11/1		N	IOTIF				ESTOS ABAT C 8:60 and 5:16		EGE	V			M
Date of Notification (1)					Name o	of Building	Owner/Operator (2	2)					
09 /	6 /	13	_		St. L	uke's - \	Warren Campus	1:7	CED 1	20	13	16	ال
Agencies Notified	Type Notificati	ion			Street A	Address			SEF	<u>, , , , , , , , , , , , , , , , , , , </u>	10	-	
⊠ EPA	☑ Initial				185	Roseber	ry Street		1			2	
⊠ DOLWD	Amended Amendmer	nt#				ate, Zip C		į.	ASBESTOS		70-	. u	
☑ DHSS □ DCA	☐ Emergency	1000	luding	н			NJ 08865		L. N. Jones				
(NJAC 5:23-8)	justification	۱)				of Contact			Telephone Number	r		•	
	☐ Cancellation	on				Ruhf						и	_
					FAC	ILITY IN	FORMATION	T 5 F 112 - /4	N				
Name of Facility Where A				(3)			5	Type of Facility (4  ☐ School (K-12)	•)				
St. Luke's Hospital	- Warren Car	mpus	s 					Subchapter 8	(Other than K-12)				
Street Address								Other (i.e., privalent)	vate and commerci	al bui	ldings	5,	
185 Roseberrt Stre	et							Square Feet	# of Floors	Bld	g. Ag	e	
City (5) Phillipsburg, NJ							#	150000	5		0		
County (6)				-	Count	y Code (7)	(STATE USE ONLY)	Current Use (Prio	r if being demolish	ed)			
Warren								1,500 N.300		**			
Name of Monitoring Firm	Hired by Buildi	ng O	wner (	3)	ASCM I		Name of Abateme						
AET					0002	1	Street Address	ironmental Syst	ems				
Street Address							550 East Uni	on Street					
28 N. Pennell Road							City, State, Zip Co			777			
City, State, Zip Code Media, PA 19063							West Cheste						
Project Manager for Mon	itoring Firm			Tele	phone I	No.	Telephone No.		License No.				
Eric Housekenecht				100000000000000000000000000000000000000		9-6238	610-701-9000	)	00508				
Start Date (10)		chedu	uled C	omple	tion Dat	e (11)	Name of OSHA N	Monitor					
09 / 20 /	13	0	9 /	_20	_ / _	13_	AET						
Occupancy Status During	g Abatement (C	heck	only o	ne)			Street Address						
☐ Facility Closed/Vacate	ed During Entire	e Per	iod of	Abate	ment		28 N. Pennel	C 2018 10 10 10 10 10 10 10 10 10 10 10 10 10					
Abatement Performed Time of Abatement: 7						cribe	City, State, Zip C Media, PA 19						
Scope of Work (Check a	Il that apply)						Д Б. II О	t-ith Non	etivo Proceuro				
			⊠ Re	novat	ion		☐ Mini-End		ative Pressure				
□ ≥160 sf or ≥260 lf			☐ De				Gloveba	g Procedure empted (*) and Nor	Eriable Procedure	<u>.</u>			
			le	Loca	tion	I	☐ Non-Exe	impled ( ) and 1401	I-I Habic I Toccadio	_	ateme	ent Ty	νpe
Location	n of		1	Norma	ılly		Description of	of		-			
Asbestos-Containing	Material (ACM)	)		d Sol	ely by		stos Containing Ma		Amount (Specify	Removal	Repair	ncap	Enclosure
TO BE AB				todial	Staff?	(1.6	surfacing, VAT	, or	SF or LF)	Val	7	Encapsulate	sure
(13)				(12)	N/A	-	other miscellane	eous)				ite	3000
First Floor - Office/H	allway	_	Yes	No	N/A	Floor T	ile		380 SF				
						Floor T	ile Mastic		380 SF			П	П
First Floor - Office/H	aliway				-	1 1001 1	ne mastro					П	
										믐		] [	_
		1								Ш	Ш	Ш	
Name of Registered Was N.E.T.S.	ste Hauler			250	NJDEP N Hauler II	O No.	Cubic Yards of Waste	Name of Regist BFI Imperia					
City, State		-			18947		.25 Disposal Date	City, State			-		
Hazelton, PA							TBD	lmperial, P.	A	,	/	/	
Completed By (Print or 1	Type)	Title					Signature	1	Dat	te /	-/		
John Heemer	→ m=x	100000000000000000000000000000000000000	stima	tor			1	//	9	16	11	3	
ASB-41 MAY 11		*	Do not	use t	his form	for asbes	tos licensure exem	pted activities.	/		•		

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT ALLAC 8:60 and 5:16) DEFERMENT

\					Suam	to NOA	5 0.00 ana 0.10		医眶上	$\mathbb{W}$		12	
Date of Notification (1)	5965	0000000					Owner/Operator (2	2)		F 1 2	-		
	6/	13			Urba	an Promi	se Ministries	100 MeV	055 1 0	2010	ā		
Agencies Notified ☑ EPA	Type Notification	on				Address Box 147	9		SEP 10	2013	1		
□ DOLWD	☐ Amended			ŀ	City, St	ate, Zip C	ode	,		V. F.J.	2	200000	t
☑ DHSS	Amendmen  □ Emergency		dina		Cam	den, NJ	08105						
☐ DCA (NJAC 5:23-8)	justification		ung	ŀ	Name	of Contact			Telephone Num	ber	-	C-CU/MEN	
()	☐ Cancellatio				Jodi	na Hicks	<b>.</b>				_ `		
					FAC	ILITY IN	FORMATION						
Name of Facility Where	Abatement is Tal	king Pla	ace (3	3)				Type of Facility (4	4)				
Urban Promise Mir	nistries							School (K-12)		3			
Street Address				-				☐ Subchapter 8 ☐ Other (i.e., pri	(Other than K-12 vate and comme	) rcial bui	ldina	9	
25-27 N. 36 <sup>th</sup> Street	t							homes, etc.)	vate and comme	olai bai	iding.	٥,	
City (5)								Square Feet	# of Floors	Blo	g. Ag	je	
Camden, NJ 08105	<b>5</b> %							8000	1	6	+0		
County (6)					Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Price	or if being demolis	shed)			
Camden								Religious Ce	enter				
Name of Monitoring Firm	n Hired by Buildir	ng Own	ner (8)	7	SCM I	No.	Name of Abateme	ent Contractor (9)					
VERTEX					NA		Alliance Envi	ironmental Syst	tems				
Street Address							Street Address						
700 Turner Way							550 East Unio	on St.					
City, State, Zip Code							City, State, Zip Co	ode					
Aston, PA 19014							West Cheste	r, PA 19382					
Project Manager for Mor	nitoring Firm			Tele	phone I	No.	Telephone No.		License No.				
Dave Brown			- 1	61	0-558-	8902	610-701-9000		00508				
Start Date (10)	and the second s	hedule				하다()() () () ()	Name of OSHA M	Ionitor					
9 /23 /	13	10	_ / _	11	_ / _	13_	VERTEX						
Occupancy Status Durin	g Abatement (Cl	heck or	nly on	e)			Street Address						
☐ Facility Closed/Vacat							700 Turner W	/ay					
Abatement Performe Time of Abatement:						cribe	City, State, Zip Co Aston, PA 19				7,00		
Scope of Work (Check a	all that apply)		210000			-							
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			Rend Dem				Mini-End     Gloveba	tainment with Neg closure g Procedure empted (*) and Nor		ıre			
				ocat						Ab	atem	ent T	уре
Location Asbestos-Containing TO BE AB IN Faci (13)	g Material (ACM) ATED ility	(	Used Main Custo	tena dial ( (12)	ely by nce/ Staff?		Description of stos Containing Ma ., thermal systems surfacing, VAT other miscelland	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Through-out		Y	es	No ⊠	N/A	VAT / N	lastic		2935 SF				
Through-out				  X		Texture	ed Ceiling		3125 SF				
Through-out							sulation		250 LF				
Through-out				 	1	Caulk			100 LF			П	
Name of Registered Wan.E.T.S.	aste Hauler	-		N	JDEP V lauler II	Naste No.	Cubic Yards of Waste 30	Name of Regis					
City, State Hazelton, PA				*			Disposal Date TBD	City, State Imperial, P	A				
Completed By (Print or Mark Griffin	Type)	Title Esti	imato	or			Signature	44	0	ate /	0	13	?
ACD 44			7.	00000	Market Street			J		1	1		

