Date of Notification (1) 9/6/2012	Check#	2300				Owner/Opelementar			似些	GE		/ [3 /1	777
Agencies Notified	Type Notification			Street Ad 721 W		Avenue		and the same		SEP 1		(4)		
EPA X DEP X DOL	Initial Amended Amendment	#	_		te, Zip Co City, N	ode J 07304		1		1.1.	1-40	12	1	4
X DOH	justification) Cancellation		ŀ	Name of Rev. Jo		D'Amico		L.	Te	elephone I	Number	ķ	4	The second second
					107/1	ORMATIO	N			= Sidentia				1
Name of Facility When St Aloysius Eleme Street Address		g Place (3))						cility (4) of (K-12) napter 8 (Ot	her than k	(-12)		h	
721 West Side Av	venue								(i.e. private			ldings	, hom	es,
City (5) Jersey City, NJ 07	7304		2					Square Fee 80,000	et # 3	of Floors		Bldg. 75+	Age	
County (6) Hundson				County C	Code (7) ISE ONLY)	_	Current Us School	e (Prior if be	eing demo	lished)	1.	16	
Name of Monitoring Fi	rm Hired by Building	Owner (8)		ASCM	l No.			of Abatemer ervices C						
Street Address								Address 9th Stree	et, Second	l Floor	-6W2005-00			
City, State, Zip Code		andress of						tate, Zip Coenberg, N.						
Project Manager for M	onitoring Firm			Telephor	ne No.			one No. 295-1700		License 01074	-			
Start Date (10) Oct 6/2012		Schedule Oct 16/			Date (11)			of OSHA Mo		n				
Occupancy Status Dur	ring Abatement (Ched	k Only On	e)					Address	•					-
	acated During Entire rmed Outside of Norn					Land Land		as above tate, Zip Co			+			
Scope of Work (Check														
≥3 sf or ≥3 if ≥160 sf or ≥260 lf		ALCOHOLDS .	enova				×	Mini-End Gloveba	tainment wit closure g Procedure empted (*) a	,			re	
			Locat					2 Non Exc	, mptod (/ d	10 11011 11	idble i i	Aba	emen ype	t
Locati Asbestos-Containin <u>TO BE A</u> In Fa (1:	ng Material (ACM) BATED cility	Use Mai	d Sole Intena odial S (12)	ly by nce/		tos Contain	ystems	laterial (ACN insulation, T, or		Amount . (Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Room 401 an	nd Room 408		X			PopCo	rn Ce	iling	1,	600 SF	x	+		
Room 401 an	nd Room 408		X		F	loor Tile			1,	600 SF	x			
			W-100											
Name of Registered W	aste Hauler		12339	JDEP W		Cubic Ya			me of Regist		A STATE OF THE STATE OF	1		
Atlantic Carting	4			6085	1000	tbd			SI Bethleh	em Lan	dfill Co	rp		
City, State Wayne, NJ						Disposal	l Date		, State thlehem F	PA				
Completed by Gina Salvador		Title Office	Mar	nager		Sig	nature	Blued.	1.		Date 9/6/20	12		

Montclair, NJ 07042

9/19/12

Signature

Morrisville, PA 19067

Completed By (Print or Type) Constantine Vivian

Title President Date 9/6/12

Date of Notification (1) 9/6/2012					f Building LAWN I			(2) DUCATION	E C	EA	V/ I	7		
Agencies Notified EPA	Type Notification X Initial			STORY VINCEN	FAIR L	ISCONORDO CONTROL I	VENL							
DEP DOL	Amended Amendment		_	3.70	ate, Zip C LAWN,		10		Str	112	012	The state of the s	7	
▼ DOH ▼ DCA	Emergency (justification) Cancellation	including			f Contact SENKO				- _{AS} Te	lephone Nu	imber		THE RESIDENCE OF THE PERSON NAMED AND ADDRESS OF THE PERSON NA	
Name of Facility Where	Abatement is Takin	g Place (3	3)	FAC	ILITY INF	ORMATI	ON	Type of Facilit	y (4)		- Marie San		-	
THOMAS JEFFERS	SON MIDDLE S	CHOO	L					School (F		ner than K-1	(2)			1
35-01 MORLOT AV	'ENUE									& commerc		dings	hom	es,
City (5) FAIR LAWN				ris .		•		Square Feet	# 0	f Floors	E	Bldg. A	\ge	
County (6) BERGEN					Code (7) USE ONLY)		Current Use (F	rior if be	ing demolis	shed)			*
Name of Monitoring Firm ENVIROVISION CO				ASCN	Λ No.			of Abatement C O BROTHER		100	NG .			
Street Address 20-21 WAGARAW	ROAD, BUILDII	NG #34.	A					Address RUTHERFO	RD BL	VD.		192	- 4	
City, State, Zip Code FAIR LAWN, NJ 07	410			3514,				State, Zip Code TON, NJ 07	014		5			
Project Manager for Mon WILLIE MORALES	itoring Firm			Telepho 973-63	ne No. 36-9145			none No. -956-8700	ad K	License 1 00494	Vo.			
Start Date (10) 9/17/2012		Schedule 9/24/20		mpletion	Date (11)			of OSHA Monito		1				
Occupancy Status During	g Abatement (Chec	k Only Or	ne)				Street	Address						
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norm				114	4	City, S	tate, Zip Code				* ** ** *** ***		
Scope of Work (Check A	ll That Apply)													~
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		-	Renova Pemoli				×	Full Contain Mini-Enclose Glovebag Po Non-Exemp	ure rocedure				0	
		Is	Locat	ion				J Non-Exemp	ieu () ai	u Non-Fila	DIE FIO	Abat	emen	
Location Asbestos-Containing	1.00		Norma d Sole		Ashaa		scription	of laterial (ACM)		mount		1)	pe	Γ
TO BE ABA In Facili (13)	ATED		intena todial ((12)	Staff?		thermal surfac		s insulation, T, or	(Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
004011001101	WED DOOM	Yes	No	N/A		DIDE II	10111	TION	ļ.,				e	
COACH'S SHOV	VER ROOM		X			PIPE II	NSULA	ATION	2	20 LF	X			
											ļ			
Name of Registered Was	te Hauler		127.00	JDEP W		Cubic '		Name o	of Registe	ered Landfil	1	-		
TWO BROTHERS C	CONTRACTING		5.4	lauler ID 8743	No.	of Was	***			NAGEME	NT G	R.C	.W.S	S.
City, State CLIFTON, NJ						9/24/2	al Date 201/2	3763		LE, PA				
Completed by VIVECA RAMOS		Title	RETA	ARY		Si	ignature	rech	an	10	te /6/20	12		

