notified	Type Notification			Street Ac	ddress	900					AP	7:	46		
EPA	× Initial			94 Old	Short F	lills Ro	l.		ASB	EST	OS CON CENSIN		- 4		
DEP	Amended			City, Stat	te, Zip Co	de	<del>5000000000000000000000000000000000000</del>		d	2 1 11	Và CO	TRI	91		
× DOL	Amendment			Livings	ton, NJ	07039	)		87	1	ENSIN	G	J.		
ĭ DOH	Emergency justification)			Name of	Contact					Tol	onhone Nu	mher			
DCA	Cancellation			Chief E	Enginee	r							V	4	
				FACIL	LITY INFO	RMATI	ON					-		20110	-
Name of Facility Where		g Place (3)	-3-77					Туре	e of Facility (	4)					
Saint Banabus Med	dical Center								School (K-1	2)					
Street Address									Subchapter						
94 Old Short Hills F	₹d.							×	Other (i.e. p etc.)	rivate	& commerc	al buil	dings	hom	es,
City (5)								Squ	are Feet	# 0	f Floors	E	Bldg. A	ae	
Livingston							8 1	1 M		7			50 +		
County (6)				County C	Code (7)			Curr	ent Use (Pri	or if hei	na demolis				700
Essex					ISE ONLY	l- <u></u>			spital	J. 11 DC	rig demone	icuj			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	l No		Name		atement Cor	tractor	(0)	-			
FT Associates, LLC		Owner (6)		N/A	I IVO.				st Haz Ma			E.			
Street Address				1477			Street			it i ton	iovai, iiic				
107 Osborne Place									Street						
City, State, Zip Code					111 (12010)										
Cranford, NJ 07016	3								Zip Code , NJ 07504	1					
								Total Control		•					
Project Manager for Mor Ron Carvalho	nitoring Firm		- 1 3	Telephor	ne No. 18-3060		Teleph 973-3				License N 00507	lo.			
313.4.6.1.3.6.6.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0											00507				
Start Date (10)		Scheduled			Date (11)		100000000000000000000000000000000000000		HA Monitor						
October 20, 2012		October		2012			ine:	same	e as above	•					
Occupancy Status Durin	g Abatement (Chec	k Only One)	)				Street	Addre	ess						
Facility Closed/Vac	ated During Entire	Period of Ab	atem	ent											
Abatement Perform  Other – Describe:	ned Outside of Norr	nal Facility F	lours				City, S	tate, 2	Zip Code						
_	×	i ca				_									
Scope of Work (Check A	All That Apply)		100 Visit								117-1101-35%	1.32			
≥3 sf or ≥3 lf		× Re	nova	tion				Fu	ull Containme	ent with	Negative F	ressu	re		
2160 sf or ≥260 lf		Dei	moliti	on			×	3000	ini-Enclosure	333	-				
							F		lovebag Prod on-Exempted		d Non-Friat	de Pro	codur	_	
		Τ		80.00				_ 140	DIT-Exemples	( ) aii	d Non-i Hat	1	Abate		
10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	A FASTOS A		ocati rmall											ре	`
Location Asbestos-Containing		Used			Ashaa		scription		al (ACM)	^	maunt		Г		
TO BE AB		Maint		ATRICTO			systems				mount Specify	70	_	E	щ
In Faci	lity	Custo	dial S (12)	itam?		surfa	cing, VA	T, or			or LF)	Remova	Repair	apo	ICO
(13)						other n	niscellar	eous)	)			val	ai-	Encapsulate	Enclosure
		Yes	No	N/A										e	"
4th Fl 410	00 Wing			X		Pipe	Insula	tion		9	0 LF	x			
												**	-	-	$\vdash$
Name of Registered Wa	ste Hauler		N	JDEP W	aste	Cubic	Yards		Name of	Registe	red Landfill	1-		- 70	
+1- 12-04-34102421-12-12-13-13-13-13-13-13-13-13-13-13-13-13-13-				auler ID		of Was			Lancard Company		/S, Inc '				1
East Coast Haz Mat	Removal, inc.		18	3602		1			North	·	3, IIIC	VVIVI			
City, State			•			1 The State of the	sal Date	,	City, State		_				
Paterson, NJ 07504						10/25	/12		Morrisvi	ille, P	K				
Completed by		Title	10,000			S	ignatu		/	///	100	ite			
James Unger	James Unger Project						ther	ne	4 1	13	/ 10	)/19/2	2012		
	TOTAL					11	/		1						
ASB-41 (R-06-08)						/	* Do no	t use	this form for	asbest	os licensur	e exen	npted	activi	ties.

#### NO

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

Date of Notification (1) 10/19/2012	<b>#</b> 232			Building ( y and El					2012 OCT	20	ites.		
Agencies Notified Type Notification		1	Street A	ddress ussa Stre	oot.				& L/C	<0 A	M 7:	42	
EPA Initial Amended				ite, Zip Co	77.77.07	61			SHESTO	Ser	141-		
DEP Amended Amendment Emergency (		- [	Linden	, NJ 070					a LIC	ENSI	NIR	04	
DOH justification)				Contact a Read					Telephone I	Number	.0	1	
DCA Cancellation				LITY INFO	ORMATIO	ON							
Name of Facility Where Abatement is Taking St Mary & Elizabeth Academy	g Place (3)	)						of Facility (4	(f.)				
Street Address		26.040					<b>S</b>		8 (Other than h				
170 Hussa St								Other (i.e. pretc.)	rivate & comme	ercial bu	ildings,	home	s,
City (5) Linden, NJ 07036							25,00		# of Floors 2		Bldg. A 70+	ge	
County (6) UNION				Code (7) USE ONLY)		_	Scho	ool	r if being demo	olished)			
Name of Monitoring Firm Hired by Building of McCabe Environmental	Owner (8)		0011			EA S	Service	tement Con es Corpor					
Street Address 464 Valley Brook Avenue							Addres						
City, State, Zip Code								p Code					$\neg$
Lyndhurst, NJ 07071						7 02500 2000 2000		g, NJ 070		- N-			
Project Manager for Monitoring Firm Jim Ruff				54-2746		201-	295-1	700	Licens 01074				
Start Date (10) 10/20/2012	Schedule 10/22/2		pletion	Date (11)			of OSH e as a	HA Monitor bove					
Occupancy Status During Abatement (Chec							Addres					-	-
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe: Starting 8:00 AM	Period of A nal Facility	batem Hours	ent		_	City, S	State, Zi	p Code			-		
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enova emolit				2	Min	ni-Enclosure ovebag Prod	edure				
	Т.			T			_l Nor	n-Exempted	I (*) and Non-F	riable P		ement	
Location of	N	Locati Iormal	ly		Des	scription	n of			_	T	уре	
Asbestos-Containing Material (ACM) TO BE ABATED	Mai	d Sole intenar	nce/		tos Cont	taining N	Material		Amount (Specify		,	Enc	g
In Facility	Cust	odial S (12)	Staff?	(1.0.	surfac	cing, VA	AT, or		SF or LF)	Kemova	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A	1	oulei ii	moona	neous			l a	-   -	late	Iге
Basement Corridor -ceiling	163		X		Pop o	corn pl	laster		9 SF	x		<u> </u>	$\vdash$
						- 1					1		
	1												
Name of Registered Waste Hauler		0.0000	JDEP W auler ID		Cubic of Was		10.05	Francis de de	Registered Lar			-	
Freehold Carting			5939	INO.	tbd	310			Managemer	nt			
City, State PO Box 5010					tbd	sal Date		City, State Tullytov	e vn Landfill				-6.
Completed by Gina Salvador	Title Office	e Mar	nager		S	Signatur	· Ol	was-		Date 10/19	9/2012	60	
						* D			asbestos licer	neuro ov	milter	activi	tles.
ASB-41 (R-06-08)						. D0 U	ot use t	inis form for	aspesios licei	isuic cx			
ASB-41 (R-06-08)						- D0 II	iot use t	inis form for	aspesios licei	La Constitution			AL-ROTTONS

VIA U.S. MAIL
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ASK "		nt to NJAC	8:60 and 12:1		IE CETY	ED_			
Date of Notification (1) 16 23 12	10	villing	g Owner/Operator HCART	COHHO	1977 BA	AG, C	EK	SIE	R
Agency Notified Type Notification	S	treet Address	Martin .	Luther.	ting B	lud.			$\perp$
DDEP Amended Amendment #	C	ity, State, Zip		J. °	LICENSING	KUL			
Clientheurch fraction	e []	arne of Contac	# 1		T-1-1	- 6/18			
DOCA justification) Cancellation	19	FACILITY INF	ALERYO DRIVATION		.1			-	1
Name of Facility Where Abatement is Taking Place	(3)	21./		Type of Facility					
555 Martin Luther	Mino L	JIVa.		Cl School (K-12 Cl Subchapter &	1) 3 (Other than K-12 ivate & commerci	2) al huildings			1
NEWARK NO.				homes, etc.)		Bldg. A			$\dashv$
City (5)	•			5,000	12	1 8	0		_
County (6) ESSEX		ounty Code (7 NLY)	) (STATE USE		nor if being demo	CENT	ER		
Name of Monitoring Firm Hired by Building Owns (8)	F ASCM N	lo.	Name of Abatem	nent Contractor (S					
Street Address :			Street Address	× 814	i.,				
City, State, Zip Code			City, State, Zip	Code	ND. 01	8857			and the same of th
Project Manager for Monitoring Firm	Telephone	No.	Telephone No.	38×7500	License No.		9160S 45		
Start Date (10) Scheduled Co	impletion Date	(11)	Name of OSHA	Monitor IÚ			•		
Occupancy Status During Abatement (Check only			Street Address	x 814					
Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facilia Other - Describe:	of Abatement By Hours	•	City, State, Zip	Code	0'5' O	8857		٠	
Scope of Work (Check all that apply)  ☑ ≥ 3 sf or ≥ 3 lf	)	Renovation	Min	-Enclosure	n Negative Pressi			•	
☐ ≥ 160 sf or ≥ 260 lf			/O Non	-Exempted (*) an	d Non-Friable Pri	ocedure .		teme Type	
Location of	Is Locatio Normally Used Solely	<i>'</i> .	Description	of	Amoun	.	T	1	
Asbestos-Containing Material (ACM) TO BE ABATED	Maintenan Custodia	ce/ Asbe	estos Containing N e., thermal system surfacing, VA	s insulation,	(Specify	y	Removal	Encapsulate	Enclosure
IN Facility (13)	Staff? (12)		other miscellar			.	Va	wate	- Pro-
	Yes No	N/A	•	•			+	+	+
00004=50		X Pi	A= Trosod	MILLON	240	LIF	X	丰	丰
BASEMENI							+	+	╀
A March Hayler	I NJDEP W	aste Hauler	Cubic Yards of		istered Landfill		L		-
Name of Registered Waste Hauter  NOVALECT INC	ID No.	501	Waste		0.W.S	٠ .		<u>.                                    </u>	
To the Meet T		857	Disposal Date	City, State	iNE P	A .	**		
City, State  OID BRIDGE IXIC	1 000	/ · · · · · · · · · · · · · · · · · · ·	Signature	N Constant		Date	2=	3/15	7
INMOING INMOINING IND	SIVEN L	for asbestos I	icensure exempte	d activities.		1 14	<u></u>	7	

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State of New Jersey ~
notification of asbestos abatement
(Pursuant to NJAC 8:60 and 13:130)

ate of Nouncation (1)		Na	me of B	wilding C	Muet/Obetstot	(2)	^ -	RECE		7	
10/22/12			1		-V -EC		Con-2	MARTINE			_
gencies Nouried Type Nourica to	n	\$1	reel Add	1034	4 5	_		6,50	AM 7:	1	٦
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OOL Amendment	includion		0	ne	GN 1-151	-0,	10,0,0			4	=
DOH justification	IN FORMING	N	me of C		A			electrone Humbl	ALA P		i i
Cancellation			Ba	UCE	BREUN	10					
		1=	-		HOITANS						
	763		PACIDI	1 114 01		Type	of Facility (4)				
ame of Facility Where Abatement is Yak	ng Place (3)					- C	chool (K-12)				
PESIDENCE						700	what and a f	Other than K-12	). Libratorogi		
reel Address	_ •					P 6	ATTACK . G(6.)	ste & commercia			_
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atv (6)		1	ISE ON	LYI	_			DNT			=
TOF MANY		-		<u> </u>	Name of Abaten	neni C	ounación (8)				
are of Maritaining Firm Hired by Building	Owner	AS	CM No.	.	KLEM	00	INC			===	=
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THE STATE OF THE S		Y alabb	one No.	=	Yelephone No.		A// 53	Ucense No.	44		
raci Manager for Monitoring Firm		1.01072	DIR IN		856-7	<u> 79                                    </u>	-0972	001	+		=
	heduled Cor	مناوات	o Date	(11)	Hame of OSHA	Mania	91/40	M	•		#1
ean Date (10)	11 / 12	Cier	ک		JOSE	12/9	41.64			===	=
11./5/12	11/12	1	_								
C Abalament (C	heck only o	Ue)			3699	2/2	PILUCE	7100		<u> </u>	=
A TOURS PROFE	Leuron or .		eni	}	City, State, Lip	Code	7.1	- 11 7	2 E > 6		
Facily Closed/Vacaled Durvide of Nor Abatement Performed Outside of Nor	mal Facility	Hours			MARK	ستغ پ (	ZHND	E, N. J.	000		=
Oner Describe:						-		Control Action Control			
Scape of Work (Check all that apply)		200			O Full C	ontain	ment with Ne	gatve Pressure			
	☐ Ren	OVBLIO	n .		□ Min.	Enclose bag P	rocedure	- Edable Proce	dure		
23 51 01 23 11	Ø 000	nation	1		Hon	Exemp	100 (') and NO	on-Friable Proce	1 4	a:em	er
2160 st or 2260 H	1 101	ocalio				5.0				1 ppe	_
K	l No	LIGHT			Descripto	n of		Amount			Ć.
Location of	Used	Soleh	cs/	Asbe s	Nermal system	Malen	allation.	(Specify	Removal	Rapu	E14.405
Material (ACM)	C	is look		(i.e.	TODO TODO	A1. V.		SF or LF1	· \ §.	1	
TO BE ABATED		(12)	1		ower wiscer	Neone	)		1 8	1	2
(13)	-				W.		•			-	_
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Waste Hauler	<del></del> -		NOE	JWo M≋ate.	01 Waste		CA	1, C, M	. 0 , /3		=
name of Registered Waste Hauler			Hauler E	04	5	-10	Ciry State				
KEEMCO INC.					Osposal O	916	1220	DBINE	, NA		_
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Compress By	1		ER	-		400				•	
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Date of Notification (1)	-		Name o	f Building	Owner/	Operator	(2)			WEC	FI	VE	P		
100	ber 22, 2012			Pfizer,				(-/		8-	2001		V E	IJ	
Agencies Notified	Type Notification			Street A	-			2 1		29,	12 OCT 20				
				5575551 7555	Highwa	20 206					-0, 2	PA	M 7	: 46	
EPA DEP	Initial Amended				ate, Zip C					45	ESTUS & LICE				
DOL	Amendment	#		Peapac		ouc					& Lice	CO	HTI	les	
M pour	Emergency				of Contact					Tel	& LICE	NS/	NG	OL	
DOH DCA	justification) Cancellation			120000000000						1 10	ephone 140		_		
	Cancellation				Manage ILITY INF		ION	-				7		- 45	
Name of Facility Where	Abatement is Takir	g Place (	3)	FAC	ILIT IN	UKWAI	ION	Тур	e of Facility	(4)					
American Cyanamid			90. <b>4</b> -0						•						
Street Address	ouperfulla ofte		_					Н	School (K-		er than K-12	2)			
								M			& commercia		ldings	home	es,
20 Polhemus Lane									etc.)	T 4	, <sub>=</sub> ,		DI.I.		
City (5)								Squ	are Feet	# 0	f Floors	1	Bldg.	Age	
Bridgewater															
County (6)					Code (7) USE ONLY	1		Curr	ent Use (Pri	or if be	ng demolish	ed)			
Somerset				5	ACCOMMON PROPERTY OF THE PERSON			‡C			erfund Si	te			
Name of Monitoring Firm	n Hired by Building	Owner (8)	)	ASCN	ЛNo.		Name	of Ab	atement Cor	ntractor	(9)				
AET, Inc.				0021			The M	IACK	Group, L	LC					
Street Address							Street	Addre	ess						
907 Doolittle Drive							1500 H	Kings	s HWY N,	STE	209				
City, State, Zip Code									Zip Code						
Bridgewater, NJ 088	07						Cherry	v Hill	NJ 0803	4					
Project Manager for Mon				·Telepho	ne No.		Teleph			1.00	License No	D.			
Eric Houseknecht				(908) 2	18-1108		(973)	759 -	- 5000		00781				
Start Date (10)		Schedul		mpletion	CANCEL STATEMENT OF THE PROPERTY.				SHA Monitor		00101	78 87		-	
					1000 1000		The M	ΔΟΚ	Group, L	ıc					
Occupancy Status Durin	g Abatement (Chec	k Only O	ne)	715			Street					20			
							Warner or the same		s HWY N,	STE	200				
Facility Closed/Vac Abatement Perform	ed Outside of Norm	period of nal Facility	Abate / Hou	ment rs					Zip Code	OIL.	203				
Other - Describe:			, ,,,,,,,,				(35).			,					
Scope of Work (Check A	Il That Apply)						Cherry	/ 11111	, NJ 0803	4 .				-	
The second secon	mac/apply)						г								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renov Demol				k		ull Containm ini-Enclosure		Negative P	ressu	ire		
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	7										Non-Friable	Proce	edure		
		Is	Loca	ition								1		ement	
Location			Norma			De	scription	of					1 !	pe	
Asbestos-Containing			ed Sol	ely by		tos Con	taining M	/ateria		V.01	mount			m	_
<u>TO BE AB</u> In Facil				Staff?	(i.e		l systems		lation,		Specify	Re	ZD.	пса	nc
(13)	ity		(12)	)			icing, VA miscellar			SI	or LF)	Remova	Repair	Encapsulate	Enclosure
			8									a	=	late	9
		Yes	No	N/A									,		
see attac	X			see	attach	ned	A	see	attached	X					
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	<del>y</del>			-								-	+		-
				-											
Name of Registered Was	ste Hauler			NJ DEP W			Yards		Name of	Registe	red Landfill			327	
Name of Control of Control	¥			Hauler ID		of Wa				302					
Newark Carting / Rov	/IC			450	)9	D'-	TBD				ounty Lar	ndfill			
City, State				Dispo	sal Date		City, Stat								
Newark / Riverdale, N	NJ	1							Newburg	, PA					
Completed by		Title				5	Signature	1//	1		Dat				
Mike Cooper	A CONTRACTOR OF THE CONTRACTOR						1001	//			10/2	22/1	2		