ASB-41 MAY 11

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

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			(Fuis	sualit ti	D MONC	5.00 and 12.120	,		- i	_W	I.	. 11
Date of Notification (1) 09/06/	2013				of Building al Patel	g Owner/Operator	(2)					
Agencies Notified  EPA DEP	Type Notificat	ion		22 St	Address adtmaue		· van sp	- OLI	T 0	2013		
DOL	Amendme	nt #_ y (including	-		tate, Zip C on, NJ 0'			ASBESTOS Line	CON	THO	1.8	_
DOH DCA	justification Cancellation	n)	T		of Contac I Patel	t		Telephone Numb	oer	4		
	_			FAC	ILITY INF	ORMATION						
Name of Facility Where Residence	Abatement is Ta	aking Place	(3)				Type of Facilit	12)				
Street Address 48 Sicard Street								r 8 (Other than K-1 2 private & commercia c.)		ngs,		
City (5)					_	-	Square Feet 1,500 SF	# of Floors	Bld 60-	g. Ag	е	$\neg$
New Brunswick County (6)					ty Code (	7) (STATE		Prior if being demolis				=
Middlesex	10 11 5 01			10000000	-	Name of Abatem	nent Contractor (			_	_	=
Name of Monitoring Fire (8) N/A	m Hired by Build	ing Owner		ASCM I	NO.	DIA Genera	I Construction					_
Street Address						Street Address 1360 Clifton,	Avenue, PM	1B Suite 218				
City, State, Zip Code						City, State, Zip C Clifton, NJ (						
Project Manager for Mo	onitoring Firm		Tele	phone I	No.	Telephone No. 973-389-00	189	License No. 00693				
Start Date (10)	Ts	cheduled C	omple	tion Da	te (11)	Name of OSHA	Monitor					_
09/17/2013		09/18/20				DIA Genera	I Construction	on, Inc.			_	
Occupancy Status Dur						Street Address		MB Suite 218				
Facility Closed/Vaca	ated During Entir	e Period of rmal Facilit	Abate v Hou	ment rs		City, State, Zip (		VID Gaile 2 To				_
Other - Describe:						Clifton, NJ C					_	
Scope of Work (Check  >3 sf or >3 If  >160 sf or >260 If	all that apply)		enovat emol			Mini-Er Goveb	nclosure ag Procedure	Negative Pressure	edure			
			Locati			IN IN OIL-C	Xempled [ / an	1		bate Typ	ment	
Locatio Asbestos-Containing <u>TO BE AB.</u> IN Facii (13)	Material (ACM) ATED lity	Use Mai C	ormall d Sole ntenar ustodi staff? (12)	ly by nce/ al	Asbes (i.e	Description of stos Containing Manager of the stos Containing Manager of the stose	aterial (ACM) insulation, Γ, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A	XX7: d o	w. Caulling		100 LF	XX			
Exterior		_	-	XX	Williad	w Caulking		100 21	73.73			
				NJDEP	Masta	Cubic Yards	Name of Re	egistered Landfill				
Name of Registered V Service Transport		#" X		Hauler II 2099		of Waste 2	Minerva					
City, State New Castle, DE						Disposal Date	City, State Waynest	ourg, OH				
Completed By		Title				Signature	$\wedge$	Date	(10010	,		
Krutarth Jagad		Project	Mana	iger		IV	1	09/00	5/2013	5		-



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

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

Date of Notification (1)			Nam	e of Buildin	g Owner/Operator (	2)		** * * ****	72	- :	111	
	13		So	merset E	ducational Servi	ces Commissio	on SEP 1	0 201	10			
Agencies Notified Type Notifie	cation	487-27-5	Stree	et Address			-012	<del>U 201</del>	10	375	7	
⊠ EPA ☑ Initial			7 1	Finderne A	Ave	į L.,			202000			
☑ DOLWD   ☐ Amende     ☑ DOH   Amende	10000		City,	State, Zip (	Code	, a.	**=\$100	CONTR	OL	8	1	
DOH Amendr		ina	Br	idgewate	r NJ	The Particular and		491.79				
(NJAC 5:23-8) justifica		iiig	Nam	e of Contac	ot .		Telephone	Number	Γ.,.			
☐ Cancell	ation		Jo	hn Davis		1	L			_		
			FA	CILITY IN	NFORMATION						6	
Name of Facility Where Abatement is	Taking Pla	ce (3)				Type of Facility (	4)				8.11	
Vacant Building						School (K-12)		14.40				
Street Address						☐ Subchapter 8 ☑ Other (i.e., pr			al bu	ilding	s	
7 Finderne Ave						homes, etc.)	rato and oc	J. 11111101010		9	<u>-,</u>	
City (5)						Square Feet	# of Floor	rs	Blo	lg. A	ge	
Bridgewater												
County (6)			Cou	unty Code (	7)(STATE USE ONLY)	Current Use (Pri	or if being d	emolishe	ed)			
Sommerset			C. T									
Name of Monitoring Firm Hired by Bu	ilding Own	er (8)	ASCI	Λ No.	Name of Abateme	ent Contractor (9)						30000
Briggs Associates					ALL PRO MA	NAGEMENT LI	_C					
Street Address					Street Address							
3 Crosswick St					27 Outwater	Lane						
City, State, Zip Code					City, State, Zip C	ode						
Bordentown NJ					Garfield NJ 0	7026						
Project Manager for Monitoring Firm		Te	lephon	e No.	Telephone No.	Mark Serfessor C	License I	No.	-			
Micheal Hoodak			609 29	8 5520	973 928 4888	Œ.	1188					
Start Date (10)	Scheduled	Comp	letion D	ate (11)	Name of OSHA N	Monitor	-		2010		-	
09 /16 /13	10	1_	16 /	_13_	ALL PRO MA	NAGEMENT LI	_C					
Occupancy Status During Abatement	(Check on	y one)			Street Address							
☑ Facility Closed/Vacated During En	tire Period	of Abat	ement		27 Outwater	Lane suite B						
☐ Abatement Performed Outside of I					City, State, Zip C	ode		<del>- 100</del>	Amirata	-		
Time of Abatement:AM	PM/	P	ν	_AM	Garfield NJ 0	7026						
Scope of Work (Check all that apply)		72.										
☐ ≥3 sf or ≥3 lf	П	Renova	ation		☐ Full Con	tainment with Neg	ative Pressi	ure				
⊠ ≥160 sf or ≥260 lf		Demoli			☐ Gloveba	g Procedure						
					Non-Exe     Non-Exe	mpted (*) and Nor	n-Friable Pro	ocedure				
		Is Loc							Aba		ent T	ype
Location of Asbestos-Containing Material (AC	M L		olely by	Ash	Description of estos Containing Ma		Amou	nt	Re	Re	En	Ē
TO BE ABATED		Mainter		(i.e	e., thermal systems	insulation,	(Speci	ify	Removal	Repair	cap	Enclosure
IN Facility (13)	'	ustodia (12	ıl Staff? 2)		surfacing, VAT other miscellane		SF or L	.F)	a		Encapsulate	Ee.
(13)	Ye	1 1	- Domestica	<b>A</b>	Other miscellane	ous)					6	
Roof				Entire	roof		12,050	SF	$\boxtimes$		П	
2 <sup>nd</sup> Floor		1		Floor 1	5 - 5 A A A A A A A A A A A A A A A A A		1,400					
Z FIOOI	_	_		FIOOF	ille		1,400	31	1			
											Ц	
Name of Registered Waste Hauler				Waste	Cubic Yards of	Name of Regis		ill			*	
ALL PRO MANAGEMENT LLC				ID No. 4860	Waste As Needed	IESI Landfi	11					
City, State					Disposal Date	City, State						
Garfield NJ					TBD	Bethlehem	, PA			/		
Completed By (Print or Type)	Title				Signature	-///	•	Date	0/	1	/	
Zvonko Veskov	Pres	ident			1 5	1/1/		19	1/	0/	13	6
ASB-41					74	604		/	/	/		
JAN 13	* Do I	ot use	this for	m for asbes	stos licensure exemp	oted activities.						