NOTIFICATION OF ASBESTOS ABATEMEN MO#20142475740 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 09 / 07 1 12 Rivka Gertzulin Type Notification Agencies Notified Street Address X EPA ✓ Initial 306 Lydecker Street ■ DOLWD Amended City, State, Zip Code Amendment # X DHSS Englewood, NJ 07631 Emergency (including □ DCA Name of Contact justification) Telephone Number (NJAC 5:23-8) Cancellation Rivka Gertzulin FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private home Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, 306 Lydecker Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Englewood, NJ 07631 County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Bergen Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor 09 / 16 / 12 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 34A Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-PM/ PM_ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Full Containment with Negative Pressure ■ Renovation Mini-Enclosure Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Removal Repair Encapsulate Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A X Basement X Pipe insulation 230 LF X X Basement VAT Floor Tiles 250 SF Name of Registered Waste Hauler NUDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date N.Jevtic Owner 09/07/2012 ASB-41

State of New Jersey

Date of Notification (1)					Owner/Op				GE		\(\frac{1}{2}\)	E	11
07/27/12 Agencies Notified Type Notification					Urban F	lenewa	l Company	LLC					111
E -				Address Vashing	ton Blvd.	. Suite	200		SEP 1	Ve	201)	IL
DEP X Amended Amendment			City, St	ate, Zip C	Code		i	JU	101,1		64214		1
DOH Emergency (in justification) Cancellation	including]	Name of John	of Contact Dolan			le.	1 -	ephone Nu	and their days	TROL C	Ĝ/	
Name of Facility Where Abatement is Taking	Diago (2)	FAC	ILITY INF	ORMATIO		46 co 3		and the second	in distant	arazie,	e Wind of	
The Orpheum Building	riace (3)					ype of Facility		100		VINE - F	- production	Artist of the
Street Address				NI PARTIES				er 8 (Othe	er than K-1:				
24 Beacon Way						12	Other (i.e. etc.)	private 8	commerci	al bui	ldings	, hon	nes,
City (5) Jersey City							quare Feet 50,000	# of 22	Floors	100	3ldg. 50+-	Age	
County (6) Hudson	<u>.</u>			Code (7) USE ONLY	n		urrent Use (P acant	rior if beir	ng demolish	ned)			1
Name of Monitoring Firm Hired by Building C	wner (8)	ASCI	VI No.			Abatement Co ark Contrac						Hi .
Street Address			1 1			Street Ad 27 Eds	dress all Drive						X-1
City, State, Zip Code						3772350000	e, Zip Code z, NJ 07461						
Project Manager for Monitoring Firm			Telepho	ne No.		Telephon 973-86			License N 01137	0.			
	Schedul 09/08/		ompletion	Date (11)		Name of AmeriS	OSHA Monito	r					
Occupancy Status During Abatement (Check	Only Or	ne)			- 1	Street Ad							
Facility Closed/Vacated During Entire Polyage Abatement Performed Outside of Normal Other – Describe:	eriod of a	Abate y Hou	ement rs			City, State	st 30th Stre e, Zip Code						
Scope of Work (Check All That Apply)						New Yo	ork, NY 100)16					
≥3 sf or ≥3 lf	X F	2000	ration			×	5 # O . / :						
≥160 sf or ≥260 lf	Second .	Demo	100000000000000000000000000000000000000			X	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure		1		_	
	le	Loca	ation				Non-Exemple	au () and	NON-FILAD	Pro		emen	t
Location of	1	Noma	ally		Desc	ription of		118			T	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	inten	lely by ance/ Staff?)		stos Contai . thermal sy surfacir	ning Mate	or	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
BRIDGE BEATWEEN BLD	Yes	No		Pipe	- iNS	ULA	TION	4	51.F.	N N	M	ate	æ
All Floors		х			Windov				rindows	x			
2nd & 19th Floors		х			pipe in	sulation	n	275	L.F.	x			
17th Floor		х		pa	aper insu	lation b	oard	390	S.F.	×	1		
throughout the building-140 places		X		wa	Il mastic	waterpr	oofing	560	S.F.	x		- 112	
Name of Registered Waste Hauler Pro-Tech, LLC			NJDEP W Hauler ID 190713		Cubic Ya of Waste 110	0107070		Register a Landf	ed Landfill fill	1			
City, State New Haven, CT					Disposal on com		City, Sta Wayne	te sburg,	ОН				
Completed by Marko Stankovic	Title Presi	dent		wi F	Sig	offure ANG	5/1	weer i	n Dat	e /27/1	2		

Date of Notification (1) 09/07/12					g Owner/Ope oration, Inc		110		9 5		<u> </u>		
Agencies Notified Type Notification EPA Initial	1			Address ee High	Avenue			SE	P 1	7 20	12		J
DEP Amended Amendmen Emergency			City, Sta Union	ate, Zip C , NJ	Code			ASBE	TOS CO	W. ROI	-	7	1
DOH justification Cancellatio)		Joe N	100 T T T T T T T T T T T T T T T T T T			The same of the sa		phone N		Mag	The same of	J.
Name of Facility Where Abatement is Taki Residential Building	ng Place (3)	FAC	ILITY INF	ORMATION		pe of Facility School (K-					-	**************************************
Street Address 10 Main Street						×	Subchapte Other (i.e. etc.)	r 8 (Other			ldings	s, hon	nes,
City (5) Netcong							uare Feet 000.00	# of F 2	loors	1	Bldg. 50+-	Age	
County (6) Morris				Code (7) USE ONL	n	1.0	rrent Use (Pri cant	ior if being	demoli	shed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8))	ASCN	√ No.			batement Co k Contract						
Street Address				, , , , , , , , , , , , , , , , , , , ,		treet Add 7 Edsa							
City, State, Zip Code							Zip Code NJ 07461			1			
Project Manager for Monitoring Firm			Telepho	ne No.		elephone 73-864			License 01137	No.			
Start Date (10) 09/20/12	Schedul 09/25/		mpletion i	Date (11)		ame of O	SHA Monitor İ						
Occupancy Status During Abatement (Chec						reet Addi	ess 30th Stree	at					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of / nal Facility	Abater / Hour	ment s		Ci	STATE OF THE STATE	Zip Code	,					
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Title Market	Renova Demoli				Ě N	ull Containm lini-Enclosure lovebag Prod lon-Exempted	e cedure				re .	
Location of		Locat			D						Abat	emen /pe	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intena odial (12)	nce/		stos Containi thermal sys surfacing other misc	tems insu , VAT, or	ilation,		ount ecify r LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A									ate	9
Basement		X		(Grey pipe	insulati	on	80 L	F.	×			
Basement		Х		G	rey elbow	insulat	ion	6)	×			fire z
1st Floor Kitchen		Х			Yellow L	inoleum		200	S.F.	×			2
Rear roof ledge (over hang)	1 4 00	X			lack roofir			80 8		x			
Name of Registered Waste Hauler Pro-Tech, LLC		H	IJDEP Wa lauler ID I 90713		Cubic Yard of Waste	ds	Mame of f			11			
City, State New Haven, CT		1 4 1			Disposal D		City, State		Н				
Completed by Marko Stankovic	Title Presid	dent			Signe	trare	1//	X 661	/ D	ate 9/07/1	2		