Check# 1041
RECEIVE

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

Date of Notification (1) 10/22/2012			Building ( E BENIS		perator	r (2)	2012	זייט פ	20	VE!					
Agencies Notified  EPA	Type Notification  X Initial		- 1	Street A 102 W	ddress ILDWO	OD AV	E.		458	CCT.	26 A	M 7:	î9		
DEP DOL	Amended Amendment Emergency				te, Zip Co N, NJ 0				A Sel	LIC	IS CON ENSIN	VIRO	L		
DOH DCA	justification)  Cancellation	9000 1 <b>-</b> 10 000			Contact E BENIS	STON				Tele	ephone N	umber	1		
				FACI	LITY INFO	RMATI	ON			vicini and					
Name of Facility Where A RESIDENTIAL	Abatement is Takin	g Place (3)						□ s	of Facility (4 School (K-12	2)					
Street Address 102 WILDWOOD A	VE.							X C	ubchapter other (i.e. po tc.)				dings,	home	es,
City (5) PITMAN					<del></del>	-		Square 1050		# of	Floors		Bldg. /	ige	
County (6) GLOUCESTER					Code (7) JSE ONLY)				nt Use (Prio		ng demoli	shed)	***********		
Name of Monitoring Firm CONNELL GREEN		Owner (8)	-	ASCM	l No.				ement Con		• •	SERVI	CES	INC.	
Street Address 904 KINGS ARMS	DRIVE	501 4 JW		L				Address	s S RUN						
City, State, Zip Code DOWNINGTOWN,								State, Zip	Code	0806	2				
Project Manager for Mor				Telephor	ne No. 32-9363		Telepi	hone No 304-46			License 01145	No.		7098	
Start Date (10) 11/01/2012		Scheduled	Com	- 340 250 150 150 150 150 150 150 150 150 150 1			54.016.71.30.51.00	of OSH	A Monitor						
Occupancy Status Durin	a Abstement (Chec						Transparent	Address	e		-				
	5								0 NORT	Н					
Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Norm					_	100000000000000000000000000000000000000	State, Zip	Code	1 0807	77			1.00000	
Scope of Work (Check A	II That Apply)						O.I. v.								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	,,,,,	Districted Co.	novat				2	Mini	Containme -Enclosure vebag Proc	edure					
		Т			r		L	_l Non	-Exempted	(*) and	l Non-Fria	able Pro		e ement	
			ocatio mall											rpe	
Location Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED lity	Used Main Custo	Solel enan	y by ice/		tos Cont thermal surfac		Vlaterial ( is insulat AT, or		(8	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
DACEA	Yes						INCLI	LATIO	NI I	2	0 SF	x	-		
BASEIVI	BASEMENT						INSU	LATIO	IN	J	0.51		-		
						-									
Name of Registered Was	ste Hauler		N.	JDEP W	aste	Cubic	Yards	Т	Name of F	Registe	red Landf	fill			Щ
NETS			10000	auler ID	20.00.000	of Was	ste		ALLIED						
City, State HAZLETON, PA						Dispos 11/05	/2012		City, State		A				
Completed by RONALD SWANSO	N	CT	COOF	RDINATO	OR S	ignatur	all	tox	ME	- 4   -	Date 10/22/	2012			

#### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

		(Pur	Suan	L LO	MONC	0.00-	/ and	12.120-77								
Date of Notification						:/Operator	(2)	RFC	EIVE	n						
10-22-12				Ann	e Sc	ipi	oni		000000000000000000000000000000000000000	- 1 cm 4p	ra 1 4 T-	1.7			-	
Agencies Notified	Type Notif	ication			Addre			_	2.0	IZ OCT	26 AM 7	7. 6				
[ ]EPA	[X]Initia			307	Jei	rer	son	Ave.	-	12 001 5	O AM	: 3	5			
[ ]DEP	Noti	fication	I IC:	ity,	State,	Zip	Code	7	Α.	SECT	10.00.0					
[X]DOL	[ ]Amende	ed fication		Has	brou	ıck	Heig	ghts,NJ	7,076	をこうし	D CUNI	RO	L			
[X]DOH	NOCE	LICALION		ame o	of Cont	act			Т	elephone	ENSING	_	40			
[ ]DCA	[ ]EMERGI	ENCY			e Sc		oni						ער			
[ ]Dur	[ ]Cance	llation														
				0.000 9.000	FACII	LITY	INFORM	MATION								
Name of Facility Wh	ere Abateme	nt is Ta	king	Pla	ce (3)				Туре о	f Facilit	y (4)		300	10	- 1	
Same as above	9								[ ]:	School (F	(-12)					
Street Addres	×				***	-			88 6789		er 8 (Oth					
Street Addres									[X]		e., priv					
									Square		# of Flo			dg.		
City (5	)	Count	y (6	) Ess	ex	1000000		ode (7)	19		2		- 1	70	-	
						(SI	CATE U	SE ONLY)	Curren	t Use (Pr	ior if b	eing	der	oli	shed	)
Name of Monitoring	Firm hired	by Build	ling	ASC	M No.		Name	of Abater	ment Cor	tractor	(9)					
Owner (8) N/A							AZ	TECH M	ianage	MENT,	Inc.					
Street Address							Stre	et Address	s							
							86	Chris	tophe	r St.						
City, State, Zip Co	ode						City	, State, 2	Zip Code	<u> </u>	-					-
							Mo	ontclai	r, NJ	0704	2					
Project Manager for	Monitoring	Firm	Tele	phone	e Numbe	er	Tele	phone Numb	ber			Lice	nse	Num	per	
			N/A	_			(9	73)744	-8800	)		00	37	1		
Scheduled Start Dat	e (10) s	ched. Co	mole	tion	Date	(11)	Name	of OSHA N	Monitor							
10-31-12			-1-				N/A	1								
	Year	Month	Da	-	Year											
Occupancy Status Du [X]Facility Cl of Abateme	osed/Vacated						Stre	et Address	s							
[ ]Abatement P	25 William and a carrier	tside of	Norm	nal E	acilit	y	City	, State, 2	Zip Code							
Hours - Des [ ]other - Des	cribe: «OffHo				int.											
			icy i	Jesci	трс»		11			dt						
Scope of Work (Chec	ek all that	appry)						[x]Full	Contain	ment with	Negative	e Pr	essu	re		
[X]≥3 sf o			70 07		vation			[ ]Mini-l								
[ ] <u>≥</u> 160 sf	or >260 lf		[ ]	Demo	lition			[X]Glovel		cedure Procedure	1					
		T		Is			-						Aba	teme	nt 1	Туре
Locatio				catio				Descriptio					R	223	E	E
Asbestos-Co Material	_			Jsed olely	,			estos-Cont Material (			Amount (Specif		E	R	C	C
TO BE A			By	Mair	1-			., thermal		s	SF or	2	M	PA	A	D L
In Fac				todi		in		ion, surfa		200 (200 cm)	LF)		V	I	P S U	S
(13	)		Staf	ff (1	2)		or ot	her miscel	llaneous	1)			A L	R	L	U R
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Basement			_		X	pi	ping	<u> </u>			60 LE		X			
Name of Registered			00000000	EP W		1	bic Y	ards e 1.5			ered Land	lfil	1			
AZTECH MANA	SEMENT,	INC.		040	ID No.	or	. wast	e 1.J	G.R.	O.W.S	•					
City, State						Di	sposa	1 Date	City,	State	200					
Montclair, No	J 07042						11-2	-12	Morr	cisvil	le, PA	19	906	7		
								12:				100				
Completed By (Print		Title	.1 -					Signature	-			Da	ate	0 1		
Constantine '	vivian	Presi	aen	T				1 5	7/1/ N				10-2	2-12	4	

Check # //5/ Date of Notification (1) Name of Building Owner / Operator (2) October 22, 2012 Community Investment Strategies, Inc. Agencies Notified Type Notification Street Address □EPA 1970 Brunswick Avenue, Suite 100 DEP DOL Initial City, State & Zip Code Amended Lawrenceville, NJ 08648 ⊠doh Amendment # DCA Cancellation Name of Contact Telephone Number Kevin Felix **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **Empty Lot** School (K-12) Street Address Subchapter 8 (Other than K-12) 1460 Parkway Avenue Other (i.e., private & commercial buildings, home, etc.) Square Feet # of Floors Bldg. Age City (5) N/A N/A Ewing Current Use (Prior if being demolished) **Empty Lot** County (6) County Code (7) Mercer USE ONLY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A Synatech, Inc. Street Address Street Address 829 Radio Road City, State & Zip Code City, State & Zip Code Little Egg Harbor, NJ 08087 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 609-296-6916 00817 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor November 1, 2012 November 9, 2012 Synatech, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 829 Radio Road Abatement Performed Outside of Normal Hours City, State & Zip Code Other - Describe: Empty Lot X Little Egg Harbor, NJ 08087 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure  $\boxtimes \ge 3$  sf or  $\ge 50$  If Renovation Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure & Wrap and Cut Non-Exempted(\*) and Non-Friable Procedure Location of Is Location Normally Used Description of Abatement Type Asbestos-Containing Material (ACM) Solely by Maintenance or Asbestos-Containing Amount (Specify Custodial Staff? (12) TO BE ABATED Material (ACM) SF or LF) **IN Facility** (i.e., thermal systems (13)insulation, surfacing, VAT Encapsulate Enclosure Remova or other miscellaneous) Repair Yes No N/A Exterior - Front of Property X Exterior Pipe Insulation 150 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill Hauler ID No. Freehold Cartage 15939 Grows Landfill City, State Disposal Date City, State Freehold, NJ November 13, 2012 Morrisville, PA Completed By Title Signature Date Diane Aloia **Executive Administrator** October 22, 2012

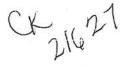
\* Emergency \* State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120) RECEK/E2827

Date of Notification (1) 10/19/12				Name of NJ Tra	f Building ( Insit	Owner/C	Nace and Street Control	(2)	CTAC	is the	D—					
Agencies Notified	Type Notification			Street A	ddress n Plaza I	East		iiz U	CT 26 A	H 7	: 38					
EPA DEP DOL	Initial Amended Amendment				te, Zip Co k NJ 07		246	&	TOS CO LICENSI	NTI	ROL		1015-11			
DOH DCA	Emergency justification) Cancellation	•		Russe	Contact Samar					Tele	eph	Numl	ber			
Name of Facility Where A Newark Penn Statio		g Place (3	)	FACI	LITY INFO	DRMATI	ON		of Facility (4							
Street Address 1 West Raymond P	l Track # 4							×	Subchapter of Other (i.e. prefetc.)	8 (Oth	er than k & comme	(-12) ercial	build	lings,	home	es,
City (5) Newark NJ 07105								Squa 1000	re Feet 0+	# of	f Floors			ldg. A 5+	ge	
County (6) Essex	***************************************			County (	Code (7) USE ONLY)			Curre	ent Use (Prio	r if bei	ng demo	olishe	ed)			
Name of Monitoring Firm TTI Environmental	Hired by Building	Owner (8)		ASCN	1 No.			of Aba	nc	tractor	(9)					
Street Address 1253 North Church	St							Addre	30.700 m				92			
City, State, Zip Code Moorestown NJ 080	057								ip Code in NJ 0809	91		- 20				
Project Manager for Mon				Telepho	ne No.		Teleph	none N	0.		Licens		•			
Start Date (10) 10/22/12		Schedule		npletion	Date (11)			of OSI	HA Monitor							
Occupancy Status During	g Abatement (Chec	k Only On	e)				Street	Addre	SS	-	9		-			7
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norn	nal Facility					City, S	State, Z	ip Code							
		II 5 am				_										
Scope of Work (Check A	II That Apply)						-	7								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		annual section of the	enova emolit				>	Mi	II Containme ni-Enclosure ovebag Proc on-Exempted	edure					e	
		Is	Locati	on						( ) =			-	Abate	ement	
Location		N	Iormal	ly		De	scription	of	Tr.					Ту	ре	r
Asbestos-Containing <u>TO BE AB</u> , In Facil (13)	ATED `	Mai	d Sole intenai odial S (12)	nce/		thermal surfa	taining N system cing, VA niscellar	s insula T, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
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Track Tractom			-		1 ipo	modic	taon		<del></del>	,	-					
		+	-							-		-				
Name of Registered Was	ste Hauler		N	JDEP W	/aste	Cubic	Yards		Name of F	Registe	ered Lan	dfill				
United Containers				auler ID 2459	No.	of Wa	ste		G.R.O.V	v.s.						
City, State Elm NJ						Dispo: 10/23	sal Date 3/12		City, State Morrisvi		A 1906	7				
Completed by Anthony T Perna		Title Presi	dent			S	Signature	1		_		Date 10/	e '19/1	2		