Date of Notification (1) 09/06/2013					Building ( th of Lea		perator	(2)		E	C E	, 1	W	E	n	
Agencies Notified	Type Notification		$\dashv$	Street Ac	<u> </u>				11 500				-	-		
EPA DEP	Initial Amended		- 1		te, Zip Co	2004.1001.001.201				S!	D 1	0 2	013		<u> </u>	-
DOL	Amendment Emergency		_	Leonia	, NJ 076					9						
DOH DCA	justification) Cancellation			Name of Jack To						Tale	onhone	K11		7.7		
☐ DCA	Cancellation			<u> </u>	LITY INFO	RMATI	ON				•			*******		
Name of Facility Where		g Place (3)		171011				Type	of Facility (4)	)		5-2-15-7-11/16				
Leonia Recreation	Center								School (K-12		ar than	V 12\				
Street Address 370 Broad Street								×	Subchapter 8 Other (i.e. pri				build	lings,	home	es,
City (5)	<u> </u>								etc.) re Feet	# of	Floors		В	dg. A	ge	
Leonia								, Reda Mediada								
County (6) Bergen				County C	Code (7) ISE ONLY				nt Use (Prior		ng dem	olishe	d)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM		100000000000000000000000000000000000000	Name		tement Cont		(9)					
		· · · · · · · · · · · · · · · · · · ·							ki Corpora		(-)					
Street Address				•				Addres	ss nung Ave						7.7	
City, State, Zip Code									ip Code			4				
									nge NJ 070	052						
Project Manager for Mor	nitoring Firm			Telephor	ne No.		100000000000000000000000000000000000000	hone No 243-9			Licen: 0117	se No. '1	9			
Start Date (10) 09/09/2013		Schedule 09/10/2		npletion [	Date (11)		Name	of OSH	A Monitor				-			
Occupancy Status Durin	ng Abatement (Ched	k Only On	e)				Street	Addres	SS							
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norr						City, S	State, Z	ip Code							
Scope of Work (Check A												<del></del>				
23 sf or ≥3 lf	чи тисториу)	X R	enova	ation				] Ful	I Containme	nt with	Negat	ive Pre	essur	re		
≥160 sf or ≥260 lf		-	emoli				2	→ Mir	ni-Enclosure ovebag Proce							
								No	n-Exempted		d Non-l	Friable	Pro	cedur	е	
		1,000	Locat	100										Abate Ty	ment pe	
Locatio Asbestos-Containing	110 T/A	Use	d Sole	ly by	Asbes	De: tos Cont	scription aining I		(ACM)	А	mount				Е	
TO BE AB	BATED			nce/ Staff?		thermal		s insula			Specify or LF		Ren	Re	Encapsulate	Enclosure
(13)			(12)				niscella		-	0,	0, 2,		Removal	Repair	sula	osure
		Yes	No	N/A											te	w
1st Floor- futur	e bathroom		Х		pip	e insula	ation-	glove	bag		8lf		x			
1st Floor- futur	e bathroom		x		pipe	insula	tion- v	wrap 8	k cut		30lf		x			
								D. CHANGE CO.								
Name of Registered Wa	ste Hauler			JDEP W	aste	Cubic	Yards		Name of F	Registe	ered La	ndfill				
Kielczewski Corpora				lauler ID		of Wa	131		Conesto	37.0						
City, State West Orange, NJ		Α.					sal Date		City, State Morgant		PA					
Completed by Slawomir Kielczews	ski	Title Presi	dent			S	ignatur ()	m W	sli			Date 09/		2013		

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

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

2.2	2013-154		(Pursua	ant to N	JAC 8:60	)-/ and	u 12.	120-1)		Check #60	94			_		
B & G proj. #:	2010 10							FRE	11 1	TET	11					
Date of Notification	(1)	Name of	Building O	wner/Oper	rator (2)		- 1	區區店	<u> </u>							
019/1016		Denn	is Hoover							111	卅					-
Agencies Notified	Type Notification	Street A						SEP 1	0 2	013	7	123	20.0			
☐ EPA	Initial		rospect S							<del></del>	7					_
☐ DEP		City, Sta	ate, Zip Cod	e	204	į		ASSESTO	a non	TROL&						_
DOL DOL	☐ Amendment		nardsville	, NJ 079	124	1		ASSIST OF	7	Telephone N	omol	1	•			
₩ DOH			f Contact			1	L			9		-				_
☐ DCA	☐ Cancellation	Der	nnis Hoov	er												_
			F	ACILITY	INFORMA	TION				5 = -11i4 · /4\						_
was a second		ing place (3	<u> </u>						Type o	of Facility (4) School (	K - 12	2)				
Name of facility v	vhere abatement is tal	king place (o	,			12				Subchap	ter 8	(Other	than K	(-12)		
Dennis Hoov	/er								9	Other (Pr	ivate	/Comm	ercial			
Street Address									0	Bldgs./Horre Feet #	of Flo		E	Bldg.	Age	_
34 Prospect	Street								Squa	ile Leer   "						_
		County (6	5)			Count	ty Cod use o		Curr	ent Use (Price	or if b	eing de	molish	ned)		
City (5) Bernardsvil	le	Somerse	et						resi	idential					_	_
		S0200 3011 3000 1011 100		T AS	SCM No.	111	Name	of Abatement	Contrac	ctor (9)						
Name of Monito	oring Firm Hired by Blo	ig. Owner (o	,	1			В&	G Restoration	on, Inc	·				_		
202	N/A							Address								
Street Address							105	Ryerson Ro	ad		-					
								tate, Zip Code								: ::::::::::::::::::::::::::::::::::::
City, State, Zip (	Code						Lir	ncoln Park, N hone Number	13 0 70.	53	Lice	nse Nu	ımber			Commission for
S. in d Manage	r for Monitoring Firm		Phone	Number				3-696-6869			03	78		_		==-
Project Manage	, 10, 11,							e of OSHA Mo	nitor							
Scheduled Star	t Date (10)	Sched. C	ompletion I	Date (11)				& G Restorat	tion, In	ic.						
09/16/201		09/17	7/2013					et Address								
	Aug During Abatemen	(Check only	y one)				10	5 Ryerson R	oad		_					
The second secon	during	antire nellou	UI aparonia	ent.			City,	State, Zip Cod	ie							15
☐ Abateme	ent performed outside	of normal fac	cility hours-				1	incoln Park,	NJ 070	)35						
Describe	escribe:					$= \bot$		meeni	==			wrap &			_	
Scope of Wo	rk (check all that apply	()					Full C	ontainment w/	negativ	e pressure		Gloveba				
☐ Demolit	tion 🗹	Renovation				1177		enclosure				Non-fri	able p	roce	dure	
<u>₩</u> > <u>3</u> sf or	>3 If	≥160 sf or ≥	260 lf										R	R	E n	E
Locatio		Is location	normally us nance/custo	ed solely dial		intion of	f aches	stos-containing		Amount (Specify	SE	nr.	m	р	C	n c
asbesto	os-containing	staff(12)	lancerouste		mater	ial (ACN	И)			(Specify	01 0		o v	a	a p	L
materia	al to be in facility (13)	Yes	No	N/A									e	-	H	+
abateu	, iii iao			X	pipe ins	ulation	n n			81 lf				片	片	十六
basement				<del>-</del>	boiler in	nsulatio	on			38 sf			帯	片	情	恄
basement		-									_		卄	片	怙	
		+=									_		卡	恄	10	
		-					- 1	lame of Regist	ered La	ndfill	_		-1	1-		
	Waste Hauler	NJD	EP Hauler I	D# (	Cubic Yard	s of Was	ste   N	lame of Regist Tullytown R	esourc	e & Recove	ery C	Center				
Registered V	storation, Inc.	19:	563	Disposal		- 900		City, State								
City State				09/10	/2013		_	Tullytown,			-	Date				
Lincoln 1	Park, NJ 07035	Title			Signatu	ire	9	jordana Lu	ma				6/20	13		
Completed	by (Print or Type)	Title	(20)				8	pe			_	-				5555555

Completed by (Print or Type)

Gordana Luna

Secretary/Treasurer

### State of NJ

Check #6095

B & G proj. #: 2013-160

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

Date of Notification (1)	111	lame of B	uilding Owr	ner/Operator (2)	)						
0 9 1 0 6 1 1 3		Cassar	dra Caca	vella		TO EC	FINE				
Agencies Notified   Type Notificat	ion	treet Add	VIII.							3.080	
DEP Initial			na Vista	Avenue		(177)	4.0 0/11/1				
DOL Amenda			, Zip Code ile, NJ 07	642		SEP	1 0 2013				
☑ DOH _	1.1	ame of C	ontact			ASSEST	Telephone	Number I			57
☐ DCA ☐ Cancell	ation	Cassa	ndra Cac	avella		Pons					
			FAC	ILITY INFORM	MATION	l					
Name of facility where abatement i	s taking pl	ace (3)					Type of Facility (4	4) (K - 12)			
Cassandra Cacavella					41		Subcha	apter 8 (Other	than K	-12)	
Street Address								Private/Comm Homes, etc.	ercial		
22 Buena Vista Avenue								# of Floors	В	dg. Ag	ge
City (5)	Cou	nty (6)			1	nty Code (7)			<u> </u>	D.	
Hillsdale, NJ	Ве	rgen			(Sta	te use only)	Current Use (Pr residential	ior if being de	molish	ed)	
Name of Monitoring Firm Hired by	Bldg. Own	er (8)		ASCM No.	٦,	Name of Abatement Co	intractor (9)				
N/A						B & G Restoration,	Inc.				-
Street Address						Street Address					
City, State, Zip Code						105 Ryerson Road City, State, Zip Code					
City, State, Zip Code						Lincoln Park, NJ (	7035				
Project Manager for Monitoring Firm	1	TF	hone Num	ber		Telephone Number		License Nun	nber		
	,					973-696-6869		0378			
Scheduled Start Date (10)	Sched	. Comple	tion Date (1	1)		Name of OSHA Monito  B & G Restoration					
09/18/2013	09	/19/201	3			Street Address	, mc.				
Occupancy Status During Abateme	nt (Check	only one)				105 Ryerson Road		+			
Facility closed/vacated during Abatement performed outside						City, State, Zip Code					
Describe:					=	Lincoln Park, NJ (	7035				
Scope of Work (check all that appl	y)							wrap & c	ut	_	8
☐ Demolition ☑	Renovation	on			25.5	ull Containment w/nega	tive pressure	Glovebag p			
	≥160 sf or	708			M V	Mini-enclosure		Non-friable		_	
Location of		n normall enance/cu	y used sole istodial	1			Amount	e R	R	n	E
asbestos-containing material to be	staff(12)	т		Descripti material	ion of a (ACM)	sbestos-containing	(Specify S	For m	p	c a	C
abated in facility (13)	Yes	No	N/A		M		LF)	v e	i	p	L
basement			X	pipe insula	ation		8 If				
basement			X	fittings			26 fittings			M	
basement			X	pipe insul	ation		12 lf		早	Ø	뷰
									뷰	片	쓔
Designated Waste Herries	L	EP Haule	- ID# 1 /	Cubic Yards of	Waste	Name of Registered L	andfill			<u>LLI</u>	1
Registered Waste Hauler  B & G Restoration, Inc.		563	110#	1 yard	714316	Tullytown Resource	e & Recovery	Center			
City, State			Disposal			City, State		-200			
Lincoln Park, NJ 07035			09/20/			Tullytown, PA		Date			
Completed by (Print or Type)	Title Secretar	v/Treasi	ırer	Signature		Gordana Luna		09/06/20	13		