CAL USANTON (1)		Name	of Buildi	ng Owner/Operator	Inc.	-SEP 1	1, 2	ΝŻ	-	U
te of Notification (1)	9	V: '	erch	<+ (0).		ACCOUNT !			April March	
encies Notified Type Notification		Street	Address O E	East Ci	Anton A	JEN CO	ONTRO HVC	1.8		-
EPA D Initial "97	la d	City,	State, Zir		wo Jos		57C	0	>-	-
DEP Amended Amendment # 1	-	KI	Shi	woy. W	المجال ليايا	Telephone Numb	er			1.
. C Emergency (mount	ding	Name	of Cont	act 0			7 1		,	
DOH DISINICATION Cancellation	٠.	Jer	ry Pe	INFORMATION						1
ame of Facility Where Abatement is Taking Pla	ice (3)	· FA	CILIT		Type of Facility (4)	* *				
N 11 1 1 11	2				School (K-12) Subchapter 8 (Other than K-12)				
reet Address	Q		٠ ــــ		Other (i.e. priva	te & commercial	building	js, ho	mes,	1
210 East Lincoln	1/	بعوا	7UE		etc.) . Square Feet	# of Floors		Age		
10(5)	Sec	0 ((-97)	15	+20,000	3	1 march	0	<u>. </u>	+
shired Chan Ja	A. 36C	(Cour	nty Code	0(7)	Current Use (Prior in	f being demolishe	u)		•	
ounty (6)		1	TE USE		office blome of Abatement Sontre	ector (9)				٦.
Jame of Monitoring Firm Hired by Building Own	ier (8)	A	SCM No		Digital Comments	Nes P.	OZ	\$	PUC	=
Niconarral He	Hh	-10	الل	Stre	et Address	- 01	a o z	-		
Street Address Det Shore	Tra	رك	R#1	14		KIVER B	-	-		-
000				Çity	, State, Zip Code	M2.0	57(d	ol	
City, State, Vip Code	& C	28)(Tal	aphone No.	License No	1115	7.		7
Project Manager for Montforing Firm	9	Tel	ephone 1	9-5649 12	1931-031.3	0	14	9.		4
	cheduled			(11) Na	me of OSHA Monitor		,		(20)	٠ .
Start Date (11)	10-1				4/A			-		7
Occupancy Status During Abatement (Check of				Str	eet Address					1.
to les Enlira Pa	rion of Au	BIGHIOL	nt	Cil	y, State, Zip Code					
Abatement Performed Odisido XI IIM	ts.	10015						<u> </u>		\dashv
Other - Describe, All That Apply)	-					-t with Monative F	Pressur	e		
Scope of Work (Check All That Apply)	Ħ Re	novatio	n .		☐ Mini-Enclosure	nt with Negative F	10000			1.
☐ ≥3 sfor ≥3 lf ☑ ≥160 sf or ≥260 lf	□ De	molitio	n		☐ Glovebag Prod ☐ Non-Exempted	edure I (*) and Non-Frial	ole Prod	edure	3	
	1	·					1	Abate Ty	ment	
		Locatio lormally		Descr	iption of	Amount			· .[
Location of Asbestos-Containing Material (ACM)	Lise	d Solely Interian	by	no thermal SV	ing Material (ACM) stems insulation,	(Specify	Rer	Re	Encapsulate	Enclosure
TO BE ABATED	Cust	odial Si	taff?	surfacin	g, VAT, or cellaneous	SF or LF)	Removal	Repair	sula	Sura
In Facility (13)		(12)		Office			-		6	
	Yes	No	N/A		MARCE	435	V			
Consider diame		117. 117.	V	VATE	MASTIC	170	V			
STORAGE YOUMS			10	VAT !	MASTIC	85	1	1		
	-		v	· VATO	Mastic	0.5	+			
SW Corridor		1						11	1 .	L
	+			15.4-1	ards Name o	f Registered Land	fill;	7		
Sw Corridor Janitors Closet	1	1	JDEP V	No. OT VVas	e (f Registered Land	1	R	Si	XC.
SW Corridor	1 2 Jr	CF	JDEP V lauler ID	No. of Was	· (y)	liming (R	So	XV
Sw Corridor Tanctors Closet Name of Registered Waste Hauler Theehad Castage	L	nc F	lauler ID	No. of Wast	· (y)	liming (P. (R	S0.	77
Sw Corridor Janitors Closet	Lesse Tille	nc t	lauler ID	No. of Wasi	· (y)	liming (Date	Ra	1	77

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

		(Pu	irsuant t	o NJAC	3:60 and	12:120))		K	#4	16	7	Lati	
Date of Notification (1) 9-7-2012	ALCOHOLD TO SERVICE			Building ((2)	NEC	F	1 W 1	5 N	1		
	1-454		Street Ac	Manag	ement		-111	1156	Lb	U CI U		111	7	
	Notification	1		outh Liv	inastor	Ανρ	11	3			-	-		
	nitial .mended	-		te, Zip Co	1000	TAVO.	111	III SET	3 1	1 2012	111	11	-	
I hand	mendment #		A STATE OF THE PARTY OF THE PAR	ston, NJ)	1.5	leA CL	**		4			
I II E	mergency (including		Name of				-	L	Tele	phone Nu	mber	-		
	stification) ancellation		John				í	ASBE	1100	SING				
			FACIL	ITY INFO	RMATI	ON	Record rea		1			AVIII A 8847		
Name of Facility Where Abateme							Туре	of Facility (4)	Section 2.10.	40.				1000
Lalor Gardens Unit # 80B								School (K-12						
Street Address								Subchapter 8 Other (i.e. pri				dings	home	25
Stenton Court							100	etc.)	vaic a	Commerc	iai baii	anigo,	HOHI	,,,
City (5)							Squa	are Feet	# of	Floors		ldg. A	ge	
Hamilton									<u> </u>			60+		
County (6) Mercer			County C	Code (7) ISE ONLY)				ent Use (Prior		ng demolis	hed)			
	D. 111: 0 (0)			in the second		Alama	28 2800	artment Un		(0)				
Name of Monitoring Firm Hired b	y Building Owner (8)		ASCM n/a	No.	1.	100000000000000000000000000000000000000		atement Contr ntracting, L		(9)				
Street Address			IIIa			Street							-	
n/a							roy L							
City, State, Zip Code							-	Zip Code				-		
n/a						10000		ark, NJ 070	035					
Project Manager for Monitoring F	irm	1	Telephor	ne No.		Teleph				License N	lo.	-		
n/a			n/a					7950		01088				
Start Date (10)	Scheduled	Com	pletion D	Date (11)		Name	of OS	HA Monitor						
9-19-2012	9-20-20	12				Jada	ar Co	ntracting, L	LC					
Occupancy Status During Abater	ment (Check Only One))	Mailtage 1857			Street					Treated.	5-100		
Facility Closed/Vacated Dur							roy L							
Abatement Performed Outs Other – Describe: 9am - 5 p		lours						Zip Code						
		1111			-	Linc	oln P	ark, NJ 07	035					
Scope of Work (Check All That A	Apply)					_	-							
≥3 sf or ≥3 lf	and the same of th	novat	100000000000000000000000000000000000000			×		III Containmer	nt with	Negative I	Pressu	re		
\[\geq \geq 160 \text{ sf or ≥260 lf}	☐ Der	moliti	on				G	ni-Enclosure ovebag Proce	dure					
						×		on-Exempted		Non-Frial	ole Pro	-		0
		ocatio	200										ement pe	
Location of	Llood	rmall Solel				scription								
Asbestos-Containing Materia TO BE ABATED	Maint	tenar	ice/		thermal			al (ACM) ation,		nount pecify	70	71	Eno	m
In Facility	Custoo	มลเ S (12)	tan?			cing, VA			SF	or LF)	Removal	Repair	aps	Enclosure
(13)					otner n	niscellar	ieous)	E many			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Ŧ	Encapsulate	ure
	Yes	No	N/A											
Kitchen			X			VAT			96	6 SF	1			
									The same					
		I AT				-1-1-		10.00	-	ESTON 11				
									-			-	-	
Name of Registered Waste Haule	er .	I NI	JDEP W	acto	Cubic	Varde		Name of R	enists	red Landfil				
		Н	auler ID	No.	of Was						116			. 5
Jadar Contracting LLC	10 TEV 1986	0	033137	-	TBD			G.R.O.V	v.5. L	_anomii			H	
City, State				divers !		sal Date		City, State					3 2 113	10/05/2
Lincoln Park, NJ 07035			14 DE 15	the first	TBD		- 4	Morrisvil	lle, P	The state of the s	100			S. S.
Completed by	Title				S	ignature	7	Pa-		Access to the second	ate	10		9 1,7
Lillie Lazarevich	Secret	ary	P. P.	MARCH.	A	til	lie	XIXI	rek	7 9	-7-20	12	511	