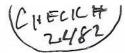
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Date of Notification (1)								er/Operator (2	2)	2012 OC			ارزق سند	2
			_		Pea	rson Bec	khan	n Realty		2012 OC	T 26	AM	7.	20
Agencies Notified	Type Notificat	ion			100000000000000000000000000000000000000	Address								
⊠ EPA	☐ Initial							I Drive, Sui	te 200	ASTES & L	TOS	COL	TO	pring.
☑ DOLWD ☑ DHSS	Amended Amendmer	nt#				tate, Zip C				& L	.ICEN	SIN	CKE	H.
DCA	☐ Emergency	-	luding			tonia, NC	SALES IN COMPANY	54		2		C1114	u	4)
(NJAC 5:23-8)	justification	٦)			0000 200	of Contact				Telephone Nu	umber			45
	☐ Cancellation	n			Mat	Beckha	m							
	****				FAC	ILITY IN	FOR	MATION						
Name of Facility Where	Abatement is Ta	king	Place	(3)				100 081110	Type of Facility (	(4)				
Former Car Dealer	ship								☐ School (K-12) ☐ Subchapter 8		12\			
Street Address									Other (i.e., pr			uildin	gs,	
203 S. Broad Stree	t								homes, etc.)					
City (5)							(1)		Square Feet	# of Floors		Bldg. A	337.02	
Woodbury									4000	1 + bSM	T	+/- !	0	
County (6)					Coun	ty Code (7)	(STAT	E USE ONLY)	Current Use (Pri	or if being dem	olished)			
Goulcester									Vacant					
Name of Monitoring Firm	Hired by Buildi	ng O	wner (	8)	ASCM I	No.	Nam	e of Abateme	ent Contractor (9)					
EHS							US	SA Environ	mental Manage	ement, Inc.				
Street Address	***************************************						Stree	et Address						
9 South Main Stree	et						84	36 Enterpr	ise Avenue					
City, State, Zip Code	200		Shirt (A.00)				City,	State, Zip Co	ode					
Mullica Hill, NJ 080	062						Ph	niladelphia,	PA 19153					
Project Manager for Mor	nitoring Firm			Tele	phone I	No.	Tele	phone No.		License No.				
Jack Carney				85	6-223	-0800	21	5-365-5810		1156				
Start Date (10)		chedu	uled Co	omple	tion Dat	te (11)	Nam	e of OSHA M	lonitor					
<u>11</u> / <u>01</u> /	_12_	_1	1_/	15	<u>/</u>	12	US	SA Environ	mental Manage	ement, Inc				
Occupancy Status Durin	g Abatement (C	heck	only o	ne)			Stree	et Address						
☐ Facility Closed/Vacat	ed During Entire	e Peri	iod of	Abate	ment		84	36 Enterpr	ise Avenue					
☐ Abatement Performe						cribe	City,	State, Zip Co	ode					
Time of Abatement:	7AM-3:30PM/_		-PM		AM		Ph	niladelphia,	PA 19153					
Scope of Work (Check a	all that apply)							_						
⊠ >3 sf or >3 lf			☐ Re	novati	ion			☐ Full Con	tainment with Neg	jative Pressure				
≥ 25 st of ≥ 5 tt			⊠ De					☐ Gloveba	g Procedure					
			2000					Non-Exe	mpted (*) and No	n-Friable Proce				
				Locat							A		nent T	ype
Location Asbestos-Containing		,			ely by	Ashe	etne (	Description of	aterial (ACM)	Amount	200	'   공	E	Ē
TO BE AB		' I	Ma	intena	ance/	(i.e	., ther	mal systems	insulation,	(Specify	Kemova	Repair	caps	Enclosure
IN Faci			Cus	todiai (12)	Staff?			urfacing, VAT er miscellane		SF or LF)	<u>a</u>	-	Encapsulate	ure
(13)			Yes	No	N/A	1	Otti	ei illiscellane	ous)				6	1
Basement				Transite				900 SF	D E	1 [				
										500 SF	E	-		17
Roof					4	Flashin	ig .			300 31	-	-	=	
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							1 - 1							
Name of Registered Wa USA Environment		nt li	nc		NJDEP I Hauler II	D No.	Was	ic Yards of ste	Name of Regis					
City, State	a. managomo	,			32610	)	5 Disp	osal Date	City, State	-				
Philadelphia, PA							1,433	1/30/2012	Waynesbu	rg, OH				
Completed By (Print or	Type)	Title					1	Signature	, h		Date			
Dilip Kumar		Р	rogra	m Ma	anager			All	lipplua		10-1	P-1	1	



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						out the reserve				- Contract of the contract of	1 1	-	_	
Date of Notification (1)	1	12				of Building	I	Operator (2			5-1 30 max 10	1		
		_					OKITATI		61	112 OCT 26	AM 7	95		_
⊠ EPA ⊠ I	e Notifica nitial					Address 2 Button	wood I	Orive, Sui		BESTOS (				
	Amended Amendme				City, S	State, Zip C	Code			& LICEN	SINO	(UL		
23 01100	Emergen		cluding		Gas	stonia, N	C 2805	4		0214.	THAR	-	A	
	ustification		Glading	,	Name	of Contac	t			Telephone Nu	mber	4	9	
	Cancellat	ion			Mat	tt Beckha	am							
					FA	CILITY IN	IFORM.	ATION	012 C.					
Name of Facility Where Abate	ment is T	aking	Place	(3)					Type of Facility	(4)				
Former Residence									School (K-12		10)			
Street Address									☐ Subchapter 8 ☐ Other (i.e., p	s (Otner than K- rivate and comm	12) nercial bu	ilding	ıs.	
20-24 High Street									homes, etc.)					
City (5)									Square Feet	# of Floors	BI	dg. A	ge	#8
Woodbury									4000	2 + bSMT		+/- 5	0	
County (6)					Cour	nty Code (7	)(STATE	USE ONLY)	Current Use (Pr	ior if being demo	olished)		State of the	
Goulcester									Vacant					
Name of Monitoring Firm Hired	by Build	ling C	wner (	(8)	ASCM	No.	Name	of Abateme	ent Contractor (9)					
EHS							USA	Environ	mental Manag	ement, Inc.				
Street Address							Street	Address						
9 South Main Street							843	6 Enterpri	ise Avenue					
City, State, Zip Code								tate, Zip Co	ode				5-1-2-00-0	
Mullica Hill, NJ 08062					Phil	adelphia,	PA 19153							
Project Manager for Monitoring	g Firm			Tel	ephone	No.	Teleph	one No.		License No.				
Jack Carney				8	56-223	-0080	215	-365-5810		1156				
Start Date (10)	5	ched	uled C	omple	etion Da	ite (11)	Name	of OSHA M	Ionitor					
11 /07 /12	2	_1	1_/	_1	<u> </u>	12	USA	Environ	mental Manag	ement, Inc				
Occupancy Status During Aba	tement (	Check	only o	one)			Street	Address						
□ Facility Closed/Vacated Du								53	ise Avenue					
Abatement Performed Outs Time of Abatement: 7AM-3						scribe		tate, Zip Co	ode PA 19153					V 20
Scope of Work (Check all that	apply)			AM ACCORD	-72-24				W 2018 1500	22 122-1				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			☐ Re ☑ De	novat	ion on		]	☐ Mini-Enc ☐ Gloveba	tainment with Neo losure g Procedure mpted (*) and No		dure			
			Is	Loca	tion						Ab	atem	ent T	уре
Location of Asbestos-Containing Mate <u>TO BE ABATED</u> IN Facility		)	Use Ma	inten	ely by ance/ Staff?	Asbe (i.e	estos Co e., therm surf	al systems acing, VAT	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)			Yes	No	N/A	1	otner	miscellane	ous)				fe	
Exterior						Caulk				312 LF	⊠			
Roof	-				$\boxtimes$	Flashin	ng			2200 SF	$\boxtimes$			
Name of Registered Waste Ha	uler			1875	NJDEP		100 May 200 Ma	Yards of	Name of Regis	stered Landfill		9		
USA Environmental Ma	nageme	nt, lı	nc.	ŀ	1auler I 3261		Waste 5		Minerva La	andfill				
City, State Philadelphia, PA								sal Date 80/2012	City, State Waynesbu	ıra. OH				
Service Control of the		7:41	900			-			114,110000	- T	Date			
Completed By (Print or Type)		Title		m 14-	maga		5	ignature	62.	1		D	, 7	
Dilip Kumar			ogra	III IVI	nager			Mall	Mollion		10-1	8 -	1	4



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### State of New Jersey NOTHICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 13:120)

		(r	0130	80110	NJAC 0	:00 840 12:120	7						. •
Date of Notification (1)	20/12		١.	ame of	-	Owner/Operator	4.50	CORT	NicTI	ر د			
Agencies Nouned	Type Notification		S	Veel A					,				$\dashv$
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<u></u>	Amendment #		1	1	Inc	-GN 1=150	-0	N.J.C	18520	3		3	_
Поон	Emergency (in justification)	choite	- N	ame of	Contact				Telephone Nu	mber	. F	TI	
	Cancellation		1 '			BREUN	16		£%		10000		_   .
J. ~.				-					File				7
	1,000			FACIL	TY INFO	RHATION			ZC	2	<u> </u>	177	_
came of Facility Where	Abatement is Taking	Place (3)					Тур	e of Facility (4	)			V const	,
DIE	DENCE						0	School (K-12)	5	i,			
		<del></del>	-				Q:	Subchapter 8	(Other that R	(Fig. Da	des .		
Sireel Address	EDPOFTH	E AIL	00	L 1	019		PT.	homes, sis.)					
	PEUDOF IN	5		_			SQL	Bro Fool	V of Floor		nog. A		-
Ciry (5) - 0							10	00	. 2	_   -	40	+	_ ] .
BELL	EPLAINE				A 1 150	784145	Cur	rani Usa (Pric	r K being dem	olished)			$\neg$
County (6)			19	county	(1)	ISTATE	"	3/10	DUT				
CAGE M	118		. 1	JSE ON			جا						⊣.
are of Monitoring Firm	Hired by Building C	wner	AS	CM Ho		Name of Abatem	neni (	COUNTRY (A)	21				4
	//					KLEM	00			;-			=
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Street Address								3 PRUC	E AVE		=		=
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City, State, Zip Code			7			MAR	113	SHAD	E, N, 3	,000	2	=	=
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Project Manager for Mon	violing Firm	1.1	\$1850	one No		856-7	79	-0422	00	446	<u></u>		
		<u></u>				MARO JOSHA	Mont	IO6 .		÷			
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11/5/12	_ //	182	10	2									1
Occupancy Status Duri	an Abalement (Che	ck only on	6)			Sveel Address		2000	=1 UE.				
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E Facility ClosedNaca	led During Entire P	I Encillo H	lours		1	City. State, Ap	Code	· ·		T ~!		_	- 1
Abatement Performs	d Outside of Norma	a racanj n				MAP	تنغ ب	ZHND	E, N. 3	0,00	202	4	
Ouner - Describe:					$=$ $\perp$								
Scope of Work (Check	all that apply)					Full C	ontair	rment with Ne	gative Pressu	ıe			-
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Location Aspesios-Containing	NOI Material (ACM)	Mainte	nano	28/	Asbes	thermal system	19 1119	Chamber of	SF or LF	1	Removal	Rapu	4 . 5
TO BE AB	ATED		lodial		10.0.	dagge, VA	11.00		37 0 0.	to v	5	E	10
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			TK	DOEP	Maste .	Cubic Yards		Name of K	1, 0, ~	1.0.	10		
Name of Registered Y	Yasie Hauler		1	29	No.	01 Waste			1,0,1			===	
KLEMC	o INC.		ىل	79	04_	Osposi Dai	e	City, State		_ ,	, ~		9
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Data of Natification (1)				Nama	f Duilding	0	)n a ratar	(2)	I CU	> 110	ov	4	C/	LAR	. A.
Date of Notification (1) 10/17/12				Jose F	f Building Perez	Owner/C	perator	(2)		201	200	7 2	-	· lan	: ()
Agencies Notified	Type Notification	£(		Street A	ddress enn Ave	nue			M CC	AS8/	CC7-	<0	A	7:	ŝo
EPA DEP DOL	Initial Amended Amendment	#			ate, Zip Co					ď	LIC	OS FA	COA	To.	
	× Emergency	(including			f Contact	7000				Telenhon	a Num	hor	)/W	3 196	][
DOH DCA	justification) Cancellation			Jose F						• 1000000000000000		1			
Name of Facility Where	Abatament is Takir	a Place (	<u></u>	FAC	ILITY INFO	ORMATI	ON	Type of I	Facility (4)						
house	Abatement is Takir	ig Place (	>)												
Street Address				-				Sub	ool (K-12) chapter 8						
683 Penn Avenue								Oth etc.	er (i.e. priv )	ate & comr	mercia	l buil	dings,	home	es,
City (5) Teaneck								Square F	eet	# of Floors	S	1 1 2 2	ildg. A	ge	
County (6) Bergen					Code (7) USE ONLY	)		Current U	Jse (Prior i	f being den	nolish	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	M No.				nent Contra mental S		LLC				
Street Address				-			F101(0.070707)	Address st Gate I	Drive, PO	D Box 48	3				
City, State, Zip Code								tate, Zip C wood, N	ode J 07418						
Project Manager for Mon	itoring Firm	A REAL PROPERTY AND ADDRESS OF THE PERSON AN	10/2	Telepho	ne No.		100	none No.			nse No	).	7		
0)-10-1-(10)		0 1 11			5			583-850		703					
Start Date (10) 10/25/12		11/2/1:		ipletion	Date (11)		Name	of OSHA	Monitor						
Occupancy Status Durin	g Abatement (Che	k Only Or	ne)				Street	Address							
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire ed Outside of Norr	Period of a	Abatem / Hours	ent			City, S	tate, Zip C	ode	-					
Scope of Work (Check A	II That Annly)														
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	тас друу	-	Renova Demolit				×	Mini-Er Gloveb	ontainment nclosure pag Proced xempted (*	ure				a	
		le	Locati	on				1 NOTE L	xempled (	) and Non-	THADIC	, 110	Abate		
Location	ı of	1	Normal d Sole	ly		Des	scription	of					Ту	pe	_
Asbestos-Containing TO BE AB In Facil (13)	ATED ity	Ma	intenar todial S (12)	ice/		thermal surface				Amount (Specify SF or LF		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										е	
basem	ent	-	. /-	X		fl	oor tile			240 SF		x			
			- 7 -	IDEE				1.		···					
Name of Registered Was Freehold Cartage	ste Hauler		Н	JDEP W auler ID 5939		Oubic of Was 10		A	ame of Reg ROWS I	Comment of the commen					
City, State Freehold, NJ						Dispos TBD	al Date		ity, State Iorrisville	PA					
Completed by Andrew Scott Higgin	s	Title Presi	dent			S	ignature	M			Date 10/	17/1	2		



#### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

checi			NO			JAC 8:60-7 and 12:1				RE	Coffe	eck#	n/a		
Date of Notification (1)	10/19/12			Building n Cour		Operator (2)			21	112 OC1	700	1 17	£ .	D	
Agencies Notified [ ] EPA	Type of Notificatio			ddress ewark	Ave.	3			45	BEST	26 ne c	AM	7:	Ĵ	1
[ ] DEP [x] DOL	Notification [] Emergency [x] Amended			te, Zip Co City, I		306				BEST & LI	CENS	UN IN	TR	OL.	70
[x] DOH	Notification Amend #7 [] Cancellation	1,335,30		Contact iscart				Telep	hone Num					4	
				F	ACILIT	YINFORMATION		1			<del>1505003</del>				
Name of Facility Where Hudson County A Street Address		ng Place	(3)				Type of Fac [] Sch [x] Su [] Oth ho	ility (4) nool (K-1 bchapte ner (i.e. p mes, etc	2) r 8 (Other private and	than K-1 I comme	2) rcial bu	ilding	ıs,		
595 Newark Ave							Square Feet	t	# of Floor	S	Bldg.	Age		-	_
City (5) Jersey City	11 12	County (6 Hudso				unty Code (7) ATE USE ONLY)	250000 Current Use Office building		being den	nolished)					
Name of Monitoring Fit Whitman Compa		Owner	77	SCM No.		Name of Abatem	ent Contractor upiter Env		ental Se	ervices	, Inc.				
Street Address 7 Pleasant Hill R							Lynn Cou	ırt							
City, State, Zip Code Cranbury, NJ 08						Commence of the control of the contr	Lincoln Pa	rk, NJ	07035	11:		-1			- 25
Project Manager for Manager fo		732-	390	Number -5858			973-709-0	200		Licen	se Nun		85	2	1000
Scheduled Start Date ( 1/20/12	2	12/3	31/1	Date (11) 2			J & S Envi	ronme	ental La	borato	ries,	LLC			_
Occupancy Status Dur [ ] Facility Close [ ] Abatement Pe Desci	d/Vacated During E rformed Outside of	ntire Pe	riod o	f Abatem ty Hours -	ent -	City, State, Zip C	333 Route						**		_
	cribe: partially vacat	<u>ed</u>					Union, NJ	07083	<u>.</u>						
Scope of Work (Check	all that apply)			200	<b>D</b>		[x] [x]		ntainment Enclosure	with Neg	ative P	ressi	ıre		
[] Demolition [] ≥3 sf or ≥3 lf [x] ≥160 sf or ≥2	60 If			[X]	Renov	ation	ii	Gloveba	ag Proced Friable Pro	ure ocedure					
[7]			ocat			D	dustion of					Aba		ent	
Location Asbestos – C Material (/ TO BE AB	ontaining ACM) ATED	Mainte	olely l	Used by ce/Cus f (12)		Asbestos Materi (i.e., therr insulation, s	ription of  — Containing al (ACM) mal systems surfacing, VAT iscellaneous)	,		Amou (Spec SF or	cify	R E M O V	R E P A	N C A	EXCLO
In Faci (13)	,	Yes	No	N/A						****		A L	R	S	S U
Various – CJP court Various – courtroom			X		Plaste Floor t	r/spray-on ceiling	(to be scrap	ed) *		3300 SF 5200 SF		X	+	+	_
various – courtroon	is, offices		^		1 1001 1	aic									
Name of Registered W Jupiter Environm		B Hai		Waste O No.	5322	ubic Yards f Waste 10	Name of R Minerva								_
City, State Lincoln Park, NJ						isposal Date 10/31/12	City, State Waynes		ОН						
Completed By (Print or Pane Repic		Title Gene	eral	Manag	er	Signature			/	10	te )/19/1	2			
			-			1			N= 1001-W/A						

\*Note: Work to occur in phases. First phase is 190 SF of ceiling at CJP courtroom. Amend 1, 4/13/12: Phase 2 involves removal of 24 SF of ceiling at Room 406. Amend 2, 5/11/12: Phase 3 involves removal of 1100SF VAT. 6/8/12: Phase 4 involves removal of 400 SF plaster at CJP 107. ASB-41

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-

									- UEI	VEN		С	heck	#6	937	ž.
Date of Notification (1)							Operator (2)	90		* h. I.						
	10/19/12			son Co	•	У		2012 00	726	M 7:31						
Agencies Notified	Type of Notifica	and the second second		Address				-	. 20 A	M 7:31						
[] EPA	[x] Initial	1	100	Pavoni	ia A	ve.	A	SAFO	TOS CO ICENSI							
[] DEP	Notification	1	City S	tate, Zip	Code			8 1	105 CC	WIRDI	-					
[X] DOL	[] Emergency [] Amended			ey City			306	- L	ICENSI	NG TOL						
[X] DOH	Notification	1								ENT III			2007			
[] DCA				of Conta	ct				Te	elephone No	imber					
* * * *******	[] Cancellatio	n   F	Ralp	h Sax												
					FAC	ILITY	INFORMATION									-
Name of Facility Where	e Abatement is Ta	aking Pla	ace (3	)	entral Control	ANTERNA CO		Type	of Facility (	4)						
Control Room, M			100							(K-12) apter 8 (Oth	er than K	12)				
Street Address								×		e. private a	nd comm	ercial b	uildi	ngs,		
595 County Ave.									homes,	etc.)						
								Squa	re Feet	# of Floo	ors	Bldg	g. Ag	е	200	
City (5)		County	(6)				nty Code (7)	250	00	2		~ 80	)			
Secaucus		Esse	X			(STA	TE USE ONLY)			or if being de	emolished	1)				
Name of Monitoring Fir	m Hired by Buildi	na Own	er	ASCM N	lo l	$\Box$	Name of Abaten		/ mechanic	cai spaces						-
Whitman Comp		ng Omn	- 1	00110						mental S	Service	s Inc				
Street Address	out noo			00110		+	Street Address	Japito	LITTIO	inontal c	301 1100	0, 1110	-			_
7 Pleasant Hill R	d							3 Lynn	Court							
City, State, Zip Code	ч.					-	City, State, Zip (		Oourt		1100 100 11 TO				1.00	
Cranbury, NJ 08	512								n Park. I	NJ 07035	5					
Project Manager for Mo		Tele	phone	Numbe	r	- 1	Telephone Num					nse Nu	mbe		_	
Kevin Lovely	•	100000000000000000000000000000000000000		0-5858					09-0200					085	52	
Scheduled Start Date (	10) Sche			Date (11		7 1	Name of OSHA			150		10.				
11/1/12		11.	/9/12	2				J&S	Environ	mental La	aborato	ries,	LL	2		
Occupancy Status Duri						7 1	Street Address		- 14					N.		
	//Vacated During						2	2333 F	Route 22	West						
[] Abatement Per Descri	formed Outside o	f Norma	I Faci	lity Hours	s –		City, State, Zip C									
170.00	ribe: partially vaca	ited						Union	, NJ 070	83						
Scope of Work (Check	all that apply)					$\perp$									-	
Scope of Work (Officer	all triat apply)								[] Full (	Containment	t with Neg	ative F	ress	ure		
[] Demolition				[]	Ren	ovatio	on .		[x] Mini	<ul> <li>Enclosure</li> </ul>						
[x] ≥3 sf or ≥3 lf	0.15								1000	ebag Proce - Friable Pro						
[] ≥160 sf or ≥26	O If								[] Non-	- Fliable Pit	ocedure					
			Loca	tion Used			Dose	ription of	f				At Ty		nen	it
Location	of		Solely				Asbestos				Amo	unt	R	R	E	E
Asbestos - Co				ce/Cus			Materi	ial (ACM	)		(Spe		Ε	E	N	N
Material (A TO BE ABA		todi	al Sta	ff (12)			(i.e., then insulation, s				SF or	LF)	M	P	Č	C
In Facili				T			or other m			22			V	î	P	Ö
(13)	•	Yes	No	N/A					55-3680 <b>5</b> .0				Α	R	0.92.50	S
			2000								40.15		L		U	U
Machine room			X	-			ulation				10 LF 20 LF		X		$\dashv$	_
Machine room	2	+	X	-	Pip	e ins	ulation				20 LF	-		X	$\dashv$	
		-	-										-		$\dashv$	_
Name of Decistors d Mis	ata Havian	1,	DED	<u></u>	L.,	0.1.	- V	I Mana	f Di-t							
Name of Registered Wa Jupiter Environme		100		Waste D No.			ic Yards Vaste		erva Lar	ered Landfill	E.					
Jupiter Environm	ental Service	0	04782			0	1	IVIII	eiva Lai	IGIIII						
City, State							osal Date		State	1034H X2						
Lincoln Park, NJ						11/	9/12	Wa	ynesbur	g, OH						C144.740
Completed By (Print or	Type)	Title					Signature	7	/_		Da					
Pane Repic		Gen	eral	Manag	ger		1/		رم		10	)/19/	12			
CD 411						_	1//									_
SB-411							<i>V</i>			_						

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

RECEIVE PROCE # 6936

Data of Natification (	1			- ( D. :I-!			0. 1. (0)			***	-01	14	Chec	K#6	936
Date of Notification (1	10/19/12		vame UMD		ing Ov	vner/	Operator (2)			2012 00		140	in limit		
Agencies Notified	Type of Notifica			Address						2012 00	126	AM .	7. ~		
[] EPA		6992 32 1 1 E		ergen		et			55	A toron		rii j	1:3		
[] DEP	[x] Initial Notification	.								TOBES	TOS.	Paur			
	[] Emergency	10		tate, Zip						& L	ICFN	SUNT	ROL		
[X] DOL	[] Amended	- 1	Vewa	ark, N	J 07	101				ASBES & L	-16	OING			
[X] DOH	Notification		Vame	of Conta	act		-			Telephone N			-0	9_	
[] DCA	[] Cancellatio	1.3		ent Wa		าพร	ki			rejephone n	dilloci				
					S10.0 (C.0.)		/ INFORMATION				-		-		
Name of Facility Whe	re Abatement is T	aking Pla	ace (3)	)	1710			TTV	ype of Facili	tv (4)					
UMDNJ - Stanl								'	[] Scho	nol (K-12)	har than	K-12\			
Street Address		115			-	-		$\exists$	[] Othe	ochapter 8 (Ot er (i.e. private a	and con	nmercia	buildi	ngs,	ii.
30 Bergen St.									nom	es, etc.)					
									quare Feet	# of Flo	oors		dg. Ag	e	
City (5) Newark		County					nty Code (7) ATE USE ONLY)		200000	12 Prior if being o	demolic		70		
		Esse				(317	ATE OSE ONET)	Of	ffice	riioi ii beilig t	Jennons	ileu)			
Name of Monitoring F		ing Own		ASCM N		0.00	Name of Abatem	nent (	Contractor (	9)		37.			- 10110
Whitman Com	panies			00110	)		J	Jupi	iter Envir	onmental	Servi	ces, Ir	nc.		
Street Address							Street Address		-1100						
7 Pleasant Hill F	Rd.								nn Cour	t					
City, State, Zip Code	2540						City, State, Zip C			1110700	-				
Cranbury, NJ 08		T T-1-		Month	_	4			coin Park	k, NJ 0703					
Project Manager for M Kevin Lovely	ionitoring Firm			Numbe 0-5858			Telephone Numb		3-709-020	00	L	icense N		r 08	-0
Scheduled Start Date	(10) Sche	d. Comp				+	Name of OSHA	the second second	to you and a grown on a special contract of	00	1.		U	UO:	)Z
10/29/			31/13		.,				3541	nmental L	abora	atories	s, LL	С	
Occupancy Status Du						7	Street Address				1				
	d/Vacated During erformed Outside of								3 Route 2	22 West					
Desc	ribe:			,			City, State, Zip C			7000				Te combre	
[x] Other – Desc	cribe: partially vaca	<u>ited</u>						Unio	on, NJ 0	7083					
Scope of Work (Check	all that apply)		1000			**************************************									
[] Demolition				[]	Ren	ovati	on			ıll Containmer lini – Enclosur		legative	Press	ure	
[] ≥3 sf or ≥3 lf				1.1	IXCII	ovati	Oli			ovebag Proce					
[x] ≥160 sf or ≥2	60 If									on – Friable P		re			
			Local					10800000			T		At	ate	nent
Location	n of	5-053393	mally Solely				Descri Asbestos -						Ту	ре	
Asbestos – C			tenan				Materia				10000000	nount pecify	R	R	E E
Material (	ACM)	100	al Stat				(i.e., thern	mal s	ystems			or LF)	M	P	CC
TO BE AB					-		insulation, su						0	A	AL
In Faci (13)		Yes	No	N/A			or other mis	isceili	aneous)				V	R	P C
	***************************************												L	'	UU
Room 443			x		_	ll ma					800 8		X		
4 <sup>th</sup> floor		+	X		Win	idow	caulk/glazing				20 SI	-	X		_
		-						-					-		
Name of Registered W	laste Hauler	I NI	IDEP V	Macto		Cub	ic Yards	I NI	ama of Poa	istered Landfil					
Jupiter Environm		10000	uler I				Vaste	1,000,00	linerva L		ш				
	iorital oor vioc		04782	K K			1			andilli					
City, State							osal Date		ity, State				1 220		
Lincoln Park, NJ		T				11/	9/12	I V	Vaynesb	urg, OH					
Completed By (Print or	Type)	Title	orel	Mone	~~=		Signature		1 ,	_	6 8	Date	140		
Pane Repic		Gen	erai	Mana	ger		1					10/19	112		
ACD 411						272201	177		1,500						

Note: Phased project. Phase 1 (wall mastic) completion is on/about 11/6/12.