2013-152C

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

B & G proj. #: 2013-1520		* F	Project	Resume &	new	footages *		Check # 6	5093	_	_		-
Date of Notification (1)	Name o	f Building	Owner/O	perator (2)									
0 19 / 0 6 1/ 1 13	Colle	ege Aven	ue Re	developmer	nt As	sociates IEC	7	IVE					
Agencies Notified   Type Notification	Street A	ddress											
EPA	120	Albany S	Street			19 14		5015	<del>           </del>			_	
☐ DEP Resume	City, St	ate, Zip Co	de			J LI SEP	1 (	2013					
DOL Amendme		v Brunsw	rick, N	J 08901	-			-Telenhone	lumber	_	-		
DOH On hold	The Property of the Control of the C	of Contact				ASBEST	OS O	Telephone	1				
☐ DCA ☐ Cancellation	Day	vid Chris	tianser	n			02,40		-		_		=
			FACILIT	TY INFORMAT	ION						ř		
Name of facility where abatement is t	aking place (3	)					Туре	of Facility (4) School	(K - 12)				
									oter 8 (Oth	ner tha	n K-1	2)	
Vacant Building						-		Other (P	rivate/Cor	nmero			
Street Address				5.			Saut		omes, etc	_	Bldg	. Age	-
3 Seminary Avenue					Caura	ty Code (7)	Squ	ale rect	01110010		187		
City (5)	County (6	)				e use only)	Cur	rent Use (Prid	or if being	demo	lished	)	
New Brunswick, NJ 08901	Middles	sex			70			idential ho	using		_		
Name of Monitoring Firm Hired by Bl	dg. Owner (8)		1	ASCM No.		Name of Abatement							
The Louis Berger Group, Ir	ic.				_11	B & G Restorat	ion, Ir	nc.					
Street Address						Street Address 105 Ryerson F	Road						
412 Mount Kemble Avenue	) 					City, State, Zip Code							
City, State, Zip Code Morristown, NJ 07960						Lincoln Park,		7035					
ANNUAL DESCRIPTION AND ADDRESS OF THE PROPERTY		Phone	Numbe		-	Telephone Number			License		er		
Project Manager for Monitoring Firm		100000000000000000000000000000000000000	07-100			(973)696-686			00	378			
Craig Napolitano	Sched. Co					Name of OSHA Mon		nc					
Scheduled Start Date (10)	10/05/2		V	-		B & G Restora Street Address	tion, i	ric.			-		
08/26/2013	- Alexandrian		7		-	105 Ryerson F	Road						
Occupancy Status During Abatement  Facility closed/vacated during of	(Check only o	one) if abatemei	nt.			City, State, Zip Code							
Abatement performed outside	of normal facil	ity hours-											
Describe:					-	LincolnPark, N	IJ 070	)35					_
Scope of Work (check all that apply	)										- 54		
Demolition	Renovation			4		ull Containment w/ne	egative	S. Consection State of the District Co.	Glove				
	≥160 sf or ≥26	60 If			X	Mini-enclosure		- 1	₩ Non-fr	I R			
	Is location no	rmally use	d solely					Amount		e	R e	E n	E n
Location of asbestos-containing	by maintenar staff(12)	nce/custod	iai	Description material (	n of a	sbestos-containing		(Specify S	F or	m	p	c	c
material to be abated in facility (13)	Yes	No	N/A	material (	ACIVI)			LF)		v e	i	p	L
Section of the sectio	100			nine incul	2000	oc w/mudded joir	nts	20 If		X			
behind walls 1st & 2nd floors			X	glue behin	1000		-	300 sf		X			
1st,2nd,3rd fl bathrooms			×			derior window fram	nes	1,450 lf		X			
Exterior Facade													
											Ш	Ш	
Registered Waste Hauler		Hauler ID#	C	ubic Yards of V		Name of Registere	Reso	ifill urce & Red	coverv (	Cente	er.		
B & G Restoration, Inc.			sposal D	12 yards		City. State		uice a nei	-V-1-V-1	7111			
City, State Lincoln Park, NJ			08/2	6/13 - 10/07	7/13	Tullytowr	ı, PA		7.			-	
Completed by (Print or Type)	Title			Signature	-315.55	Gordana Luna			Date 09/	06/20	13		
Gordana Luna	Secretary/	Treasure	er			giriiinii sexinii				30120			

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

2013-152C B & G proj. #:

Check # on-hold Name of Building Owner/Operator (2) Date of Notification (1) College Avenue Redevelopment Associates LLC 0 18 1/12 13 1/11 13 1 Type Notification Agencies Notified 1 0 2013 ☐ EPA 120 Albany Street Initial ☐ DEP City, State, Zip Code AL Amendment New Brunswick, NJ 08901 X DOL Telephone Number On hold Name of Contact DOH Cancellation David Christiansen ☐ DCA FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) Vacant Building Other (Private/Commercial Bldgs./Homes, etc. Street Address # of Floors Bldg. Age Square Feet 3 Seminary Avenue County Code (7) County (6) City (5) Current Use (Prior if being demolished) (State use only) residential housing Middlesex New Brunswick, NJ 08901 Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) The Louis Berger Group, Inc. B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road 412 Mount Kemble Avenue City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Morristown, NJ 07960 License Number Telephone Number Project Manager for Monitoring Firm Phone Number (973)696-6869 00378 973-407-1000 Craig Napolitano Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. Street Address 09/07/2013 08/26/2013 105 Ryerson Road Occupancy Status During Abatement (Check only one) City, State, Zip Code Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-LincolnPark, NJ 07035 Describe: Other-Describe: Scope of Work (check all that apply) ☐ Full Containment w/negative pressure Renovation Demolition Non-friable procedure Mini-enclosure ≥160 sf or ≥260 lf >3 sf or >3 If E is location normally used solely е n Location of by maintenance/custodial Amount n Description of asbestos-containing m p C asbestos-containing (Specify SF or С staff(12) 0 material (ACM) a a material to be LF) abated in facility (13) N/A No X 200 lf pipe insul. assoc w/mudded joints behind walls 1st & 2nd floors Name of Registered Landfill Cubic Yards of Waste NJDEP Hauler ID# Registered Waste Hauler Tullytown Resource & Recovery Center 5 yards B & G Restoration, Inc. 19563 Disposal Date City, State Tullytown, PA 08/26/13 - 09/07/13 Lincoln Park, NJ Signature Gordana Luna Completed by (Print or Type) 08/23/2013 Secretary/Treasurer Gordana Luna