Date of Notification (1) 8 / 22 /	12	-			ng Owner/Operator (.11 11	居货店		/	15	In	1
Agencies Notified			Street	Address	WASHINGTON S	1111	SEP 1	1 20	112			The state of the s
	ent # <u>1-9/7/</u>		City, S	State, Zip			Advance - Constitution of the Constitution of		E-0000		lugas,u'	-
DCA Emerger (NJAC 5:23-8) justificati)		of Conta	- 10	204	ASSESTOS (umber	7100g.m.		the street see	J
			FA	CILITY II	NFORMATION	44.	•		T-in	est (m.		
Name of Facility Where Abatement is	Taking Place	(3)				Type of Facility	(4)					"Test" (b)
QUAKERBRIDGE MALL - JC P Street Address	ENNEYS					School (K-12	(Other than K					
150 QUAKER BRIDGE MALL	O S WALL					Other (i.e., property homes, etc.)		mercial	bui	lding	s,	
City (5) LAWRENCEVILLE, NJ						Square Feet	# of Floors		Blo	g. A	ge	
County (6) MERCER			Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri		olished)			
Name of Monitoring Firm Hired by Buil	ding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)			-		-	
HILLMAN CONSULTING LLC			- "		BRISTOL EN	VIRONMENTAL	L, INC.					
Street Address 1600 ROUTE 22 EAST			1 1 1 1		Street Address 1123 BEAVE	R STREET		-				
City, State, Zip Code			17.5	-	City, State, Zip Co	ode					-	_
UNION, NJ 07083					BRISTOL, PA	19007						
Project Manager for Monitoring Firm		172	lephone		Telephone No.		License No.					
STEVE HILLMANN			908-688		215-788-6040		00509					
Start Date (10)9 /5 /12	Scheduled C	53	letion Da	1.00	Name of OSHA M BRISTOL EN	lonitor VIRONMENTAI	L, INC.					
Occupancy Status During Abatement (Check only	one)			Street Address				_			-
☐ Facility Closed/Vacated During Entit					1123 BEAVE	R STREET						
Abatement Performed Outside of N Time of Abatement:AM					City, State, Zip Co BRISTOL, PA							7
Scope of Work (Check all that apply)	e William					ainment with Neg	rativo Progruss		5-22/			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	⊠ Re				☐ Mini-Enc ☐ Glovebag							
			ation	-70-27				1	Aba	teme	ent T	уре
Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13)	1) Use Ma	ed So inter	nally blely by nance/ il Staff? 2)		Description of estos Containing Mate., thermal systems surfacing, VAT, other miscellane	terial (ACM) insulation, or	Amount (Specify SF or LF)	TXCII CVG	Bemoval	Repair	Encapsulate	Enclosure
	Yes	No	N/A		participant street of	H1 (2) H + F = (1 H + 1)	4-1-1-10				O.	1 -5
LIZ CLAIBORNE-LOWER LEVEL				VAT/M	ASTIC		112 SF					
JCP WOMENS-LOWER LEVEL		\boxtimes		VAT/M	ASTIC		15 SF	Σ	-			
								Σ				
				111-1								
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL IN	С	- 1	NJDEP \ Hauler II 18706	No.	Cubic Yards of Waste	Name of Regis						
City, State BRISTOL, PA	7-V	,	10700		Disposal Date	City, State MORRISVII	LLE, PA					
Completed By (Print or Type) PATRICK T. DeCARO	Title Estima	tor			Signature Patrick	n. Dec	aw/il	Date 9/	7	/1:2		1000