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

GAC Project # 355-12					Name of Building Owner/	Opera	or (2)	AF	775	11 100		7000
Date of Notification (1) Octobe	er 18, 20	12	77.		RAMAPO INDIAN	HILLS	REG		BOE			
Agencies Notified		Notification Initial		n	Street Address 131 YAWPO AVEN	UE	21	112 OC	T 26	AM -	7. e.	
□ EPA		☐ Amende	ed Certific	cation #1	City, State, Zip Code OAKLAND, NJ 074	36	Α:	DEA		W1 /	. < 8	
DCA DOL		Consultant Emerge		The second secon	Name of Contact			TAIAM	one Sun	bety	ROI	
☑ DEP- No Longer REQUI	RED	justific		luding	MR. FRANK CEUR	VELS	6			G		
⊠ DOH		☐ Cancel			ODILITION.							
		: DI (2)		FACILITY INFO	Type of Facility (4)							
Name of Facility Where Abate INDIAN HILLS HIGH SC	HOOL	king Place (3)			School (K-12)	- V 10	v.					
Street Address					☐ Subchapter 8 (other that ☐ Other (i.e. private & continuous)			as. hom	es. etc.)			
131 YAWPO AVENUE	•				Sq. Feet: 120,000	# of	Floors:	2 Blo	dg. Age	~50	years	8
City (5) OAKLAND	County (6	RGEN	County C (State Us		Current Use (prior if bein	g dem	olished <b>):</b>	HIGH	SCHOO	DL		
Name of Monitoring Firm Hire	d by Bldg.	Owner (8)	A3CM No	<u>o.</u>	Name of Contractor (9)				***************************************			
RK OCCUPATIONAL ENVIRONMENTAL AN	&		U090		GREENWOOD ABA	TEME	NT CC	NSUL	TANT	S, INC.		
Street Address	SALES				Street Address		***					
401 ST. JAMES AVEN	UE	-			268 MAIN STREET							
City, State, Zip Code PHILLIPSBURG, NJ 08	0065				City State, ZipCode BUTLER, NJ 07405							
Project Manager for Monitorin		Telephone N			Telephone Number			License	e Number	[		
JON GILBERT		908-454	-6316		973-492-0477			0084	0			
Scheduled Start Date (10)		Scheduled 0		Date (11)	Name of OSHA Monitor				= 500			
10/19/12		10/19/12			ENVIROVISION, IN	C.						
Occupancy Status During A  Facility Closed/Vacated D	batement	(Check only of	ne) batement		Street Address	1	_					
Abatement Performed C	Outside of	Normal Facility	y Hours -		20-21 WARGARAW City, State, Zip Code	ROA	D					
Describe Note: FRI 3PI	VI - 11:5	9PM (weel	kend if n	ecessary)	City, State, Zip Code							
☐Facility Occupied During	Entire Per	iod of Abatem	ient		FAIRLAWN, NJ							٠
Source of Work (Check all the	at apply)					Full	Contain	ment w	ith Nega	tive Pre	ssure	
<b>⊠</b> ≥ 3 sf or ≥ 3	lf			■ Renovation			i-Enclos					
□≥ 160 sf or ≥				■ Demolition			vebag P					820
						Nor	1-Exemp		and Non- Abatem			dure
Location of Asbestos-Contain Material (ACM) in Facility (13		ocation Norma		(ACM) (i.e. them	bestos Containing Material nal systems insulation, surfa	cing,	(Specif		Remove			Enclose
Waterial (ACM) in Facility (10		ff? (12)	NA	VAT, or other mis	scell.)		or LF)		Kemove	Repair	_псар_	LIIOIOSO
VARIOUS LOCATIONS		X		THERMAL S	YSTEMS INSULATI	ON	~9 LF		X			
			<u> </u>	10.4	1	- C	<u></u>	Name	of Regist	ered La	ndfill	
Name of Reg. Waste Hauler Newark Carting, Inc.		NJ DEP	# 4509	IU#	Cubic Yards of Waste:	5 C	1	G.R.	O.W.S.	North	Landf	111
Newark, NJ 04509		No DEI	11 4000									
Notes: None							posal Da /20/12	<u>ite</u>	1	City, Stat 00 New Morrisvill 15-736-	Ford Me, Pa 1	
Completed by (Print or Type RAYMOND C. PEDA	LINO	Title SENIOR I		Т	Signature Raymand C. F.	edal	ino	Date Octo	ober 18	3, 2012	2	
1		MANAGE	7									

APPROVED

AC Project # 255 10			(P)	ursuant to N.J.	tification of Asbe A.C. 8:60-7 and 12:1					EMA	ealth & Seni
GAC Project #355-12 Date of Notification (1)		~					E to	10-	1	STADO	
Octobe	ar 1R 2	012			Name of Building	Owner/L	Operatos	(1)20	Lost		/ Time
Agencies Notified	(0, 4	Notificati	on Turn		Steen Address	JIAN	IILLS I	KEGR	DNO B	OE	
D ÉPA	WAYNE.	☐ Initia	al Noth	s fication Certification #1	Name of Building RAMAPO INE Street Address 131 YAWPO A City. State. Zio Co OAKLAND, N. Name of Contact MR. FRANK C	VENL	ES/	05,	,	:27	1
D DCA	ne in the second	Consult	ant add	dress change	OAKLAND, N.	de J 0743	6 4/6	ENS	INTR	01	
DEP- No Longer REQUIP	RED			y (including	Name of Contact			T	alendone	Rimhar	
DOH DOH		D Can		n)	MK. FRANK C	EURV	ELS			<b>V</b>	*
				· FACILITY	INFORMATION						
Name of Facility Where Abaten	ment is Tel	king Place (	3)	7,000,177	Type of Facility (4)						
indian Hills high sch	100L				School (K-12)						
Street Address		***************************************			Subchapter 8 (oth	ner (hen )	K-12)				
131 YAWPO AVENUE					Other (i.e. private	e & comm	nercial hu	ildings,	homes, es	tc.)	
City (5)	County (8	)	Car	unty Code (7)	Sq. Feet: 120,0	100	of Flou	2(5: 2	Bldg. A	lge: -51	) years
OAKLAND		RGEN		ete Use Only)	Current Use (prior I						
Nec. 211 T								/-	on ach	IUUL	
Name of Monitoring Firm Hired RK OCCUPATIONAL &	by Bldg. C	Owner (8)		CM No.	Name of Contractor (	(9)					
ENVIRONMENTAL ANA		INC	00	90	GREENWOOD	ARATE	BAEL-	0000	40	TO	
Street Address	200	ING.			GREENWOOD A	TOAIL	MENI	COMS	ULTAN	ITS, INC.	
401 ST. JAMES AVENU	E				77 25 5 5 7 5 7 5						
					268 MAIN STRE	ET					
PHILLIPSBURG, NJ 088	365				City State, ZipCode					·	
FOICE Manager for Monthodon	Firm	Telephone	Numbe	r	BUTLER, NJ 074	405					- 4
ON GILBERT		908-45	1-6316	5	Telephone Number			Lice	nse Numi	ber	
cheduled Start Date (10)					973-492-0477			008		1000	6
0/19/12	- 1	10/19/12	Comple )	ition Date (11)	Name of OSHA Monit	or		7 005	, e U		
Coupency State 2			-								
Secure of Status During Abar Processed During Abar Dur	tement (C	hack only	one)		ENVIROVISION, Street Address	INC.					
Facility Closed/Vacated Duri Abatement Performed Outs											
	_ 17 - 500	DAN face		6	20-21 WARGARA	W RO	AD				
Facility Occupied During Ent	tire Period	Of Ahar	kend i	r necessary)	City State, Zio Code						
	J. 51/00	. U ADMEN	CIL								
urce of Work (Check all that ac	note A			·	FAIRLAWN, NJ						
	SEIXI										
⊠≥3 stor≥3 if				[D7		□ Ful	ll Contair	ımeni -	vilh Na-	ative Press	UEO
□≥ 160 sf or ≥ 260				Renovation		U Min	ni-Enclos	ure		Fress	uie
				□ Demolition		E Glo	ovebag P	rocedu	re		1
ation of Asbestos-Containing terial (ACM) in Facility (13)	la Local	tion Normal	y Used	Description of Ant	bestor Containing Manual	□ No	n-Exemp	rted (*)	and Non-	Friable Pn	Ocedura
(13)	Solely b	V Maint /Cu	stodial	LINCAL HE INDOM	79 Explores immulation	il facino	Amoun	1	Absterne	eni Type	
2010	YES	0.000 0.0000	NA	VAT, or other mis	icell.)	-ecing,	(Specifi or LF)	y SF	Remove	Repair En	an Enclose
RIOUS LOCATIONS		R		THERMA	VETERAL				ATTENDED		
IA of Dec. VI					YSTEMS INSULAT	ION	~9 LF		<b>3</b>		
ne of Reg. Waste Hauter	N.	JDEP Wast	Heuler	ID#	Out I						
vark Carting, Inc. wark, NJ 04509	I	J DEP#	4509		Cubic Yards of Waste:	5 C	Y	Name	of Registe	ered Landfil	<u> </u>
143 U4509		The second second			35			G.R.	).W.S. N	North Lan	ndfill
es: None						Dien	osal Dete				
A							20/12	2	10	ty. State 10 New Ford	4 Mai es
pleted by (Print or Type)	1 400					1			Ma	omisville, Pa	B 19067
MOND C. PEDALINO	SEN	IOR PR	) I=-		Signature		.1	Date	21.	5-738-1700	)
		VAGER	OJEC	1	Raymand C. 7.	211	. 1		ber 18,	2012	
	LAIM	ANGEK			· LEGIOTERE C. F.	edalin	20		JOI 10,	4014	1

REMEMBER - MAIL IN HARD COPY | State of New Jersey - Notification of 2018-06 25 25 27 Check# 2609.

Date of Novillenting (1)		·		A.C. 8:00-7 and 12:120			- WDAV
Octobe	r 18, 2012			Name of Building Ov	vnbrilOderbid	例则	IL - IU DAT
Agencies Notified	N	otification	Type	RAMAPO INDIA	WILLIAM ST	The second second	
□ EPA			lotification	131 YAWPO AV	ENUE	1 0	
D DCA			d Certification #1	City, Stato, Zip Code		_	OCT 1/9/2002
E DOL	0	onsultant	address change	OAKLAND, NJ	7436	-	8 ON haller
DEP- No Longar REQUIR	EC G	<b>JEmerge</b>	ency (Including	Name of Contact		Teleph	one Number
M DOH		Justifica	ation)	MR. FRANK CE	JRVELS	1.4	ים ח/
		Cancel	ed			WAL	/LI / 'RO\
Name of Feeliky Where Abatem	and in Tables	700	FACILITY	INFORMATION			
Indian Hills high sch	OOL	PINCE (3)		Type of Facility (4)  School (K-12)		Lister by the	5.4
Street Addrnas				Subohapter 8 (other	than K-12)		
131 YAWPO AVENUE				Other (I.e private &	commercial be	illdinge home	oo otc)
City (5)	County (6)		0	Sq. FARL 120,000	# of Flo	ors: 2 Blo	g. Age; -50 years
DAKLAND	BERGE	EN	County Code (7) (State Use Only)	Current Use (prior if be			
sumn of Manitodna Flow Hirad B	y Bidg, Owner	(8)	ASCM No.	Name of Contractor (9)		-	
RK OCCUPATIONAL &			0090				
NVIRONMENTAL ANA	LYSIS, INC	2		GREENWOOD AB	ATEMENT	CONSULT	TANTS, INC.
Umi Address 101 ST. JAMES AVENUE	•			Stroct Address			
				268 MAIN STREET	•		
lty, State, Zip Code HILLIPSBURG, NJ 0886				City State, ZipCode			
Digot Manager for Monitoring F				BUTLER, NJ 0740	5		
ON GILBERT		phone Nur		Tolophone Number		Liconso /	Number
OR GILDLE	90	8-454-6:	316	070 400 0400			
cheduled Stad Date (10)	Sch	ndulad Con	plotton Date (11)	973-492-0477 Name of OSHA Montor		00840	
0/19/12	10/	19/12		Marine of Court Midnilot			
SCURANCY STATUS DURING About				ENVIROVISION, IN	IC.		
Facility Closed/Vacated Durin	mant (Chock	SDIA 600)		Stron Address			
Abatement Performed Outs	de of Nome	DO OF ADAL	ement	20-21 WARGARAN	/0040		
scribe Note: FRI 3PM -	41-50BM	Lacilla Li	ours -	City, State, Zip Godo	ROAD		
Facility Occupied During Enti	o Postuded 4	weeken	id ir necessary)	2. 3. 5/1939, 2.15 COOR		W)	
Comity Coopied Daring Ente	10 POILOQ QI A	rosiement					
				FAIRLAWN, NJ			
urce of Work (Chack all that app	DIA)						
ST					Full Conta	nmont with I	Nogative Pressure
23 sfor ≥ 3 f			Renovation		Mini-Enclos	sure.	10,90010 11088016
□≥ 160 sf or ≥ 260			Domolition	120	Glovebag I		
cation of Asbestos-Containing	T 1= 1 ======						Non-Friable Procedure
iterial (ACM) in Facility (13)	Solely by Ma	Normally U	Bod Description of As	bestos Containing Material	Amou	nt Abi	Hemoni I ved
	\$1s#7 (12)	ONIT/CUSTOR	VAT, or other mis	ral systems insulation surface		ty SE	
		NO NA		oon. j	or LF)	ESMI	nove Regels Escap Enclose
RIOUS LOCATIONS			THERMAL S	YSTEMS INSULATIO	N -9 LI	[8]	
						- 1	
no of Rop. Waste Houles		P Waste H		Cubic Yards of Weste:	5 CY	Name of Re	gisternd Landfill
work Carting, Inc.	NJI	DEP# 4	509	The state of the s		G.R.O.W	S. North Landfill
wark, NJ 04509							
les: None		83		0.8	Disposal Da 10/20/12	to	CRy. Sigla 100 New Ford Mill Rd Morrisville, Po 19067
plated by (Print or Type)	Title			Signore			215-736-1700
YMOND C. PEDALINO		R PROJ	ECT	Signature		<u>Data</u>	40.0040
	MANA			Regional C. Per	teline	Uctober	18, 2012

Copies To: RAMAPO INDIAN HILLS BOE Attn: Mr. Peter Keaney & RK O&E, Attn: Jon Gilbert

RECEIVED

Date of Notification (1) 10/18/2012					Building ( ne Bens	Owner/Ope salem	rator (	2)	2017	? OC1	26 AI		of .	7.	
Agencies Notified	Type Notification			Street Ac 45 Gor		st Avenue	е		438	FST	no Al	7:	2		
DEP X DOL	Initial Amended Amendment		_		te, Zip Co air, NJ (				6	LI	OS COT CENSIN	VIRE	)L		-
☑ DOH DCA	Emergency justification) Cancellation		-	Name of Azzedi	Contact ne Bens	salem				Tele	ephone Nu	mber	7)		
				FACIL	ITY INFO	ORMATION	1								
Name of Facility Where Residence	Abatement is Takir	ng Place (3	)					purum.	of Facility (4 School (K-1						
Street Address 45 Gordonhurst Av	enue							×			er than K-1 & commerc		lings,	home	ıs,
City (5) Montclair									e Feet	# of 2	f Floors	94 223	ldg. A 0 +	ge	
County (6) Essex	8	***************************************		County C	Code (7) ISE ONLY	)	_		nt Use (Prid dence	or if bei	ng demolis	hed)		5,000	
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM N/A	No.				ement Con		(9) noval, Inc	) <u>.</u>		-	
Street Address						S	Street	Addres	Markey Control						
City, State, Zip Code						C	City, St	ate, Zi	p Code NJ 07504	1					
Project Manager for Mo	nitoring Firm		T	Telephor	ne No.	Т	eleph	one No	).	r. 	License N	lo.			
Start Date (10)		Schedule	ad Cor	npletion [	)ate (11)			145-0	IA Monitor		00307				
November 2, 2012		Novem	ber 5		vate (11)	5	Same	as a	bove						-
Occupancy Status Durin Facility Closed/Vac	ng Abatement (Che- cated During Entire			nent		S	street /	Addres	S						
Abatement Perform  Other – Describe:	ned Outside of Norr Unoccupied Basem	mal Facility ent	Hour	S		_ 0	City, St	ate, Zi	p Code						
Scope of Work (Check A	All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	denova Demoli				×	Min Glo	i-Enclosure	e cedure	Negative				
		Т						No	n-Exempted	i (*) an	d Non-Frial	ole Pro	Water to Title	e ement	
	troon•		Locat Norma											ре	3
Locatio		d Sole	ely by		Descr tos Contain	ning M	aterial			mount Specify		R	Encapsulate	Enclosure	
TO BE AE In Fact (13)	ility			Staff?	(i.e.	thermal sy surfacing other mis-	g, VA	T, or			F or LF)	Removal	Repair	8	- 55
TO BE AE In Fac (13)	ATED ility		(12) No	Staff?	(i.e.	surfacing other mis	g, VA <sup>-</sup> cellan	T, or eous)		SI	F or LF)		pair	ate	
TO BE AE	ATED ility	Cust	todial (12)	Staff?	(i.e.	surfacin	g, VA <sup>-</sup> cellan	T, or eous)		SI		Removal	pair	ate	
<u>TO BE AB</u> In Fac (13)	ATED ility	Cust	(12) No	Staff?	(i.e.	surfacing other mis	g, VA <sup>-</sup> cellan	T, or eous)		SI	F or LF)		spair	ate	
<u>TO BE AB</u> In Fac (13)	nent	Cust	No X	Staff?	/aste	surfacing other mis	g, VA cellan nsula	T, or eous)	Name of	7 Registe	F or LF)	X	spair	ate	
TO BE AE In Fac (13)  Basem  Name of Registered Wa	nent ste Hauler t Removal, Inc.	Cust	No X	N/A N/A NJDEP W Hauler ID	/aste	Pipe In  Cubic Ya of Waste	g, VA-cellan	T, or eous)	Name of	7 Registe	o L.F.  O L.F.  ered Landfi	X	pair	ate	
TO BE AE In Fact (13)  Basen  Name of Registered Wa East Coast Haz Ma  City, State	nent ste Hauler t Removal, Inc.	Yes	No X	N/A N/A NJDEP W Hauler ID	/aste	Pipe In  Cubic Ya of Waste 1  Disposal 11/5/20	g, VA-cellan	r, or eous)	Name of G.R.O.'	7 Registe	O L.F.  ered Landfi North Inc	X			