## State of NJ Notification of Asbestos Abatement

B & G proj. #:	2013-17	3	£3	(F	Pursu	ant to NJAC	8:60	-7 and 12:120-7)	Ql		^			
Date of Notification	(1)								Cnec	k#609	D			
019/016	1/1/3					wner/Operator (2 nent Partners,	1500	HD)_E_G	EIV	国历	1			
Agencies Notified EPA	Type Notific	ation	Street .	Address	3						#-			
DEP	Initial			Chur				SEP	1 0 2013					
<b>☑</b> DOL	Amen	dment	120000	tate, Zip w Brur		k, NJ 08901					Π	ŗ		
<b>☑</b> DOH		1	Name o	of Conta	ict				Telepho	ne Numi	lar.			
☐ DCA	☐ Cance	llation	Har	ry Lea	ake, F	Property Mana	ager		Тогорица	ine redita	le:	-		
					FA	CILITY INFORM	ATIC	N ·						
Name of facility whe		is taking	place (3)	)			180		Type of Facility					
Due Mari Resta	aurant								=	ol (K - 1				
Street Address							_			hapter 8			-12)	
78 Albany Stre	et								Bldgs	(Private/ /Homes,	etc.	ercial		
City (5)		C	ounty (6)				Co	unty Code (7)	Square Feet	# of Fig	ors	Bk	dg. A	\ge
New Brunswick	k, NJ	Mi	ddlesex			v .	72230	ate use only)	Current Use (F	rior if be	ina der	nolishe	ed)	
Name of Monitoring	Firm Hired by	- 1		1					Restaurant					
Louis Berger &			mer (o)			ASCM No.		Name of Abatement C	7.7.					
Street Address	7,0000, 1 0		-				_	B & G Restoration	, Inc.					
412 Mount Kem	nble Avenu	е			**			Street Address						
ity, State, Zip Code						<del></del>	-	105 Ryerson Road City, State, Zip Code						
Morristown, NJ							.	Lincoln Park, NJ	17035					
Project Manager for N	Monitoring Firm	n		Phone	Num	ber	_	Telephone Number	07033	Licens	e Numb	er		
Craig Napolitano	o, CHMM			973-	107-1	000		973-696-6869		0378		1		
Scheduled Start Date	(10)	Sch	ed. Com	oletion I	Date (1	1)		Name of OSHA Monito	•			1000		
09/16/2013	10	0	9/21/20	)13				B & G Restoration Street Address	, Inc.					
Occupancy Status Du							$\neg$	105 Ryerson Road						
Facility closed/v. Abatement performance Describe:	acated during ormed outside	entire pe of norma	eriod of al	bateme hours-	nt.		ŀ	City, State, Zip Code					-	<u> </u>
Other-Describe:	shift 4:00	om - 12	30am				-	Lincoln Park, NJ 0	7035					8
Scope of Work (check	k all that apply	y)			Collinson-			, , , , , , , , , , , , , , , , , , , ,	-	7 11/202	& cut			_
Demolition		Renovat	ion				Ø F	ull Containment w/negat	ive pressure [		bag pro		_	
$\square > 3 \text{ sf or } > 3 \text{ if}$		≥160 sf c	r ≥260 lf				_	/lini-enclosure			friable p			
Location of		Is locati	on norma	ally used	solel	у	-		T		R	RI	E	_
asbestos-contain material to be	ning	by main staff(12)	tenance/	custodia	al	Description	n of a	sbestos-containing	Amount		e	е	n	E n
abated in facility	(13)	Yes	No		NI/A	material (A			(Specify S	F or	m o	p	c a	C
			140		N/A						V e	i	р	L
asement Irg stor					X	VAT & mast	_		665 sf					
asemnt rear stor	age room			7	X	VAT & mast	tic		276 sf					
			-											
			-	4							<u>I</u>			
gistered Waste Haul	er	INIT	EP Haul	ar ID#	TC	ubic Yards of Wa	2010	None (D. id. III	1511					
& G Restoration,			563	CI ID#		10 yards	asie.	Name of Registered La Tullytown Resource		Center				
ty, State Lincoln Park, NJ 0	7035	1			osal D			City, State	32 Addovery					
mpleted by (Print or		Title		_]	10/	Signature	_	Tullytown, PA					_	
Fordana Luna	.,,,,	Secretar	y/Treas	urer		o.g.iataic		Gordana Luna		Date 09/06	/2013			

09/06/2013

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			۲.	uisuai	it to NOA	0.00 and 5.10	EN E		77 F	-3 p-	7	
Date of Notification (1)		A. P. C.		0-07		Owner/Operator (	2)		y (i	7 1	7)	
9 / _	9 / _	13		Cou	unty Coll	ege of Morris						
Agencies Notified	Type Notifica	~		Street	Address		Til hi	SEP 1 0 20	12	111	111	
		thase 1		214	Center (	Grove Road		SEF 1 U 20	13	, , ,,	7	
□ DEP     □ DCA (NJAC 5:16)	Amended Amendme			City, S	State, Zip C	Code				i	T	
DHSS	Emergend		na	Rar	ndolph, N	J 07869	AS	BISLUY CONTI	301	ì		
DCA	justificatio	n)	3	Name	of Contac		<u> </u>	Telephone Numb	er			
(NJAC 5:23-8)	☐ Cancellati	on		Joe	Ponturo	i						
				FA	CILITY IN	FORMATION						
Name of Facility Where A	Abatement is T	aking Plac	e (3)				Type of Facility	(4)	00			
Sheffield Hall - Cou	inty College	of Morri	s				☐ School (K-12					
Street Address								3 (Other than K-12) rivate & commercia	l huild	inas		
214 Center Grove F	Road						homes, etc.)	ivate a commercia	Dano	migo,		
City (5)	-						Square Feet	# of Floors	Ble	dg. A	ge	
Randolph							10,000	2		50+		
County (6)				Cour	nty Code (7	)(STATE USE ONLY)		or if being demolish	ned)			
Morris							Classrooms	Te .				
Name of Monitoring Firm		ling Owne	r (8)	ASCM		Name of Abateme						
Whitman Environm	ental			001	10		nvironmental S	Systems				
Street Address						Street Address						
7 Pleasant Hill Rd							lehem Pike - S	uite 60				
City, State, Zip Code	_					City, State, Zip C						
Cranbury, NJ 08512						Spring Hous	e, PA 19477					
Project Manager for Mon	itoring Firm			lephone		Telephone No.	>:	License No.				
Kevin Lovely		Sala ad ad a ad		732 644		215-542-7000		00847				
Start Date (10) 9/11/	and the same	Scheduled a		etion Da		Name of OSHA N	ionitor					
				.0_ /	13				2			
Occupancy Status During						Street Address	l-1 Dil 0	-: 00				
□ Facility Closed/Vacate     □ Abatement Performed					cribe		lehem Pike - S	uite 60				
Time of Abatement:						City, State, Zip C						
Scope of Work (Check a	I that apply					Spring Hous	E, PA 19411					
	іі шасарріу)					☐ Full Con	tainment with Neg	gative Pressure				
≥3 sf or ≥3 lf			Renova Demoli			☐ Mini-End	closure g Procedure					
☐ ≥160 sf or ≥260 lf		Цι	emon	uon				n-Friable Procedur	е			
			Is Loc						Ab	atem	ent T	уре
Location		111	Norm	ally lely by		Description of			71	л	Е	Tm
Asbestos-Containing TO BE ABA				ance/	Asbe	stos Containing Ma rmal systems insul	aterial (ACM)	Amount (Specify	Remova	Repair	nca	nclo
IN Facil		Cı	istodia (12	I Staff?	(1.6., 116	VAT, or		SF or LF)	oval	Ę.	Encapsulate	Enclosure
(13)					-	other miscellane	ous)				late	0
		Ye	s No	N/A								
Classrooms				$\boxtimes$	Fitting-	Elbow/Joints-te	nt/glove bag	9 LF	$\boxtimes$			
Classrooms				$\boxtimes$	Fitting-	Elbow/Joints-W	rap & Cut	20 LF	$\boxtimes$			
Classrooms				$\boxtimes$	Non Fr	iable Fume Hoo	d Transite	36 SF	$\boxtimes$			
Classrooms				$\boxtimes$	Transit	e wall board par	nels	50 SF	$\boxtimes$			
Name of Registered Was	ste Hauler			NJDEP		Cubic Yards of	Name of Regis	stered Landfill				
Allied Waste				Hauler I	D No.	Waste 3	Conestoga	Landfill				
City, State						Disposal Date	City, State					
Telford, PA						9/20/13	Morgantov	vn, PA				
Completed By (Print or T	ype)	Title				Signature	cen Vi	and a second	te j	, /	et est	
Patricia Visco		Office	Man	ager		Yalu	cin Vi	sco 9	10	1/6	3	