ASB-41 MAY 11 PD /2058 B

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

Date of Notification (1)	/ 12				ing Owner/Operator		III SEP	11	20	2	
 ☑ EPA 6367 ☑ DOLWD 6374 ☑ DHSS 6732 ☑ Ame Ame 	ended endment #		2 City	, State, Zip	WASHINGTON S	L		25 CCA JEWSIN			
(NJAC 5:23-8) justi	ergency (includ fication) cellation	ling	-	ne of Conta	OLIS, INDIANA 4	6204	Telephone Nu		191 x		
			F	ACILITY	INFORMATION					-	1
Name of Facility Where Abatemen QUAKERBRIDGE MALL - J Street Address						Type of Facility School (K-1	2)		×		
150 QUAKER BRIDGE MAL						Other (i.e.,	8 (Other than K- private and comm	(2) ercial l	ouildi	ngs,	
City (5) LAWRENCEVILLE, NJ						homes, etc Square Feet	# of Floors		Bldg.		- 10
County (6) MERCER			Co	unty Code	(7)(STATE USE ONLY)	Current Use (P	rior if being demo	lished)	-		
Name of Monitoring Firm Hired by HILLMAN CONSULTING LL		er (8)	ASCI	M No.	Name of Abatem BRISTOL EN)			-	
Street Address 1600 ROUTE 22 EAST					Street Address 1123 BEAVE						
City, State, Zip Code UNION, NJ 07083					City, State, Zip C BRISTOL, PA						
Project Manager for Monitoring Fire STEVE HILLMANN	m		lephone 908-68	e No. 8-7800	Telephone No. 215-788-6040)	License No. 00509				
Start Date (10)9 /5 /12	Scheduled 9			ate (11)	Name of OSHA M BRISTOL EN	Monitor VIRONMENTA					
Occupancy Status During Abateme Facility Closed/Vacated During I	Entire Period	of Abat	ement		Street Address 1123 BEAVE						
	of Normal Faci PM/ <u>10</u>	lity Ho	urs - De I- <u>8:00</u> A	scribe M	City, State, Zip Co BRISTOL, PA		(- 1			
Scope of Work (Check all that apply	()		-								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit			☐ Mini-End	Procedure	gative Pressure n-Friable Proced	ire			
	The second	Is Loca					10000		atem	ent 7	Cype
Location of Asbestos-Containing Material (A TO BE ABATED IN Facility (13)	N	lainten	lely by ance/ Staff?	Asbe (i.e	Description of estos Containing Ma e., thermal systems surfacing, VAT, other miscellane	terial (ACM) insulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
IZ CLAIBORNE-LOWER LEV	Yes	No 🖂	N/A	VAT/M/					12.00	te	
JCP WOMENS-LOWER LEVEL		-	+-	1			112 SF				L
OF WOMENG-LOWER ELVEL	-			VAT/MA	ASTIC		15 SF				
TO THE SHOPE OF THE				1							+
lame of Registered Waste Hauler BRISTOL ENVIRONMENTAL	INC		NJDEP Hauler II	D No.	Cubic Yards of Waste	Name of Regis	CALL CONTRACTOR OF THE PROPERTY OF THE PROPERT				
ity, State BRISTOL, PA			10100		Disposal Date	City, State MORRISVII			1		
Completed By (Print or Type) PATRICK T. DeCARO	Title Estima	itor	+ 1		Signature	n. De Ca	Committee of the commit	te /2.	2 /	1,2	

* Do not use this form for ashestos licensure exempted activities

CHERK #

			-			0 10	(2)	11 //	and the second	-		77
Date of Notification (1)	12/12		1	Vame of	f Building	Owner/Operator	NSTRUCT	on			LIBER LO	
	Type Notification				ddress	77		TU LI CL	-	Z.(1/4	71
Agencies Notified	Initial		1		300	フフェ	4 STI					
DEPA DEPA	Amended		1	City, Sta	te, Zip C	ode o		1000 115	os co	MIR	T &	
DOL DOL	Amendment #_	cluding			DED	ISLE CI	LA 'N')	08243	REFRE	AIO.		-
Прон	justification)	louing	H	Name of	(Contact		E	Telephone Numbe	1	-	1	City Lame
□ DCA	Cancellation			FA	Durt	EDUANT)					-
	· ·	-		FACIL	ITY INFO	RMATION						
Name of Facility Where	Abatement is Taking	Place (31				Type of Facility (4)				
Name of Facility Where	SIDENCE	. 200 (-,				School (K-12)				
	217 011 CU						Subchapter 8	(Other than K-12) ivate & commercial	buildir	98,		
Street Address 3-33	3 42 WD	Sr.					homes, etc.)	1 # of Floors		. Age		\dashv
0. (6)							Square Feet	# 01 110013	Dias			
·5.6	EN FALE (177					0 - 11 les /5d	or if being demolish	ed)			\dashv
County (6) (4	Α			County USE O	Code (7	(STATE	V A	CANT				_ .
LAPE	MAY		_		-	Name of Abatan	nent Contractor (9)			-		7
Name of Monitoring Firm	Hired by Building O	wner	A	SCM No	0.		FMCD IN					_
(8)	//A				$=\downarrow$	4 1 1						
Street Address						349	S, S Pruci	ことして・				_
	N.								. 0			
City, State, Zip Code						Mo	PLE SHAT	, CINIZI	000	2		_
			Telen	hone No	0.	Telephone No.		License No.				
Project Manager for Mon	nitoring Firm	,	. 1 6100			856-77	9-0472	0044	7	_	_	=
	Schad	uled Co	moletic	on Date	(11)	Name of OSHA	Monitor					
Start Date (10) /12	10		_ /			29	SEPH KL	EMM			=	=
Occupancy Status Durin	no Abatement (Chec	k only c	ne)			Street Address	C C 01	.vu= 100-			•	
☐ Facility Closed/Vaca	ted During Entire Pe	riod of A	batem	nent		369		.0a x 007				=
Abatement Performe	ed Outside of Normal	Facility	Hours			City, State, Zip	Code	LADE N.	J. (180	5	2
Other - Describe:						M	APLE 31	100011			=	=
Scope of Work (Check	all that apply)	15				□ Full Co	ontainment with Ne	gative Pressure				
		Ren	novatio	n		Mini-E	nclosure	and the second				
23 st or ≥3 lt 2160 st or ≥260 lf		Den	nolition			Glovet	pag Procedure xempted (*) and No	on-Friable Procedu	e			_
		la L	ocation	, T		1,100.0			A	bater Typ		
		No	mally		1	Description	01		-			
Location	of	Used	Solely	by e/	Asbes	os Containing M	aterial (ACM)	Amount (Specify	70		Enc	Ę
Asbestos-Containing TO BE ABA	Material (ACM)	Cu	stodial		(i.e.,	thermal systems surfacing, VA	insulation,	SF or LF)	Remova	Repair	aps	Enclosure
IN Facilit			taff? (12)	1		other miscelland	eous)		levo	air.	Encapsulate	Ure
(13)		-		NUA							0	
		Yes	No	N/A				18004	X			1
SIDI	IN CL			X.		RANSITE		1000	1	-		
			- wes					-	-	-	-	-
				100					-	-	-	-
1 2,3831		-						Control Control				<u></u>
	and Hauler		IN	JDEP W	Vaste	Cubic Yards	Name of Reg	pistered Landfill		174		
Name of Registered W	Party .		H	auler ID	No.	of Waste	1 C. N	1, C, M.U. A	1.			
KLGMCO			- -	1790	14_	Disposal Date	City, State	可能是4年計畫	-	1	-	
City. State	E SHAD	E.	N	12			luo	OT BINE	111	-		
	Title		1			Signature		Date	10	112	4 1 2 1 2	12.71
Completed By Joseph	Control of the Contro	1	1/1	0	opiani i	Joen	ou Kolis	m _/_/			_	
JOSEPH	NOMM -		1-1					AND DESCRIPTION OF THE PARTY OF		-		