#### State of New Jersey

		4		lam	6 D. 24	8:60 and 12:12 g Owner/Operator (	2)	CF4/C	7	-		
Date of Notification (1)	17		"	iame o	( P	et Political	2012 000	~ ~	*2			
10-19-20 Agency Notified	Type Notification	•	8	Street A	ddress	EWETT	B12 = 4 1/2	26 AM 7:2	? /			
O EPA O DEP	D Amended		-	City, St	ate, Zip (	Code	811	OS CONTIAN	<u> </u>			
E DOL	Amendment #	na	-			ISLAND	10.40	ENSINARU.	800	_		
DOH ·	justification)  D Cancellation		1		of Contac	PLLEY		(650kmrs.km)				<b>*</b> E
G DCA	G Carposason					ORMATION		P	70			
Name of Facility When	e Abatement is Taking Pla	ce (3)			•		Type of Facility	(4)			554 35	
TK PETROLE Street Address		- 40		, ,			2 Other (i.e. pri	(Other than K-12) vate & commercial	building	js,		
	AC FARLAND R	DAU					homes, etc.) Square Feet	# of Floors	Bldg.	Age		
DOVER		3/2					1800	1	52	yes	5_	
County (6)	51			County		(STATE USE	Current Use (Pr	ior if being demolis	hed)			
MORRIS	irm Hired by Building Own	or la	SCM			Name of Abatem						
(8)	stil filled by business Own	"   '	WOUNT	110.			emoval I					
Street Address						Street Address			1			
							River St					
City, State, Zip Code	• 1					City, State, Zip C Hacken	sack, N.	J. 07601				
Project Manager for N	lonitoring Firm	Te	lephon	ne No.		Telephone No. 201-329-		Cicense No.				
Start Date (10)	. Scheduled C	Day -		te (11)		Name of OSHA I	Monitor	tal Inc				
10-31-2012	2   I   - Z= tring Abatement (Check on		<u></u>			Street Address	VIIOIMCI					
						280 Huy	ler:St					
D Abatement Perform	ated During Entire Period ned Outside of Normal Fac & AM 5 PM	ality Hou	113			City, State, Zip C	ode ackensac	k, N.J. 0	760	6		
Scope of Work (Chec								Negative Pressure			300000000000000000000000000000000000000	7000 mg ()
D≥3ਖ਼ơ≥3▮ 15≥160ਖ਼ơ≥260▮	i.				novation notition	☐ Mini-	Enclosure	d Non-Friable Proc	*	I AI		
e e			Locati								Ty	nnent pe
Asbestos-Conta TO BE	ation of ining Material (ACM)  ABATED  Facility	Use Mai	iormali d Sole intenai custodi Stati? (12)	ly by nce/ ial	Asbe (i.e	Description of astos Containing Manager, thermal systems surfacing, VAT other miscellane	nterial (ACM) insulation, , or	Amount (Specify SF or LF)		Removal	Repair	Encapsulate
<u> </u>		Yes	No	N/A				Man	15	X	_	$\vdash$
ROOF		-		X	NON	FRIABLE ROOF	N 5	1400	21			$\vdash$
		$\vdash$		+-	-							
				T	1	*						
Name of Registered		ID	DEP V No 710	Naste I	Hauler	Cubic Yards of Waste 5 475	Name of Regi	stered Landfill a Enterpr	ises			
City, State Hack	ensack, N.J.	076	01			Disposal Date	City, State Waynesl	ourg , Oh				
Completed by	Tabe Esti					Signature R. Volkina			Date 16	-19	-2	2012

stimator

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

R.Veldran

**MJDEP** Waste Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler Hauler ID No. 20785 of Waste IES! PA Bethlehem Landill Corp. Rovic Transport Disposal Date City, State 10/19/12 Bethlehem, PA 18015 Riverdals, New Jersey 07457 10/19/12 Signature Conscieted by

President

R. McDonald

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

MO# 20142489060		14	0111	(Pui	rsuan	t to NJA	C 8:60 and 5:16	5)					
Date of Notification (1)				<del>-</del> T	Name	of Building	Owner/Operator (2	2) RE	CEIVER	3		: :::::::::::::::::::::::::::::::::::::	
10 /	19	12	_		Dehhi	e Indyk							
Agencies Notified	Type Notifica	tion				Address		TOTA AC	7 26 AM 7:	fic.		2000	
<b>⊠</b> EPA					662 O	ueen Ann	Road	4000		r.e			
DOLWD	Amended					tate, Zip C		- Safe S	TUS CONTRI	91		- 0.48	- (V.S.)
☑ DHSS ☐ DCA	Amendme Emergence	-	udina	ŀ		ck, NJ 076		& L	TOS CONTRE ICENSING	JI.			
(NJAC 5:23-8)	justification	on)	J			of Contact			Telephone Num	b			
	Cancellati	ion				e Indyk							
					FAG	CILITY IN	FORMATION						
Name of Facility Where	e Abatement is T	aking F	Place	(3)				Type of Facility					
Private home								School (K-1	2) 8 (Other than K-1 2	2)	3		
Street Address								Other (i.e.,	private and comme		ilding	JS,	
662 Queen Ann Road City (5)	d							homes, etc		I RI	dg. A	GO.	
Teaneck, NJ 07666								Oquate 1 cet	# 01 1 10013		ug. A	ge	
County (6)	**************************************				Coun	ty Code (7) (	STATE USE ONLY)	Current Use (F	rior if being demoli	shed)			
Bergen						, , ,	• • • • • • • • • • • • • • • • • • • •	,					
Name of Monitoring Fi	rm Hired by Build	ding Ov	vner (	8)	ASCM	No.	Name of Abatem	ent Contractor (9	9)				
-							Gr Tech LLC						
Street Address							Street Address						
							576 Valley Rd #	<sup>‡</sup> 283					
City, State, Zip Code							City, State, Zip C	ode					
8							Wayne, NJ 074'	70					
Project Manager for M	onitoring Firm			Tele	phone	No.	Telephone No.		License No.				
0	т,	0 - 1 1 -	1-10	<u></u>	D.	1- /441	973-638-1777		01127				
Start Date (10)						te (11) 12	Name of OSHA N						
						12	Envirovision Co	onsultants,Inc					
Occupancy Status Dur  Kacility Closed/Vac					ment		Street Address						
Abatement Perform						cribe	20-21 Wagaraw City, State, Zip C	Road, Bldg .#	34A				
Time of Abatement	::AM	PM		PM_		AM	Fair Lawn, NJ 0						
Scope of Work (Check	all that apply)						ran Lawn, NJ 0	77410					
		5	Z n.				Full Con	tainment with Ne	egative Pressure				
>3 sf or >3 lf > 160 sf or >260 lf		Ĺ		novati molitic			Mini-End Gloveba	g Procedure					
								empted (*) and N	on-Friable Procedu	ire	TI.		
			5700	Locat Norma	0.00110					Ab	atem	ent T	уре
Locati Asbestos-Containir		1)	Use	d Sole	ely by	Asbes	Description of stos Containing Ma		Amount	20	Re	E	En
TO BE A				intena todial			., thermal systems	insulation,	(Specify	Removal	Repair	Encapsulate	Enclosure
IN Fa			000	(12)	otan.		surfacing, VAT other miscellane		SIF or LF)	<u>a</u>		Sula	ure
,	****		Yes	No	N/A							9	
Basement-boiler room	m				×	Pipe inst	ilation		130 LF	X	П	П	In
1			$\Box$	In	×		AU - I - I - I - I - I - I - I - I - I -			X			
Basement-boiler roo	Ш					Botter CI	ean up remaining	ginsulation	60 SF	+2			닏
			Ц	ᆜ	Ш					$\perp$	Ш	Ш	Щ
								- Control of the Cont					
Name of Registered V	Vaste Hauler			NJ	DEP Wast	e Hauler ID No.	Cubic Yards of Was	te Name of Reg	istered Landfill				
Gr Tech LLC				(	003378	35	TBD	T.R.R.F. Inc					
City. State							Disposal Date	City, State					-
Wayne, NJ 07470							TBD	Tullytown, F	PA				
Completed By (Print o	r Type)	Title					Signature	11	C 1 D	ate			
N.Jevtic		Own	er				1/2	who N	enad 10	/19/20	12		
4 S R - 41	CHRONICAL CONTRACTOR CONTRACTOR	1000			CONT. C. C.		//				70. TEST		

Ck# 2361

Date of Notification (1) Name of Building Owner/Operator (2) 01 / 12 VERIZON Agencies Notified Type Notification Street Address **⊠** EPA 15 EAST MONTGOMERY PLACE **⊠** DOLWD City, State, Zip Code □ DHSS Amendment #1-10/19/12 PITTSBURGH, PA 15212 □ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation ANTHONY PORTA **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **VERIZON NEWARK CO** ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 95 WILLIAM STREET homes, etc.) City (5) Square Feet # of Floors Bldg. Age NEWARK, NJ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) **ESSEX** COMMUNICATIONS Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) USA ENVIRONMENTAL MANAGEMENT INC BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 8436 ENTERPRISE AVENUE 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code PHILADELPHIA, PA 19153 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. **MARK JENKINS** 215-365-5810 215-788-6040 00509 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor 10 / 15 / 12 BRISTOL ENVIRONMENTAL, INC. 11 / 2 / 12 Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 8:00AM-5:00PM/ PM-BRISTOL, PA 19007 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf ≥ 160 sf or > 260 lf ☐ Demolition ☐ Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Remova Enclosure Encapsulate 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 8<sup>TH</sup> FLOOR ROOM 851 M PIPE INSULATION/FITTINGS 80 LF X 9<sup>TH</sup> FLOOR ROOM 951 X Ø П PIPE INSULATION/FITTINGS 80 LF П П 10<sup>TH</sup> FLOOR ROOM 1051 M PIPE INSULATION/FITTINGS X 80 LF PENTHOUSE M PIPE INSULATION П П 60 LF M Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste SERVICE TRANSPORT GROUP, INC. MINERVA LANDFILL 20990 City, State Disposal Date City, State **NEW CASTLE, DE 19720** WAYNESBURG, OH 44688 Completed By (Print or Type) Title Signature 10/19/12 Patrick PATRICK T. DeCARO **ESTIMATOR** 

PARECEIVED

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Date of Notification (1)	01 /	12	_			of Buildin RIZON	g Owner/Operator (	2)	2012 OCT 26	AM	7: 5	5			
⊠ EPA [	Type Notific ☑ Initial					Address EAST MO	ONTGOMERY PL	ACE	SaFstne n	A	229555	<u>.</u>			
☐ DOLWD ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Amended Amendm		0/19	1/12	City, S	State, Zip (	Code		& LICENS	TNO					
	☐ Emergen						SH, PA 15212								
(NJAC 5:23-8)	justificati	2000				of Contac			Telephone Number						
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					FAG	CILITY IN	NFORMATION	Type of Facility (							
Name of Facility Where Ab		Taking P	lace	(3)											
VERIZON NEWARK	CO							School (K-12	) 5 (Other than K-12)	23					
Street Address 95 WILLIAM STREET									ivate and commer		uildin	gs,			
City (5) NEWARK, NJ								Square Feet	# of Floors	В	dg. A	ge			
County (6) ESSEX	- His soom				Cour	nty Code (	7)(STATE USE ONLY)	SE ONLY) Current Use (Prior if being demolished)  COMMUNICATIONS							
Name of Monitoring Firm H	lired by Buil	ding Ow	ner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9)							
USA ENVIRONMENT	AL MANA	GEMEN	NT II	NC			BRISTOL ENVIRONMENTAL, INC.								
Street Address							Street Address								
8436 ENTERPRISE A	VENUE						1123 BEAVE	R STREET							
City, State, Zip Code							City, State, Zip Code								
PHILADELPHIA, PA	19153						BRISTOL, PA 19007								
Project Manager for Monito	ring Firm			Tele	phone	No.	Telephone No.		License No.						
MARK JENKINS					5-365	200000000000000000000000000000000000000	215-788-6040		00509						
Start Date (10)		Schedule		100			Name of OSHA M								
_10_ / _15_ / _	12	11	_ /	2	_ / -	12	BRISTOL EN	VIRONMENTAL	., INC.						
Occupancy Status During A			1.00				Street Address								
☐ Facility Closed/Vacated	A CONTRACTOR OF THE PROPERTY O						1123 BEAVE								
☐ Abatement Performed C Time of Abatement: 8:0						cribe	City, State, Zip Co BRISTOL, PA								
Scope of Work (Check all to	hat apply)														
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	22.7.25			novati			Mini-Enc     Glovebage	g Procedure	ative Pressure	Δ.					
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Location of				lorma		20 40	Description o	f			_		T		
Asbestos-Containing Ma TO BE ABAT		1)		d Sole ntena			estos Containing Ma e., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure		
IN Facility		9	Cust	odial 3	Staff?	(1.6	surfacing, VAT,		SF or LF)	val	5	psul	Sur		
(13)		-	/	(12) No	N/A	1	other miscellane	ous)				ate	1 0		
BASEMENT MECHANIC	CAL ROO		res		IN/A	PIPE IN	SULATION/FITT	INGS	200 LF						
5 <sup>TH</sup> FLOOR ROOM 551		Б	3			PIPE IN	SULATION/FITT	INGS	50 LF				П		
7 <sup>TH</sup> FLOOR ROOM 759		D				PIPE N	SULATION/FITTI	NGS	40 LF			П			
7 <sup>TH</sup> FLOOR ROOM 764		D		$\overline{\Box}$			SULATION/FITT		100 LF						
Name of Registered Waste					JDEP \		Cubic Yards of	Name of Regist	tered Landfill	1		_			
SERVICE TRANSPOR	RT GROUP	P, INC.		Н	auler II 20990		Waste	MINERVA L		/ P	27-2-1111				
City, State NEW CASTLE, DE 19	720						Disposal Date	City, State WAYNESB	URG, OH 44688						
Completed By (Print or Typ PATRICK T. DeCARO		Title EST	IMA	TOR			Signature	P. D.Ca	will Dat	e 10/	191	1/2	2		