Date of Notification (1) 9/9/13	1 2		ne of Building vay	Owner/Operato	r (2)	) SE	P 1 (	2013				
Agencies Notified Type No		100000000000000000000000000000000000000	et Address Litho Road		-	<u> </u>			أحدر			
	al ended endment #	- 77.22.53	, State, Zip Co enton, NJ 0									
✓ DOH just	ergency (including ification)	100000000000000000000000000000000000000	me of Contact	ki			Telep	hone Nur	nber	-		
	TOO HOLLOW	F	ACILITY INFO	DRMATION			1					
Name of Facility Where Abatemen B'way Street Address	t is Taking Place (3)					of Facility (4 School (K-12 Subchapter 8	2)	than K-12	2)			
6 Litho Road					[E]	Other (i.e. pretc.)						es,
City (5) Trenton					100,	re Feet 000	# of F	loors	3(3)	ldg. A 0+	ge	
County (6) Mercer			unty Code (7) ATE USE ONLY	)	Curre	nt Use (Prio	r if being	demolish	ned)		90	
Name of Monitoring Firm Hired by TRC	Building Owner (8)	A	ASCM No.	11 010000000000000000000000000000000000		tement Cont es, LLC	tractor (9	))				
Street Address 11231 Cornell Park Drive				10 100 100 100 100 100 100 100 100 100	t Addres West	ss Lincoln Hi	ighway	, Suite	500			
City, State, Zip Code Cincinnati, OH 45242				A 000000000000000000000000000000000000	State, Z on, PA	ip Code 19341						
Project Manager for Monitoring Fir Gerry Beaudoin	m	100000000000000000000000000000000000000	ephone No. 3-519-7279	7	hone N -872-8		1 5	icense N 01161	0.			
Start Date (10) 9/21/13	Scheduled 9/23/13	Comple	etion Date (11)	Name EMS		HA Monitor						
Occupancy Status During Abatemo					t Addres	ss 130 Nort	h					
Facility Closed/Vacated Durin Abatement Performed Outsid Other – Describe:				100000	State, Z	ip Code son, NJ						
Scope of Work (Check All That Ap	ply)				narrii i	3011, 140	-			-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novation nolition	1		Mir Glo	l Containme ni-Enclosure ovebag Proc n-Exempted	edure	.50.			Э	
2 10 10 10 10 10 10 10 10 10 10 10 10 10	700	cation					()		1.00	Abate Ty	ment	
Location of Asbestos-Containing Material ( TO BE ABATED In Facility (13)	(ACM) Used S Mainte Custod	mally Solely b enance/ lial Staff 12)	Asbes	Description tos Containing thermal system surfacing, V other miscella	Material ns insula AT, or		(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
Bottom of oven	Yes	No N	N/A	heat panels/	transit	Δ	~600	0 SF	x		w	
Bottom of over	-   ^			rieat parieis/	transit				1			
Name of Destate and NAT - 1-11.		N. IDI	EP Waste	Cubic Yards		Name of F	Pagistora	d Landfi				
Name of Registered Waste Hauler Waste Management		100000000000000000000000000000000000000	er ID No.	of Waste		GROWS	0.070	eu Lanum	•			
City, State Trenton, NJ				Disposal Dat TBD	е	City, State Morrisvi						
Completed by Jack Bally	Title Sr. Pro	ject M	anager	Signatu	re L	Ball	y of	T .	ate /9/13			
ASB-41 (R-06-08)	-			(*)Do 1	not use	this form for	/\		e exen	npted	activi	ties.

U505194

Date of Notification (1)	6-4-10		ame of I tepan C		g Owner	r/Operator (2)			$\parallel$			
Agencies Notified	Notification Type	S 20	treet Ad 01 4 <sup>th</sup> st	dress			SEP 1	0 2013	$\parallel$			
☐ EPA ☐ DEP X DOL ☐ DOH ☐ DCA	Initial x  ☐ Amended  Amendment #  ☐ Emergency (Including Justification)  ☐ Cancellation	F N	ity, State ieildsdor ame of 0 ohn m	ro NJ Contac	08505		OLI I	Telephone Nun	nber	9		
			FACIL	I YTI.	NFORMA	ATION			*****			-
Name of Facility Where A Street Address 201 4 <sup>th</sup> st	Abatement is Taking Place	(3) Step	oan Co.			A-2-2-3				ldin	ns.	
City (5) Fieildsboro		W					homes, etc Square Feet		20.1810-022-03	g. A	111	
County (6) Burlington					unty Coo	de (7) (STATE	Current Use (	l prior if being demol	I ished)			
Harvard Environmer Street Address	60 Pulaski Highway City, State, Zip Code				Coun	of Contractor (9) ty Environmen Address Iew Churchma		-				-
City, State, Zip Code New Castle, DE 197	60 Pulaski Highway  City, State, Zip Code  New Castle, DE 19720  Project Manager for Monitoring Firm				City St New	ate, Zip Code Castle, DE 197						
Wesley Morrison	New Castle, DE 19720 Project Manager for Monitoring Firm					one Number 322-8946 of OSHA Monitor		License Number	er			_
09-18-13	(09/18/13 g Abatement (Check only of				Coun	ty Environmen	ital					$\dashv$
Facility Closed/Vacate Abatement Performed Other – Describe:	ed During Entire Period of d Outside of Normal Facilit	Abatem			City, S	lew Churchma tate, Zip Code Castle, DE 19						
Scope of Work (Check at X ≥ 3 sf or ≥ 3 lf	ll that apply)				ovation olition	☐ Mini-Enclo		ive Pressure ebag Procedure on-Friable Procedur	e			
	*	ls	Locatio	n					Ab	ate		nt
Asbestos-Contain TO BE A	ion of ing Material (ACM) ABATED lity (13)	Use Ma	Normally ed Solely intenanc custodia Staff? (12)	by ce/	Asbe (i.e	Description stos Containing M s. thermal systems surfacing, VA other miscellan	laterial (ACM) insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Transite panels		Yes	No x	N/A		200		65 sf	X	4	1	
Transite panels			^					00 01				
Name of Reg. Waste Ha Service Transport (		91535.63	DEP Was No.2099		uler	Cubic Yards of Waste	Name of R Minerva	eg. Landfill				
City, State New castle DE						Disposal Date	City, State Waynesbu	rg OH				
Completed by Charles flowers	Title PM			7.5-2-2	(	Signature	Com	Date	-4	-/	3	

# CK3669

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

90		OF ASBESTOS A to NJAC 8:60 and		ME	(C)	- E	10.0	75
Date of Notification (1)	Name-of	f Building Owner/O	perator (2)		. (2-)			7
•	Ja	-mes	Riccia	$\sim$			0010	
Agencies Notified Type Notification	Street A	ddress	id Clica	ILL L	5E	10	2013	12
EPA Initial DEP Amended	City Sta	ite, Zip Code	vol Stre	2				1
DOL Amendment #_	12-	a LAON	I(A an	ASB	ESTO	7	Jim	Se .
DOH Emergency (inclining justification)	Name of	Contact	7:	Telephone Nur	nber	×		
DCA Cancellation		WES !	Riccio	4				1
Name of Facility Where Abatement is Taking Pl	FACI	LITY INFORMATIO	N Type of Facility	(4)				-
James Ricc	40		School (K-	2007/104 2007/104				
Street Address	(1)		Subchapte	er 8 (Other than K-12 private & commerci	2) al buildi	nae h	omaa	
City (5)	reet		etc.)				- 7/	
Bayonno NI	07-00	) —	Square Feet	# of Floors	Bio	dg. Age	9	
County (6)	County (	Code (7) USE ONLY)	Current Use (P	rior if being demolish	ned)	-		1
Name of Monitoring Firm Hired by Building Own			Name of Abatement Co	entractor (Q)				
GNPATP. UCEN	immental		SITE FI	HOVDV	ica	0	100	١.
Street Address	vices _		Street Address	-11	100	1	1111	
Sty Southnew Te	wace So	outh	815 12+	n St.				
Middle-town NIT	0774	0	City, State, Zip Code	aton a	T	OP	100	,
Project Manager for Monitoring Firm	Telepho		Telephone No.	Licerise N	0.	00	03.	T
Start Date (10), Iso	cheduled Completion I	The second secon		250 01	17	2		
19/19/12	9/27/1	Date (11)	Name of OSHA Monito					
Occupancy Status During Abatement (Check O	Only One)	-	Street Address					
Facility Closed/Vacated During Entire Peri Abatement Performed Outside of Normal I	od of Abatement						_	
Other – Describe:	racility Hours		City, State, Zip Code					
Scope of Work (Check All That Apply)								
≥3 sf or ≥3 lf	Renovation		Full Containn	nent with Negative F	ressure	•		
2 ≥160 sf or ≥260 lf	Demolition		Mini-Enclosu Glovebag Pro	re ocedure				
			Non-Exempte	ed (*) and Non-Friab				
Location of	Is Location Normally				^	batem Type		
Asbestos-Containing Material (ACM)	Used Solely by Maintenance/	Asbestos Conta	cription of iining Material (ACM)	Amount	П		m	
TO BE ABATED In Facility	Custodial Staff?	(i.e. thermal s surfaci	systems insulation, ing, VAT, or	(Specify SF or LF)	Removal	Repair	Enclo	
(13)	(12)	other m	iscellaneous)		loval	pair	Enclosure	
	Yes No N/A						o U	
Basement of	X	Pipe-1	hermal	20 LF	X			
location			insimation	1				
Name of Registered Waste Hauler	NJDEP W	leate louis						
Cila Tiela accest	Hauler ID	No. of Wast	1000 5000 E	Registered Landfill	W	95-	te	
City, State	10035	000	I Data	L.R.T	ma	in	201	me
Hammonton.	NIT ORD	Disposi	al Date City, Sta	"LIHOU) r	N	A	100	27
Completed by	Title M: r	Si	gnature 2	Da	te /	1	140	OT
Kati DINatala	OHICE	Vlanage	r the	11	1/9	11	3	