12 07:57a A. MAC Contracting	g, Inc.				ax.	20	IZUZU	UZ ITUE	17 2012	וויפע	dill	PUUI	\U
AFPROVEO							a stagen	F	1			77	
KJ Pept of Health & Senior Services	NOT	IFICAT	TION OF	of New Jetsey - ASBESTOS A NJAC 8:60 and	BATEM	ENT	Dr	酮	Chec	k# We	月星	6 ·	\\ \\
Date:		Na	ne of Bu	ilding Owner/O	PERT	(2) (Y /	DAGA	GE	GEHT	2012		U,	
gencies Notified Type Notification			Eel Addr		om F	IELD	AUG	ASRE	700.001-	-	-	UIZ	
DEP Manual Manua		Çit	y. State.	Zip Code T CALP	wei	. Wo	07	006	LICENSING	OL-8- S (1) ENSH	VTRO	18	1
DOL Amendment #_ Emergency (inclination) DCA Cancellation	uding	Na	me of Co	FLEYS H	ÉN			Telec	Norie Mamb	<u> </u>		7	-
zane of Facility Where Abatement is Taking Pi	sce (3)		FACILIT	Y INFORMATI	ON	Type of F	acilly (4))					
EOREL PROPERTY MALLAG	Elst L	<u>~</u>				A.9 F	er (i.e. pri	(Other	than K-12) commercial	bulldir	ngs, h	omes	١.
WEST CARDONIC		-				Square F	ee!	# of 1	Floors		g. Ag 6 0		
County (6) Essex			ounty Co	de (7) E ONLY)		Current (r if bein	demonstration REW	00	271	02	,
Varne of Monitoring Firm Hired by Building Ow	ner (8)	1	ASCM N	νo.	Name A. N	of Abatem	ent Cont racting	ractor (9)			7.	
Street Address						Address Lowell F							
City, Stale, Zip Code					City, S	state, Zip C n Rock,	Code N.J. 074	452					
Project Manager for Monitoring Firm		17	elephone	e No.	Telep	hone No. -262-58			License No. 00156				
8/17/12		20,	ietion D	ste (11)	Om		Monitor fronme	ntal S	ervices in	2			
Occupancy Status During Abatement (Check (Facility Closed/Vacated During Entire Pe			ent			Huyler	Street						
Abatement Performed Ourside of Normal Other - Describe:	Facility I	lours				State, Zip ckensacl		7606					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovati emoliti			1	Mand-I	Enclosure	eduse ceduse	Negative Pr				
	Γ.					Non-	Exemple	as (") t	d Non-Friebl		Abak	mesit	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	Location complete (1 Solet) Misnan Misnan Misnan Misnan Misnan (1 2)	y by	Astrestos Co (i.e. therm	escription ntaining al system facing. V	Material (/ ns insulati AT. or	ACM) on.	(5	mount Specify For LF)	Removas	Repair	e Encepulate	
	Yes	No	NVA					19.10	7(7):=	X		œ	-
INTERIOR OF BUILDING			X	SPRAY				عـــــــــــــــــــــــــــــــــــــ	3505F	1	×	×	-
If et et			×	W.7-5		,					-		
Name of Registered Waste Hauter Royle Transport		Н	JDEP Wauker ID		iic Yards Vasta				ered L andfill hlehem La		Co	p.	
City State			3700		ppsal the	tle Do	City, Sta Bethle	te hem,	PA 18015			73	-
Riverdale, New Jersey 07457 Completed by R. McDonald	Tde Pres	ident		0		mod			Da	te /	12/	12	-

Date of Notification (1)	5 /	12				g Owner/Operator (eville, Cherry Hill	111	15 6	5	W_	5	M
Agencies Notified ⊠ EPA	Type Notifica	tion			Address E. Lanc	aster Ave. Suite	200, Building 2	SEP	1 1 2	012		IJ
☑ DOLWD ☑ DHSS ☐ DCA (NJAC 5:23-8)		cy (including on)	9	Villa	tate, Zip (anova, P of Contac Creelma	Pa. 19085		ASSEST(III	BACTEST .	DL &		77.2
	- Caricellati	OII						-				
				FAC	CILITY IN	NFORMATION	I					
Name of Facility Where Former Toyota De		aking Place	(3)				Type of Facility (School (K-12 Subchapter 8)	2)			
Street Address 50 Haddonfield Av	enue				,		Other (i.e., pr homes, etc.)	ivate and comm	ercial bu		100	
City (5) Cherry Hill							Square Feet 20,000	# of Floors		dg. Ag 50	ge	
County (6) Camden County				Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri		lished)			
Name of Monitoring Firm	n Hired by Build	ing Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Pennoni Associate	es Inc.			0010	2	Luzon Inc.		100000				
Street Address	# 11 m	VE No.			Title	Street Address 8451 Executi	ivo Avo				NF 7	
550 Grove St.	171								The second			
City, State, Zip Code	2025					City, State, Zip C Philadelphia						
Haddonfield NJ. 08	1.00(2)(2)		To	lephone	No	Telephone No.	, ra. 19100	License No.		_	_	
Project Manager for Mon Alan Lloyd	mioning Firm		1	356-547		267-284-1050	1	01109				
Start Date (10)	10	cheduled C				Name of OSHA N		01103		- 22	-	-
9 / 6 /	Control of the Contro			2 /		Joseph Marc						
Occupancy Status Durin	ng Abatement (0	Check only	one)			Street Address		-11				
☐ Facility Closed/Vaca	ted During Entir	e Period of	Abat	ement		8451 Executi	ive Avenue					
Abatement Performe Time of Abatement:					cribe	City, State, Zip C Philadelphia						
Scope of Work (Check a	all that apply)			-								
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		□ Re				☐ Mini-End	ntainment with Neg closure ng Procedure empted (*) and No		dure			
			s Loc						Ab	atem	ent T	уре
Location Asbestos-Containing TO BE AB IN Faci (13)	Material (ACM <u>ATED</u> lity) Us Ma	ainter	olely by nance/ Il Staff?		Description of estos Containing Ma e., thermal systems surfacing, VAT other miscellane	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Danif Florida		Yes	No		Do-f 5	loobing		600 SF				
Roof Flashing						lashing					-	-
Store Facade					Transi	te		1000SF				
Colors Service Colors and Colors							Challes 1774		니브		1	1
	- 1.281.05											
Name of Registered Wa Service Transport				NJDEP I Hauler II		Cubic Yards of Waste 10 CYS.	Name of Regis					
City, State New Castle, DE.				ori suri	en e	Disposal Date 9-12-12	City, State Waynesbu	rg, OH				
Completed By (Print or Piush Patel	Туре)	Title Progra	ım M	anager		Signature	lata	-	Date /	1,	2	
		_				July 1				/ '	18.0	

ASB-41 MAY 11 * Do not use this form for asbestos licensure exempted activities.