Pg. 1

Date of Notification (1)			-	-	Na	me of Ruile	ding Owner/Operator	(0)	CALL OF	17.0					
10/0	)1/	12	2			ERIZON		(2) 21	12 OCT 26	AM 7	7: 5	5			
<ul> <li>☑ EPA 4017</li> <li>☑ DOLWD 7681</li> </ul>	ype Notifi Initial Amendo	ed			1		MONTGOMERY P		& LICENS	DALT					
☑ DHSS 6060	Amend				100	r, State, Zi ITTSBUI	1:40		1						
DCA (NJAC 5:23-8)	Emerge justifica	ency (ir	ncludir	ng	_	ne of Conf									
	] Cancell						PORTA		Telephone Nur	nber		Octobalis			
				-						,					
Name of Facility Where Aba	tement is	Takin	n Dlac	0 (3)		ACILITY	INFORMATION								
VERIZON NEWARK C		· akiii	g i iau	e (3)	,			Type of Facility	0.000.000						
Street Address			70 see 6 co					School (K-1)	2) 8 (Other than K-1	21					
95 WILLIAM STREET					12 2012			Other (i.e., p	rivate and comme	ercial l	buildi	ngs,			
City (5) NEWARK, NJ							Square Feet	# of Floors Bldg.			Age				
County (6) ESSEX					Co	unty Code	(7)(STATE USE ONLY)	Current Use (Pr	ior if being demol	shed)					
Name of Monitoring Firm Hir						M No.	Name of Abatem	ent Contractor (9)			- 9				
USA ENVIRONMENTA	L MANA	AGEM	ENT	INC				IVIRONMENTA							
Street Address							Street Address								
8436 ENTERPRISE AV	ENUE						1123 BEAVE	R STREET							
City, State, Zip Code															
PHILADELPHIA, PA 19							BRISTOL, PA	A 19007							
Project Manager for Monitoria	ng Firm			Te	elephon	e No.	Telephone No.		License No.						
MARK JENKINS				1		5-5810	215-788-6040	215-788-6040			00509				
Start Date (10) 10/_15/_1						ate (11)	Name of OSHA N								
						12	BRISTOL EN	VIRONMENTAL	., INC.						
Occupancy Status During Ab							Street Address						_		
☐ Facility Closed/Vacated D  Abatement Performed Out	uring Ent	ire Per	iod of	Aba	tement		1123 BEAVE	R STREET							
Time of Abatement: 8:00	AM- <u>5:00</u>	PM/	P	у но М	AN	escribe A	City, State, Zip Co								
Scope of Work (Check all that	t apply)											-			
<ul><li>≥3 sf or ≥3 if</li><li>≥160 sf or ≥260 if</li></ul>			⊠ Re □ De							re					
			1.52		ation			T		_	atem	ent T	ivno		
Location of Asbestos-Containing Mate	rial (ACN	A)		Norm	lally lely by		Description o	f		-	_	_			
TO BE ABATED		"	Ma	inter	nance/	ASD (i.	estos Containing Ma e., thermal systems i	terial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure		
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			Yes	No	N/A		other miscellane	ous)				late	G)		
BASEMENT MECHANICA	L ROO	M				PIPE II	NSULATION/FITT	INGS	200 LF	×					
5 <sup>TH</sup> FLOOR ROOM 551						PIPE II	NSULATION/FITT	NGS	50 LF						
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7 <sup>TH</sup> FLOOR ROOM 764			$\boxtimes$			PIPE IN	SULATION/FITTI	NGS	100 LF	Ø		П	П		
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SERVICE TRANSPORT	GROUP	, INC.			Hauler I 2099		Waste	MINERVA L							
City, State					2033		Disposal Date	City, State							
NEW CASTLE, DE 1972	0							05.0	RG, OH 44688						
Completed By (Print or Type)		Title		-			Signature		15.						
PATRICK T. DeCARO		ES	TIMA	TOF	₹		Patrick!	P. De Caro	Leil Date	10/1	//	3			

RECEIVERS

NEWARK, NJ County (6) ESSEX Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT INC USA ENVIRONMENTAL, INC. USA ENTERPRISE AVENUE  City, State, Zip Code USA STREET USA SEASTED USA STREET USA SEASTED	Scope of Work (Check all  3 sf or >3 lf  >160 sf or >260 lf  Location Asbestos-Containing I  TO BE ABA IN Facilit (13)  TH FLOOR ROOM 95  TH FLOOR ROOM 95  TH FLOOR ROOM 10	of Material (ACM) ATED ity  61 61 6051 68 Hauler 0RT GROUP, IN 9720 pe) Titl	Is Use Ma Cus Yes Ma Cus	enovatice emolition is Locatic Normall ed Solel sintenant todial S (12)  No  No  No  No  No  No  No  No  No  N	on on by by by loce/ staff?  N/A  DEP Waller ID I	Asbe (i.e	BRISTOL, PA    Full Conta     Mini-Enclude     Glovebag     Non-Exem    Description of stos Containing Mate     thermal systems in surfacing, VAT, cother miscellaneous     SULATION/FITTIN     SULATION/FITTIN     Cubic Yards of Waste     Disposal Date     Sigpature	ainment with Negrosure Procedure Inpted (*) and Non Prial (ACM) Sulation, Or Sulati	Amount (Specify SF or LF)  80 LF  80 LF  80 LF  ROLF  ROMAN ANDFILL  RG, OH 44688	A Removal	Repair	_			
	Scope of Work (Check all  3 sf or 3 lf  10 160 sf or 260 lf  Location Asbestos-Containing letter TO BE ABA IN Facilit (13)  TH FLOOR ROOM 85  TH FLOOR ROOM 95  TH FLOOR ROOM 10  TH FLOOR ROOM 10	of Material (ACM) ATED ity  10 11 11 10 11 10 11 10 11 11 11 11 11	Is Use Ma Cus Yes	enovation de la constitución de	on on by by by loce/ staff?  N/A  DEP Waller ID I	Asbe (i.e	BRISTOL, PA    Full Conta   Mini-Enclo   Glovebag   Non-Exem    Description of stos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous	ainment with Negative Procedure Procedure Internation (ACM) Sulation, or Internation (ACM) Sulation (ACM) S	Amount (Specify SF or LF)  80 LF  80 LF  80 LF	Ab Removal	Repair	_			
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S DOLWD S DOLWD S DHSS S CARRENGED (Including justification) SITEMATION  Name of Facility Where Abatement is Taking Place (3) VERIZON NEWARK CO  Street Address SWILLIAM STREET  City (6) NEWARK, NJ  County (6) ESSEX  Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT INC  Street Address 8436 ENTERPRISE AVENUE  City, State, Zip Code PHILADELPHIA, PA 19153  Project Manager for Monitoring Firm  MARK JENKINS  Start Date (10) 10 / 15 / 12 11 / 2 / 12  Scheduled Completion Date (11) 10 / 15 / 12  Scheduled Completion Date (11) 10 / 15 / 12  Scheduled Completion Date (11) 2 Seried Address AMBONAS STREET  City, State, Zip Code PHILADELPHIA, PA 19153  Project Manager for Monitoring Firm  Telephone No. 215-365-5810  Start Date (10) 10 / 15 / 12  Scheduled Completion Date (11) 10 / 15 / 12  Scheduled Completion Date (11) 2 Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00AM-5:00PM/ PM- AM  Street Address  Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00AM-5:00PM/ PM- AM  Street Address  Street Address  1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  PRICE Manager for Monitoring Firm  Telephone No. 215-365-5810  Street Address  1123 BEAVER STREET  City, State, Zip Code BRISTOL ENVIRONMENTAL, INC.  Street Address  1123 BEAVER STREET  City, State, Zip Code BRISTOL ENVIRONMENTAL, INC.  Street Address  1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  PM- AM  Street Address  1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address  1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  PM- AM  Street Address  1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  PM- AM  Street Address  1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  PM- AM  Street Address  1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  PM- AM  Street Address  1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  PM- AM  Street Address  1123 BEAVER STREET  City, State	Scope of Work (Check al ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location Asbestos-Containing l TO BE ABA IN Facilit	of Material (ACM)	⊠ Re □ De	enovation emolition S Location Normall ed Solel aintenant todial S	on on by by by	Asbe	BRISTOL, PA    Full Conta   Mini-Enclo   Glovebag   Non-Exem    Description of stos Containing Mate, thermal systems in surfacing, VAT. of	ninment with Negative Procedure apted (*) and Non perial (ACM) sulation, or	-Friable Procedure  Amount (Specify	Ab	_	_			
S DOLWD S DOLWD S DHSS S CARREST MONTGOMERY PLACE STORM CHARACTERISE AVENUE  City, State, Zip Code PHLADELPHIA, PA 19153 Project Manager for Monitoring Firm MARK JENKINS  Start Date (10) Scheduled Completion Date (11) 10 / 15 / 12 Scheduled Completion Date (11) 10 / 15 / 12 Scheduled Completion Date (11) Scheduled Completion Sched	Scope of Work (Check al ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location Asbestos-Containing I	of Material (ACM)	⊠ Re □ De	enovation emolition s Location Normall ed Solel	on n on ly ly by	Asbe	BRISTOL, PA    Full Conta   Mini-Enclo   Glovebag   Non-Exerr	ninment with Nega psure Procedure apted (*) and Non	-Friable Procedure	Ab	_	_			
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DOLWD	☐ Facility Closed/Vacate	ted During Entire I	Period of	Abater	ment		A series of the	STREET							
DOLWD		12 _	11_	/ _2			BRISTOL EN		., INC.						
DOLWD		Sch	neduled			2017 P.			00509						
DOLWD		nitoring Firm			Sala and a manage				License No.			_			
DOLWD						BRISTOL, PA 19007									
DOLWD	City, State, Zip Code				-										
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DOLWD					ASCM										
DOLWD	ESSEX	4.11			Cour	y code	(I)(STATE USE UNLY)	Committee of the state of the s		shed)					
DOLWD	County (6)				Cour	nty Codo	/7\/STATE LISE ON 10	0							
DOLWD	City (5)										Bldg.	Age			
DOLWD Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation ☐		EET						Other (i.e., p	rivate and comme	ercial	buildi	ngs,			
DOLWD Amended Amendment # City, State, Zip Code PITTSBURGH, PA 15212  Name of Facility Where Abatement is Taking Place (3)  DOLWD Amended Amendment # City, State, Zip Code PITTSBURGH, PA 15212  Name of Contact ANTHONY PORTA  FACILITY INFORMATION  Type of Facility (4)						- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10		School (K-1)	2) 8 (Other than Kat	2)					
□ DOLWD □ Amended □ Amendment # □ Emergency (including justification) □ Cancellation □ Cancellation □ Telephone Number □ Telep			iking Pla	ce (3)						200					
DOLWD Amended Amendment # □ Emergency (including justification)  15 EAST MONTGOMERY PLACE & LICENTROL  City, State, Zip Code  PITTSBURGH, PA 15212  Name of Contact  Telephone Number	Manager of Facility 1849				FA	CILITY	INFORMATION								
DOLWD Amended Amendment # □ DCA □ Emergency (including inetification) □ DCA □ D		☐ Cancellation	on		AN	THONY	PORTA		relephone Nun	nber					
10		LI Emergence	y (includ n)	ing		Name of O									
10 / 01 / 12 VERIZON  Agencies Notified Type Notification Street Address  ☑ EPA ☑ Initial □ Amended □ Ame		Amendme			350.00				NICHOLN	G	UĮ.				
Agencies Notified Type Notification Street Address	(F-27)							LACE 6	& LICE CON	VT 10	<i>6</i> 3.				
10 / 01 / 12 VERIZON	☑ DOLWD				Stree	et Addres	S	45	SF CY.	' /		-			
	☑ EPA ☑ DOLWD		tion						AL A	77	: 50				

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

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Date of Notification (1)  7 / 6	/ 12					g Owner/Operator ( PERTY GROUP		2012 O	rec	<b>L</b> /	15		
Agencies Notified Type Not				Stree	t Address			- 0	1 56	SA	4 7		
☐ EPA ☐ Initial ☐ Amen				22	WEST V	WASHINGTON S	TREET	ASBES	For		' /	. 5	
□ DHSS Amen	ided idment # <u>2</u> gency (inc	210000			State, Zip ( DIANAPO	Code LIS, INDIANA 46	5204	ASSESTOS CONTRO					
	eation)	Jacani	ð	Name	of Contac	t	r s	Telephone Nun	nber	- 179	<b>U</b>	6	
				FA	CILITY IN	FORMATION							
Name of Facility Where Abatement	is Taking	Place	(3)		2000		Type of Facility	(4)					
CHERRY HILL MALL - JC PI	ENNEYS	6					School (K-1						
Street Address							☐ Subchapter	8 (Other than K-1) private and comme	2) ercial b	uildine	10		
2000 RT 38 STE 1000	M						homes, etc.		iolai b	ununi	, <sub>,</sub>		
City (5)	-		Ť	7			Square Feet	# of Floors	В	ldg. A	ge		
CHERRY HILL													
County (6)				Cou	nty Code (7	)(STATE USE ONLY)		rior if being demol	ished)				
CAMDEN		See all see					COMMERC						
Name of Monitoring Firm Hired by E		wner	(8)	ASCM	No.	Name of Abateme	and the second s	Mark the second account					
HILLMAN CONSULTING LLC	<u> </u>						VIRONMENTA	L, INC.					
Street Address						Street Address							
1600 ROUTE 22 EAST						1123 BEAVE							
City, State, Zip Code UNION, NJ 07083						City, State, Zip Co							
Project Manager for Monitoring Firm			1		N-	BRISTOL, PA	19007					_	
STEVE HILLMANN			0.055	ephone <b>08-6</b> 88		Telephone No. 215-788-6040	<b>v</b> 7)	License No. 00509					
Start Date (10)	Schedu	ulad C				Name of OSHA Monitor							
///				/			VIRONMENTA	L, INC.					
Occupancy Status During Abatemer	nt (Check	only o	one)			Street Address			11.1				
☐ Facility Closed/Vacated During E						1123 BEAVE	RSTREET						
Abatement Performed Outside o						City, State, Zip Co	ode						
Time of Abatement:AM		/10:0	<u>U</u> PM-	8:00AN	Л	BRISTOL, PA	19007			<u> </u>			
Scope of Work (Check all that apply	')					☐ Full Conf	tainment with Ne	native Pressure				333	
≥3 sf or ≥3 lf	0	⊠ Re				☐ Mini-Enc	losure	gative Flessule					
≥160 sf or ≥260 lf	[	∐ De	moliti	on		☐ Glovebag	g Procedure	n-Friable Procedu	ıro				
200000000000000000000000000000000000000		Is	Loca	tion	T	⊠ IAOII-Exe	inpled ( ) and No	III-Filable Floced	200		T		
Location of		1	Norma	illy		Description of	f			atem			
Asbestos-Containing Material (A	CM)		d Sol	ely by		stos Containing Ma	terial (ACM)	Amount	Remova	Repair	Encapsulate	Enclosure	
TO BE ABATED				Staff?	(i.e	., thermal systems surfacing, VAT,		(Specify SF or LF)	ova	₩	sde	nso	
IN Facility			(12)	1000000		other miscellane		0. 0. 1. /	-		ilate	9	
IN Facility (13)	-				1							_	
(13)		Yes	No	N/A								Ш	
(13)		Yes	No 🖂		MIRRO	R MASTIC		35 SF					
(13)			1375		MIRRO	R MASTIC		35 SF					
(13)			$\boxtimes$		MIRRO	R MASTIC		35 SF					
(13)					MIRRO	R MASTIC		35 SF					
JCP - LOWER LEVEL							Name of Regis						
JCP - LOWER LEVEL				IJDEP V	Vaste	Cubic Yards of Waste	Name of Regis	stered Landfill					
JCP - LOWER LEVEL  Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL				U U U U U U U U U U U U U U U U U U U	Vaste	Cubic Yards of		stered Landfill					
(13)  JCP - LOWER LEVEL  Name of Registered Waste Hauler  BRISTOL ENVIRONMENTAL				IJDEP V	Vaste	Cubic Yards of Waste 2	GROWS L	stered Landfill					
Vame of Registered Waste Hauler BRISTOL ENVIRONMENTAL Dity, State BRISTOL, PA				IJDEP V	Vaste	Cubic Yards of Waste 2 Disposal Date 7/17/2012	GROWS L. City, State MORRISVI	stered Landfill ANDFILL LLE, PA					
(13)  JCP - LOWER LEVEL  Name of Registered Waste Hauler  BRISTOL ENVIRONMENTAL  City, State	INC			IJDEP V	Vaste	Cubic Yards of Waste 2 Disposal Date 7/17/2012	GROWS L.	stered Landfill ANDFILL LLE, PA					