Data (N. 110 III III								100	1 FF (5	12		-	-
Date of Notification (1)			Name o	f Building	Cumor/C	·			月屋里	. 1		W	<u> -:</u>
Agencies Notified Type Notification			Street A		wy	7,	tar	11	·		-,-,-,-		
EPA Initial				101	Jari	ms	ion Rd		SEF	)	10	0012	
DEP Amended Amendment	ŧ		10000	ate, Zip Co		\			÷			UIJ	
DOH Emergency (i		-		f Contact	Leu	03	ersey	. Te	lephone Nur	nher	-		-
DCA Gancellation				M.K	Q.	*9	Ü	1	Срионочец	IDGI		1 4	. de
Name of Facility Where Abatement is Taking	01	^\	FACI	ILITY INFO		ON						and solvering	
Sitar Realty C		30.5%					Type of Facility	0.000					
Street Address	2.11	xnx	1				School (K- Subchapte		er than K-12	2)			
1110 Narums	on T	35	J						& commerci		dings	, hom	es,
City (5)							Square Feet	# 0	f Floors	E	Bldg. /	Age	_
County (6)			Caumbu	Ond (7)			1600				6	3_	
Mormonth			(STATE	Code (7) USE ONLY			Current Use (Pr	ior if bei	ing demolish	ed)			
Name of Monitoring Firm Hired by Building O	wner (8	)	ASCN	d No.		Name	of Abatement Co	ntractor	(9)				
						Ace	Insulation Co.	, Inc.	., 0				
Street Address							Address						
City, State, Zip Code							lontrose Roa						
							Neck, N.J. 0	7722					
Project Manager for Monitoring Firm		T	Telepho	ne No.			one No.		License N	0.			
Start Date (10)	<u> </u>						294-1757		00029		la merce d		
9-16-13	Schedul C		opletion i	Date (11)		Name	of OSHA Monitor	1303			50000	500° p. 1500.	
Occupancy Status During Abatement (Check	Only Or	ne)				Street	Address						-
Facility Closed/Vacated During Entire Pe	eriod of	Abatem	ent										
Abatement Performed Outside of Normal, Other – Describe:	l Facility	/ Hours	U.			City, S	tate, Zip Code				-		
Scope of Work (Check All That Apply)													
23 sf or ≥3 lf	П	Renova	tion				] Eull Contains		N# - 5				
≥160 sf or ≥260 lf		Demoliti					Full Containm Mini-Enclosur	е	Negative P	ressu	re		
						<u> </u>	Glovebag Pro Non-Exempte		d Non-Friabl	e Pro	cedur	е	
		Locati				1					Abate	ement	
Location of Asbestos-Containing Material (ACM)	Use	vormali d Solei	y by	Achoe		cription		12		-	1)	pe	-
TO BE ABATED In Facility		intenar todial S		(i.e.	thermal	systems	aterial (ACM) insulation,		mount Specify	Z.	_	Enc	m
(13)		(12)			surfact other m	ing, VA	T, or eous)		or LF)	Remova	Repair	aps	Endosure
	Yes	No	N/A				codsy			<u>&amp;</u>	Ŧ	Encapsulate	ure
Interior			0		WY -	10				1			$\vdash$
exterior			V	Ca	<u> </u>	P. CX			WSh++.	7		_	
			-/-	Ca	UK			130	SyF1.	$\sim$		_	
								-			_	_	
Name of Registered Waste Hauler			JDEP W	10.70754	Cubic \	/ards	Name of	Registe	red Landfill				-
Ace Insulation Co., Inc.			auler ID 2086	No.	of Was	te 3	Grows						
City, State					Dispos	al Date	City, Stat	e					
Colts Neck, New Jersey					9-3	1-06	3 Tullyton		ı				
Completed by George Wuest	Title Presi	ident				gnature			Dat	8			_
3- 1,4001	ries	ueill			9	lorg	I welloof	<u>!</u>	(	1-5	>-/	3	
ASB-41 (R-06-08)					0	* Do not	use this form for	asbest	os licensure	exem	pted	activit	ies.

CK#2040

Print Form

Date of Notification (1)			Name o	f Building	Owner/0	Operator	(2)	KALI	1		-		11/1	F
9-5-13			() 1	-6161	020 0	01		USK	,U			1]	W	E
Agencies Notified Type Notification	Street A	ddress				0)110	1	-		75-129				
EPA Initial		L	102	Dur	can	AU	2		•	CEL		10	0113	
DEP Amended	4		City, Sta	ate, Zip Co	ode	VI 09	Transier in the	55428		OE.		1	UIJ	-
Amendment #		-		sey C	1 Ly	Ne	W.	Deser						
DOH justification)				f Contact	0			0	Tel	ephone Nun	nber			-
DCA Cancellation				277	00447	ON			R					_
Name of Facility Where Abatement is Taking	Place (3	3)	FACI	LITY (INF	ORMATI	ON	Type	of Facility	(4)					
Charowsky Reside							_	School (K-						
Street Address					-			Subchapte	r 8 (Oth	er than K-12	2)			
1931 East Kallway	AU	2					A.	Other (i.e. etc.)	private 8	& commercia	al build	dings,	home	es,
City (5)				1			Squar	e Feet	# of	Floors	В	ldg. A	ge	
	0 Ct						15	SOO		/		73	7	
County (6)		Q	County (	Code (7)	1		Curre	7 6		ng demolish	ed)			
Name of Monitoring Firm Hired by Building O			80	0.89			1	(R)	der	ile				
Name of Monitoring Firm Hilled by Building C	wher (8)		ASCN	NO.				tement Contion Co.		(9)				
Street Address						Street			, IIIC.					
								se Roa	4					
City, State, Zip Code						_		p Code						
								, k, N.J. 0	7722					
Project Manager for Monitoring Firm		Π.	Telepho	ne No.		Teleph	one No	D.		License No	0.			
			wm. 200 to 100 to 1			732-	294-1	757		00029				
Start Date (10)	Schedul			Date (11)		Name	of OSH	A Monitor						
9-12-13	7-		13											
Occupancy Status During Abatement (Check	300304 FOR	•				Street	Addres	is						
Facility Closed/Vacated During Entire Packet Abatement Performed Outside of Normal	eriod of A	Abatem	ent			City C	toto 7:	- 0-4-						
Other - Describe:	700	1.00.0				City, S	iale, Zi	p Code						
Scope of Work (Check All That Apply)												100-00		-
□ ≥3 sf or ≥3 lf		Renova	tion				] Full	Containm	ont with	Negative P				1
≥160 sf or ≥260 lf		Demoliti				F	Min	i-Enclosur	е	Negative F	ressur	E		1
	10					5	Glo Nor	vebag Pro	cedure	d Non-Friabl	e Pro	-edur		- 1
	Is	Location	on			7			4 / / 0110	1101111100	_		ment	$\neg$
Location of	1	Normali	у		Des	scription	of				_	Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED		d Solel intenar		Asbes	tos Cont	aining M	laterial	(ACM)	2000	mount	_		ш	_
In Facility	Cus	todial S	taff?	(i.e.	thermal surface	systems cing, VA		tion,		pecify or LF)	Ren	Re	ncap	nd
(13)		(12)			other n	niscellan	eous)			,	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					8			-		ate	, g
outdoor siding			V	<	si di	~-			150	2200	V			-
201 (35) 3 511 19			/		21 (11)	3			100	N Syft	12		-	
Name of Registered Waste Hauler		LNI	JDEP W	lasts	Cut	Vacda								
Ace Insulation Co., Inc.			auler ID		Cubic of Was				Registe	red Landfill				
		12	2086			3		Grows						
City, State Colts Neck, New Jersey					1	al Date	_	City, Star						
Considered by	T:41-					-16-1		Tullyto	wn, Pa					
George Wuest	Title   Presi	ident			S	ignature		0.7	0.	Dat		6 G		
	1 163	- Ideill				GH	14/	2 selece			7-5	) -)	3_	
ASB-41 (R-06-08)						1	00					100	1950) 12 34	2
						~D0 U0.	t use th	is form for	asbest	os licensure	exem	pted	activit	ies.