NOTIFICATION OF ASBESTOS ABATEMENT MO#20142475738 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 09 06 12 Timothy Cutting Agencies Notified Type Notification Street Address ☐ EPA X Initial 24 Inwood Road **⊠** DOLWD Amended City, State, Zip Code Amendment # X DHSS Essex Fells, NJ 07021 DCA Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Molly Werner **FACILITY INFORMATION** مدووية يمود المعرفاتين Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private home School (K-12) Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings. 24 Inwood Road homes, etc.) City (5) Square Feet # o Floors Bldg. Age Essex Fells, NJ 07021 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City. State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) - Scheduled Completion Date (11) Name of OSHA Monitor 09 / 15 / 12 Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 34A Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM- PM/ PM_ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Full Containment with Negative Pressure Full Containment with
Mini-Enclosure
Glovebag Procedure >3 sf or >3 lf > 160 sf or >260 lf Renovation Demolition Non-Exempted (*) and Non-Friable Procedure is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Encapsulate Remova Repair Enclosure Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A X Basement Pipe insulation X 70 LF F Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 Tullytown, PA TBD Completed By (Print or Type) Title Signature Date N.Jevtic Owner 09/06/2012 ASB-41 **MAY 11**

State of New Jersey

are of Notification (1)	112	+27 1	Hai		allding Owner/Op		001-	LICTING)12		140
	6/12		-						-		H
gencies Nouned	Type Notification		SV	e e l Add	55 Ri	50	1. 1	ACCECTAG AARTE	11 1		
EPA:	. kirint ⊠		_					THE SHECTME	-		H
DEP	D'Amended		City	, Stale.	Zip Code			8730	g P	-	
DOL	Amendment #_	ludina		0	ip coso	1540	ب ر ر الم	000			-1
12020)	Emergency (inc	griidons	Na	ne of Co				elephone Number		CO LAND	
00H	Cancallation				UCE BRE	UNIC					-
-:	. A. A.			ACILIT	Y INFORMATION	1 Y.	a of Facility (d)				_
me of Facility Where	Abatement is Taking	Place (3)		1	The Va	10	sehool (K-12)				
155	ITENCE					- 1 5	a. habaalar A (Other than K-12)	h. wich no. s		
reer Address		. 10				2	Other (I.e., pny	ete e muumina			_
-17 6	OFFACULTY Where Abatement is Taking Place (3) DESTREACE Address OTHER CE										
	OFFACULTY Where Abatement is Taking Place (3) DESTREACE ADDRESS OTHER COMMENT NOTE DOTE OF COMMENT NOTE OFFACE MAY County Code (7) (STATE Current Use (Prior It being demolished) VICANT OFFACE MAY OFFACE MAY OFFACE MAY County Code (7) (STATE Current Use (Prior It being demolished) VICANT OFFACE MAY OFFAC										
7(5)	Type of Facility (4) School (K-12)										
· UCE	Type of Facility (4) Control of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (I.e., private 4 commercial buildings) Nomes, etc.) Square Feet 8 of Floors Bldg Age Yor										
uniy (6)	Type of Facility (4) School (K-12)										
امر	DE MAN		1		- Name of	Abatement (coursant (a)			10	
ame of Maniforning Fin	n Hired by Building O	hwu er	ASC	M NO.	KL	GMCC	LNO	"			=
'	1/1				Sveet Ad	dross C	SPANI	E AVE.			_
reer Acoress								~			
					CAY. SE	IMPLI	SHAD	E, NDO	862		=
in, State, Lip Code						Ma		License No			
	anisom Firm	1.1	elepho	ine No.	10000	-779	-0472	0090	17_		=
ideci Manager la M	phiand	. 1.	-			- A 111 1100	101	The second			
	T Cabar	distant Com	delipr	Date (11) Name of	OSHA MON	HIEM	M			
ian Date (10)	100	15	1/12	1 17	1 00	SEPK	<u> </u>				
11.1- 211	12_	1			Sueet A	ddross	· · ·	1 125			
Status Du	ring Abatement (Che	ck only on	0)			950	Spruce	71.00			=
	ared Dunne Phote Fe	51100 01	Contract Con	กเ					_		
I Facily Closed yac	ned Outside of Norma	a Facility t	tours		City, Sta	ie, Xip Code	SUADO	E, N.J.	0805	2	-
] Abatement Perform	80 O00100 01111				_ / /	NOPLE	2777				
Ouner . Describe:					-						
							ament with Ne	Dabye Pressure			
Scane of Work (Chec						Full Contai	nment with Ne	gabre Pressure			
scape of Work (Chec	k all that apply)	Reng	yation			Full Contai	sure.	100	ure		
cape of Work (Chec	k all that apply)	Reng	ovation			Full Contai	sure.	100	910	à:erre	•
scape of Work (Chec	k all that apply)	Rend	ovation			Full Contai	sure.	pative Pressure	ni e	a:erre	•
scape of Work (Chec	k all that apply)	Renc Dem	ovation dison			Full Contai Mini-Enclor Glovebag Non-Exem	sure.	on Friable Proced	<u>ن</u> د د د د د د د د د د د د د د د د د د د	ia:erre	1
23 51 07 23 II 2160 51 07 2260 II	ik ali mat apply)	Renc Dem	ovation dison cation maly solely	ру	Des	Full Contain Min. Enclor Glove bag Non-Exem	ist (ACM)	Amount		1 per	
23 51 01 23 II 2160 51 01 2260 II	ik all that apply)	Rence Dem	cation cation maly solely	ру	Des Asbesios Contra	Full Contain Mini-Enclor Glovebag Non-Exemon of Sining Mater	ial (ACM)	Amount		1 per	C [m.do
23 51 07 23 II 2160 51 07 2260 II	on of national (ACM)	Renc Dem Is Lo Non Used S Maint	ovation dison cation maly solely enano	ру	Asbesios Conti (i.e., thermal	Full Contain Mini-Enclor Glovebag Non-Exem caption of sining Mater systems in the control of the	procedure Proced	Amount		Race	C. [Free Agranda
23 51 01 23 II 2160 51 01 2260 II Localii Aspesios Containii	on of Material (ACM)	Renc Dem Is Lo Non Uşed S Maini	cation cation maly solely enance todial	ру	Asbesios Conti (i.e., thermal	Full Contain Mini-Enclor Glovebag Non-Exemon of Sining Mater	procedure Proced	Amount	Removal	1 per	C [m.disolata
23 51 07 23 II 2160 51 07 2260 II	on of Material (ACM)	Renc Dem Is Lo Non Uşed S Maini	ovation dison cation maly solely enano	by sl	Asbesios Conti (i.e., thermal	Full Contain Mini-Enclor Glovebag Non-Exem caption of sining Mater systems in the control of the	procedure Proced	Amount	Removal	1 per	C [Franciscolution]