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

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

Date of Notification (1)				Nan	ne of Buildi	ng Owner/Operator	(2)	11 m V [	10 m	. [ ]			
		2				OPERTY GROUP	LING	H2 OCT 26	AM	7. 5			
Agencies Notified Type No.		1	-CS-100	Stre	et Address			22 001 20	HIT	1: 5	4		
☐ EPA ☐ Initial				22	25 WEST	WASHINGTON S	TREET 4	time to a minus	Si 50				
☑ DOLWD ☑ Amen					State, Zip		A	S@ESTOS	SUN	TRO	)!		
	dment :				INDIANAPOLIS, INDIANA 46204								
☐ DCA ☐ Emer		includir	ng	_			5204		- 1, 4,	-	1		
(NJAC 5:23-8) justific	cation) ellation			Nam	e of Conta	ct	Telephone Number						
				F	ACILITY I	NFORMATION		L					
Name of Facility Where Abatement CHERRY HILL MALL - JC PI			e (3)				Type of Facility						
	TIAINE	3				The second secon	School (K-12						
Street Address 2000 RT 38 STE 1000							Subchapter 8	ivate and comme	2) ercial b	uildir	ıgs,		
						700	homes, etc.)						
City (5)							Square Feet	# of Floors	E	Bldg. A	Age		
CHERRY HILL													
County (6)				Cou	inty Code	(7)(STATE USE ONLY)	Current Use (Pri	or if being demol	ished)				
CAMDEN						5.	COMMERCIA		.01100)				
Name of Monitoring Firm Hired by B	uilding	Owner	(8)	ASCN	No.	Name of Abatem	ent Contractor (9)					-	
HILLMAN CONSULTING LLC				gotteneneses			VIRONMENTAL	INC					
Street Address				-		Street Address		-,		-			
1600 ROUTE 22 EAST						1123 BEAVE	ER STREET						
City, State, Zip Code						City, State, Zip C							
UNION, NJ 07083						BRISTOL, PA							
Project Manager for Monitoring Firm			Tel	ephone	No.	Telephone No.	License No.						
STEVE HILLMANN			9	08-68	8-7800	215-788-6040	i	00509					
Start Date (10)					ate (11)	Name of OSHA M	fonitor	1	-				
ON HOLD	_		′	/		BRISTOL EN	VIRONMENTAL	, INC.					
Occupancy Status During Abatemen				-		Street Address				-			
☐ Facility Closed/Vacated During E						1123 BEAVE	R STREET						
Abatement Performed Outside of Time of Abatement:AM	Norma	Facilit	y Hou	rs - De	scribe	City, State, Zip Co	ode						
Time of Abatement,AM		W/10:0	<u>IU</u> PM	6:00A	M	BRISTOL, PA	19007						
Scope of Work (Check all that apply)							342 AV 2007/920			-			
≥3 sf or ≥3 If		⊠ Re	nova	ion		☐ Full Cont	ainment with Nega	ative Pressure					
☐ ≥160 sf or ≥260 lf			54400H472	3.2000000		☐ Mini-Enc ☐ Glovebag							
						⊠ Non-Exe	mpted (*) and Non	-Friable Procedu	re				
		800	Loca							atem	ent T	vne	
Location of			Norma			Description of	f		-	_			
Asbestos-Containing Material (AC	CM)		inten	ely by	Asbe	stos Containing Ma	terial (ACM)	Amount	er	Reg	Ã	Ē	
TO BE ABATED				Staff?	(i.e	, thermal systems i		(Specify	Remova	Repair	ä	8	
IN Facility (13)		000	(12)			surfacing, VAT,		SF or LF)	<u>a</u>		Encapsulate	Enclosure	
()		Yes	No	N/A	1	other miscellaned	ous)				ate		
JCP - LOWER LEVEL			Ø		MIRRO	R MASTIC		35 SF		П			
									$\frac{1}{\Box}$				
		П							+=	-			
								1	12		ᆜ		
Name of Registered Waste Hauler		Ш											
BRISTOL ENVIRONMENTAL I	NC		1,000	IJDEP I lauler II		Cubic Yards of Waste	Name of Registe						
				1870	Secretarians.	2	GROWS LAI	NUFILL					
City, State BRISTOL, PA						Disposal Date	City, State						
	T					7/17/2012	MORRISVILI	LE, PA					
Completed By (Print or Type)	Title				1002	Signature	00.	O / Da	te /	,			
PATRICK T. DeCARO	E	stimat	or			Patrick	2. De	ow/il	7/10	6/1.	2		
SB-41 AY 11 PD 12059	* 1	On not	use #	is form	for achord	os licensuro evemet	ad activities	1	1	<u> </u>			

ASB-41 MAY 11 PD/2059

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

RECEIVED

Date of Notification (1)				Nam	e of Buildi	na O	wner/Operator	(2)		- A / 1	1 1-	)	1000	
7 / 6 /		_		SI	MON PR	OPE	RTY GROUP		2012 OCT 2	6 A	4 7.	5.		
Agencies Notified Type Notif  ☐ EPA	ication				et Address				A			04		
DOLWD i519 ☐ Amend	ed				225 WEST WASHINGTON STREET  ASSESTOS CO City, State, Zip Code									
☑ DHSS 1540 Amend					-10[14]									
☐ DCA ☐ Emerge	ency (incli	uding			Section of the state of the section		, INDIANA 4	6204			4 CJ	al		
(NJAC 5:23-8) justifica				Nam	e of Conta	act			Telephone N	umber		-61	<u> </u>	
Caricei	ation									_				
No. of Family Miles Alexander				FA	CILITY	NFO	RMATION							
Name of Facility Where Abatement is		Place	(3)					Type of Facility		-				
CHERRY HILL MALL - JC PE	NNEYS							School (K-12	2) 8 (Other than 1/	40\				
Street Address 2000 RT 38 STE 1000								Other (i.e., p	rivate and comr	nercial	buildi	ngs,		
City (5)								Square Feet	# of Floors		Bldg.	Age		
CHERRY HILL											5	.50		
County (6)				Cou	inty Code	(7)(ST	ATE USE ONLY)	Current Use (Pr	ior if being dem	olished	)			
CAMDEN								COMMERCI						
Name of Monitoring Firm Hired by Bu	ilding Ow	ner (8	3)	ASCM	l No.	Na	ame of Abatem	ent Contractor (9)						
HILLMAN CONSULTING LLC						1	BRISTOL EN	VIRONMENTA	L, INC.					
Street Address						Str	reet Address	10.						
1600 ROUTE 22 EAST			2270				1123 BEAVE	R STREET						
City, State, Zip Code				1550		Cit	y, State, Zip C							
UNION, NJ 07083						E	BRISTOL, PA 19007							
Project Manager for Monitoring Firm				ephone		Te	lephone No.		License No.					
STEVE HILLMANN					3-7800		215-788-6040		00509					
Start Date (10)7 /16 /12	Schedule 7			etion Da	10 .0		me of OSHA N BRISTOL EN	Monitor VIRONMENTAL	L, INC.					
Occupancy Status During Abatement	(Check o	nly or	ne)				eet Address						-	
☐ Facility Closed/Vacated During En						1	123 BEAVE	R STREET						
Abatement Performed Outside of N						City	y, State, Zip Co	ode						
Time of Abatement:AM	PM/ <u>1</u>	0:00	PM-	8:00A	М	E	BRISTOL, PA	19007						
Scope of Work (Check all that apply)				<del></del>			1.00 00000				-			
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		Ren	ovati olitic	on on			☐ Mini-End	g Procedure						
- Corp. Code		1-1			_		Non-Exe     Non-Exe	mpted (*) and Nor	n-Friable Proced	lure				
Location of			ocat orma				Description of			A	oatem	ent T	уре	
Asbestos-Containing Material (ACI	۷)			ly by	Asbe	estos	Containing Ma	terial (ACM)	Amount	Re	Re	E	Ē	
TO BE ABATED IN Facility		Main Custo		nce/ Staff?	(i.e		ermal systems		(Specify	Removal	Repair	cap	Enclosure	
(13)			(12)	175000		otl	surfacing, VAT, her miscellane	ous)	SF or LF)	<u>n</u>		Encapsulate	ure	
	Y	es	No	N/A								te		
JCP - LOWER LEVEL			X		MIRRO	R M	ASTIC	- 1	35 SF					
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		-	_	6						ᆛᆜ				
	L			-										
		] [	]_		43-									
Name of Registered Waste Hauler			10000	JDEP V		300000	oic Yards of	Name of Registe		-	-			
BRISTOL ENVIRONMENTAL IN	IC			18706	200000000000000000000000000000000000000	Was	SIE	GROWS LA	NDFILL					
City, State						-	osal Date	City, State					-	
BRISTOL, PA						7/	17/2012	MORRISVIL	LE, PA					
Completed By (Print or Type)	Title						Signature	- 1 1		ate			-	
PATRICK T. DeCARO	Estir	nato	r	1432.1793.0			fatre	il Do Cus	(0)	7/6/	1/2			

Date of Natification (1)				lame of f	Building Ow	vner/Operato	or (2)		-17	ECET	110		i i mu			
Date of Notification (1)	00 0040		3.03			morroporate	Operator (2)									
A CONTRACTOR OF THE PROPERTY O	er 23, 2012 Type Notification		-	Street Ad	erg Co.		COLY OCT 25									
Agencies Notified	Type Notification		"			Ct	2012 OCT 26 AM 7: 47									
	Initial	2			Blancke		- 51 1100									
DEP .	Amended Amendment	#	0.00	. 300	e, Zip Code		ASSESTUS CONTROL									
DOL .	Emergency (			nden, Name of			Telephone William Cer									
□ DOH     □	justification)								100	spriorie radio	. Open	2				
DCA	Cancellation		P		/lanager	MATION	<u>F</u>									
Name of Facility Where A	hatament is Taking	Place (3)		FACIL	ITY INFOR	CIVIATION										
	Datement is Taking	y Flace (5)					Type of Facility (4)									
warehouse .								School (K-12 Subchapter		er than K-12	2)					
Street Address								Other (i.e. p	rivate 8	& commercia	al buildi	ildings, homes,				
1300 W. Blancke St								etc.)	1 44 -4		DI	da A				
City (5)							Squa	re Feet	# 01	Floors	ы	dg. A	ge			
Linden, NJ																
County (6)	415-1			County C			Curre	ent Use (Prio	r if bei	ng demolish	ned)					
Union					SE ONLY)					arehouse						
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.	Nam	ne of Aba	tement Con	tractor	(9)						
AET, Inc.				0021		The	MACK	Group, LI	LC							
Street Address						Stre	et Addre	ss								
907 Doolittle Drive						1500	) Kings	HWY N,	STE	209						
City, State, Zip Code							1500 Kings HWY N, STE 209 City, State, Zip Code									
Bridgewater, NJ 0880	17					Che	Cherry Hill, NJ 08034									
Project Manager for Moni	torina Firm	-		Telephon	e No.		Telephone No. License No.									
276-71. * 25-713-24-71-71-71-71	toring rinni				8-1108	30.000000	3) 759 -			00781						
Eric Houseknecht Start Date (10)		Schedule						HA Monitor		00.0.						
	40	Ochedaic				2.500		Group, L	I C							
Nov 6, 20 Occupancy Status During		le Only Or		v 12, 20	012		et Addre									
	5. a.s. a.						1500 Kings HWY N, STE 209									
Facility Closed/Vaca	ated During Entire	Period of	Abatem	ent			City, State, Zip Code									
Abatement Performe Other - Describe:	ed Outside of North	iai raciiity	nours						1		22					
						Che	rry miii,	NJ 08034	4					- 7/1/2		
Scope of Work (Check Al	I That Apply)	-	20				Full Containment with Negative Pressure									
≥3 sf or ≥3 lf			Renova							h Negative I	Pressur	e				
≥160 sf or ≥260 lf			Demoliti	ion			Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable					W 20 5 500				
							□ No	on-Exempted	(*) and	Non-Friable	Proce	,				
		le	Locati	on								Abatemer				
,	- 1		Normal			Descript	scription of					1	pe	T		
Location Asbestos-Containing		100	d Sole		Asbesto	s Containin		al (ACM)		Amount			m			
TO BE ABA			intenar todial S		(i.e. t	hermal syste		ation,		Specify F or LF)	Re	Z,	nca	ncl		
In Facil	ity	003	(12)	Man .		surfacing, other misce		,	5	F OF LF)	Removal	Repair	Encapsulate	Enclosure		
(13)		-		-		Other micoo					<u>a</u>	=:	ate	6		
		Yes	No	N/A								<u></u>				
office	4		X			floor tile 8	k mastic		2	000 sf	X					
Office	•	-	/								7					
			-	-							-	-	-	_		
											-	-				
									1115							
Name of Registered Was	ste Hauler		IN	J DEP W	Vaste	Cubic Yard	s	Name of	Regist	ered Landfi	II	,				
, tunio di riogisto di			H	lauler ID		of Waste					ıcıı					
Newark Carting / Rov	/ic			450	09	20				County La	andfill			00		
City, State						Disposal D		City, Sta								
Newark / Riverdale, I	٧J			0 -0.7-0-0		Nov 12,		Newbur	g, PA							
Completed by	177			Signature Date												
Mike Cooper	dent			1/100	10/23/12					2_						