Ment

Date of Notification (1)			T	Name o	of Building	Owner/	Operator	(2)	15	التا		/Al	E	lan.	1		
9/4/2013	Mr. S	okol Lur	naj	-роласо.	()						111						
Agencies Notified  EPA		Address oute 17 S	South				SEP	102	013	1	l have	1					
DEP X DOL	Initial Amended Amendment	City, State, Zip Code Ridgewood, N J															
□ DOH	Emergency justification)	(including		Name of Contact Telephone Number											-		
DCA .	Cancellation				kol Lum							THE REAL PROPERTY.			3		
Name of Facility Where	Abatement is Takin	g Place (3	)	FAC	ILITY INF	ORMAT	ION	Type	of Facility (	41							
Residence -		g . 1000 (0	•					_		30							
Street Address 19 Elmwood Terrac	ce c							×	School (K-1 Subchapter Other (i.e. p	8 (Othe	er than K comme	(-12) ercial l	ouilo	lings,	hom	es,	
City (5) Cresskill, NJ 07626	)							_	etc.) re Feet 0	# of Floors			Bldg. Age 60+				
County (6) BERGEN			T		Code (7) USE ONLY	,		Curre	ent Use (Pricate Resid	or if bein	ng demo Vacant	lished	)			-	
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCM No. Name of Abatemen						ent Contractor (9)							
Street Address			-	EA Services Corpora Street Address 426 69th Street							auon						
City, State, Zip Code																	
Project Manager for Mon	itoring Firm		$\neg$						phone No. License No.								
Start Date (10) Scheduled Co							201-2	1-295-1700 01074 e of OSHA Monitor									
9/14/2013	13	npietion	Date (11)		same												
Occupancy Status During	Abatement (Chec	k Only One	9)				Street	Addres	ss								
Facility Closed/Vaca Abatement Perform Other – Describe: S	ed Outside of Norm	Period of A nal Facility	baten Hours	nent			City, St	tate, Zi	p Code	-							
Scope of Work (Check A	Il That Apply)														_		
≥3 sf or ≥3 if ≥160 sf or ≥260 if		and the same of th	enova emolit			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure											
		ls l	ocati	on						( ) ( ) (		T T		Abate	ment		
Location			ormal Sole			De	scription	of				-		Ту	pe		
Asbestos-Containing TO BE ABA In Facili (13)	Mair	ntenar odial S (12)	nce/	Asbestos Containing N (i.e. thermal systems surfacing, VA other miscellar			ems insulation, VAT, or			Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure		
Exterior s	idina	163	140	Samme .		Trans	ito obin	-1		4.00	20.0=	$\perp$	-	_			
Exterior o		+		×		Trans	ite shin	gies		1,90	00 SF	x	-				
	***	+		-								_	_	_			
		+-+										_	4				
Name of Registered Was	te Hauler		I N	JDEP W	/aste	Cubic	Varde		Name of F	Poglata-	ad Last	SII .	$\perp$				
Freehold Carting			H	auler ID 939		of Was			Name of R			nH.					
City, State PO Box 5010						Dispos	sal Date	e City, State Tullytown Landfill									
Completed by		Title					Signature							-			
Gina Salvador Office Ma							Juis _ 9/4/201:					13					

No gray

#### STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

Data of A	1-46 41				ANI	NUAL NOTI			Ti-	7 6	BUT	100	A 13-0			
	Notification (	,				Name o	f Building C	Owner / Ope	erator (2)	NE	( ) I	1000	4 2 3			
09	/ _04	/13	_			VNO W	ayne Town C	Center LLC	(-)		(e) (E	) U L				
	/ /					Street A	Address		-	511	-					
Agencies	s Notified	Type of I	Notific	ation			yne Town Ce	enter NIC	ata Bauta	DE LUISANI		<b>.</b>	- 11			
Ø.	EPA	V	Initia	al		City St	ate 7in Cod	la	ate Route 2	3 and Wil	lewbrook	(120	12			
V	DEP		Ame	ended			City, State, Zip Code Wayne, NJ 07470									
V	DOH		Ame	ndment	#		N- CO CO									
	DOL				w/ justification	- Maine o	Contact			Telepho	ne Num	ber	01.0			
	DCA	$\bar{\Box}$	Can	cellation	l	Mark Me	essier			N. D. C. S.			54			
						EACH ITY	INFORMATI	ON		- Designation of the last of t		10.00	The Personal Property			
						FACILITY	INFORMATI	ON								
Name of	Facility When	re Abate	ment is	s Taking	Place (3)		T									
				u.i.iig	1 1400 (5)		Type of F	acility (4)								
vvayne 1	own Center Fo	nunom						Sahaal (k	( 40)							
Street Ad	ddress							School (K								
250 14/00	T O1	201						Subchapi	ter 8 (Othe	r than K-1	2)					
250 Wayr	ne Town Cent	er						Other (I.e	., private 8	cmmerci	ial					
City (5)	10	County (6	6)		County Code	171	Sauces F		omes, etc.)		_					
1000			-,		County Coul	= (1)	Square F		# Of Floo		Buildir	ig Age				
Wayne	P	Morris						0,000	<u> </u>	2	_					
							-Current U	Jse (Prior if	being der	nolished)		45 Y	ears			
Name of	Monitoring F	irm Hiro	d by Di	da O	no= (0)	1466		Retail Store								
			a Dy Di	ug. Owr	ier (8)	ASCM N	O Name of	Abatement	Contracto	r (9)						
Omega Ei	nvironmental :	Services				1	Slavco Co	nstruction I	nc							
Street Ad	dress															
280 Huyle							Street Ad	dress								
	e, Zip Code						164 Getty	Avenue								
	ckensack, NJ															
	Ingr. For Mon	itarina F	-1		T= : : : : :		City, State	, Zip Code								
Gary Mello	or	iitoring F	-irm		Telephone N	umber	Clifton, NJ	07011								
	Start Date (1	0)	10.1	1.4	201-489-8700											
09		, .			letetion Date (	11)	Telephone	e Number		License	Number					
<del>- 09</del> /	/ <del>_11</del> _ /	13	-	12		13	973-478-4848									
Coouper	ou Chahua D			/	/					00724						
Occupano	cy Status Dur	ing Abat	tement	(Check	Only 1)			SHA Moni								
V		sed/Vaca	ited Du	iring En	tire Period of		Slavco Co	nstruction Ir	nc.							
	Abatement	2 11 2					Street Add					-				
	Abatement I	Performe	ed Outs	side of N	lormal Facility		164 Getty Avenue									
-	Hours - Des															
v	Other - Desc	cribe:	Mon -	Fri 7:00	am to 3:30pm		City, State, Zip Code									
Carra of 1	W-1 (0)						Clifton, NJ	07011								
ocope or t	Work (Check	All That	Apply)	)												
	. 0-5 015		200		700E V500											
	≥3sf or ≥3lf				Renovation	V	Full Conta	inment wit	h Negative	Pressure	•					
	≥160 sf or ≥	260 If		V	Demolition		Mini - Enclosure									
							Glovebag	Procedure								
							Non-Exem	pted (*) and	d Non-Fria	ble Proce	dure					
				-												
52 57	Location of			ls		Descript				Abateme	nt Type					
	stos Contain		2000	cation	As	sbestos - C	Containing	- 1		R		E	ĮΕ			
	aterial (ACM)		10,550,000	rmally		Material		1	Amount	E	R	N	N			
10	BE ABATED	2	1	sed		.e., therma			(Specify	M	E	C	C			
	in Facility			olely	insu	lation, sur	facing, VAT	, [	SF or LF)	0	P	A	IL.			
	(13)		1000000	Main-	or	other misc	ellaneous)			V	A	P	ō			
			1100000000	ance/						A	lî	s	s			
				todial				1		Ĺ	R	ŭ	Ιŭ			
				ff (12)							5.30	ĬĹ.	R			
			YES	NO N/A								Ť-	<del> </del>			
First & Sec	ond Floors			1	Spray-On Firep	proofing			188,000 SF	V						
First Floor					VAT				1,000 SF	V	-	1				
									1,000 01	9		1	+			
												+-				
Name of R	egistered Wa	ste Haul	ler		NJDEP Waste	Cubic	Name of Re	anietorod I	andfill							
					and the second second	Yards	beta ne accesso como como como									
	struction, Inc.				S18508	of Waste	G.R.O.W.S	. North Land	dfill							
City, State						Disposal	City Ct-t-									
anaros vanas					ĺ.	Date	City. State									
Clifton, NJ						TBD	Morrisville, I	PA								
Completed	by (Print or	Type)			Title	100		MATERIA STATES	-							
		**************************************		- 1			1	Signature	A <sup>c</sup>	0		Date				
Vivian Jurce	EVIC			- 1	OFFICE MGR.			Unua	mdi	Kun	1110	Septen	nber 4, 201			
ASB-41								2,0000	1,00	Autice	The same	Copton	7, 201.			