23 51 01 23 II 2160 51 01 2260 II Localii As Desios - Cuntainm	on of Material (ACM)	Renc Dem Is Lo Non Uşed S Maini	cation cation maly solely enance todial	ру	Asbesios Control (i.e., thermal surface other m	Full Contain Min-Enclor Glovebag Non-Exem control of sining Mater systems insing, VAT. 6 vscotlaneous	Procedure Proced	Amount (Specify SF & LF)		1 per	C [End. officialists]
23 51 01 23 II 2160 51 01 2260 II Localii As Desios - Cuntainm	on of Material (ACM)	Rency Dem	cation cation maly solely enance nodici att?	by si NiA	Asbesios Control (i.e., thermal surface other m	Full Contain Min-Enclor Glovebag Non-Exem control of sining Mater systems insing, VAT. 6 vscotlaneous	Procedure Proced	Amount	Removal	1 per	C. [[rangendator] .]
23 \$1 or 23 II 2160 \$1 or 2260 II Localin Aspessos Containing ID BE A	on of Material (ACM) BATED City 3)	Rency Dem	cation cation maly solely enance nodici att?	by sl	Asbesios Control (i.e., thermal surface other m	Full Contain Mini-Enclor Glovebag Non-Exem caption of sining Mater systems in the control of the	Procedure Proced	Amount (Specify SF & LF)	Removal	1 per	L. [Endudation]
Localin Aspessos Containment IN Fa	on of Material (ACM) BATED City 3)	Rency Dem	cation cation maly solely enance nodici att?	by si NiA	Asbesios Control (i.e., thermal surface other m	Full Contain Min-Enclor Glovebag Non-Exem control of sining Mater systems insing, VAT. 6 vscotlaneous	Procedure Proced	Amount (Specify SF & LF)	Removal	1 per	C. Francischian .
Localin Aspessos Containing TO BE A	on of Material (ACM) BATED City 3)	Rency Dem	cation cation maly solely enance nodici att?	by si NiA	Asbesios Control (i.e., thermal surface other m	Full Contain Min-Enclor Glovebag Non-Exem control of sining Mater systems insing, VAT. 6 vscotlaneous	Procedure Proced	Amount (Specify SF or LF)	Removal	1 per	C [Ent. of Sociation]
23 \$1 or 23 II 21 60 \$1 or 2260 II Localin Aspessos Containin TO BE A	on of Material (ACM) BATED City 3)	Rency Dem	cation cation maly solely enance nodici att?	by si NiA	Asbesios Control (i.e., thermal surface other m	Full Contain Min-Enclor Glovebag Non-Exem control of sining Mater systems insing, VAT. 6 vscotlaneous	procedure pred (*) and No	Amount (Specify SF or LF)	Removal	1 per	C. Transpoolate
23 \$1 or 23 II 21 60 \$1 or 2260 II Localin Aspessos Containin TO BE A	on of Material (ACM) BATED City 3)	Rency Dem	ovation cation maly Solely solely 12) No	by si	Asbesios Conte (i.e. thermal surfac other m	Full Contain Minimence of Control	Procedure Proced	Amount (Specify SF or LF)	Removal	Rappu	C. [Endingsocketon 1 3 1
Localing TO BE A	on of material (ACM) BATED Cultry 3)	Rency Dem	ovation cation many Solety Solety 12)	NIA X	Asbestos Control (i.e. thermal surface other m	Full Contail Min-Enclor Glovebag Non-Exem conption of sining Mater systems ins ing. VAT. of vscotlaneou	Procedure Proced	Amount (Specify SF or LF)	Removal	Rappu	C [Enadigodistin]
Localina Aspessos Containa IN Fa	on of material (ACM) BATED Oliny J Waste Hauler	Rency Dem	ovation cation many Solety Solety 12)	NIA X	Asbesios Conu (i.e. thermal surface other m	Full Contain Mini-Enclor Glove bag Non-Exem control of sing Mater systems in sugar VAT. over Collane out the control of the control of the collane out the col	Procedure prod (*) and No mal (ACM) initiation Name of Re C, M	Amount (Specify SF or LF)	Removal	Rappu	C. [Enderdesidation] . [] . []
23 st or 23 th 2160 st or 2260 th Aspessos Container IN Fa	on of material (ACM) BATED Oliny J Waste Hauler	Rency Dem	ovation cation many Solety Solety 12)	NIA X	Asbesios Conu (i.e. thermal surface other m	Full Contail Min-Enclor Glovebag Non-Exem conption of sining Mater systems ins ing. VAT. of vscotlaneou	Procedure prod (*) and No mal (ACM) initiation Name of Re C, M City, State	Amount (Specify SF or LF)	Removal	Rappu	C. Encognobion
Localina Aspessos Containa IN Fa	on of national (ACM) BATED Olay JWG Waste Hauler CO LWC	Rence Dem	ovation cation maly solely spano todist att?	NIA DOEP Waster D 790	Asbesios Conu (i.e. thermal surface other m	Full Contain Mini-Enclor Glove bag Non-Exem control of sing Mater systems in sugar VAT. over Collane out the systems in the sy	Procedure prod (*) and No mal (ACM) initiation Name of Re C, M City, State	Amount (Specify SF & LF)	Hernovsi X	Rappu	C. Franciscoloro
Localina Aspessos Contains IN Fa	on of national (ACM) BATED Olay JWG S Waste Hauler C O LWC	Rence Dem	ovation cation maly solely spano todist att?	NIA DOEP Waster D 790	Asbesios Conte (i.e., thermal surface other m	Full Contain Minimum Control of the	Procedure prod (*) and No mal (ACM) initiation Name of Re C, M City, State	Amount (Specify SF or LF)	Hernovsi X	Rappu	C [Entingsolution]
Scope of Work (Checkers) 23 st or 23 th 2160 st or 2260 th Locatin Locatin TO BE A IN Fa (1) SIDI Name of Registered K L E M Cin State M D P L E	on of material (ACM) BATED Colliny I Waste Hauler CO [NC.	Rence Dem Is Lo Nom Used S Maini Cus Si (odison cation maly solely enance ited is 17 12)	NIA NIA DOEP Wasuler D 790	Asbesios Conte (i.e., thermal surface other m	Full Contain Minimum Control of C	Procedure proced	Amount (Specify SF & LF)	Hernovsi X	Rappu	C. [Ent.offsoniation] . []
Localina Aspessos Contains IN Fa	on of material (ACM) BATED Colliny I Waste Hauler CO [NC.	Rence Dem Is Lo Nom Used S Maini Cus Si (odison cation maly solely enance ited is 17 12)	NIA DOEP Waster D 790	Asbesios Conte (i.e., thermal surface other m	Full Contain Minimum Control of the	Procedure proced	Amount (Specify SF & LF)	Hernovsi X	Rappu	C. Enadization .

Date of Notification (1)	2.0.10	in the second	1	Vame of	Building Own	er/Operator		- CCD-	1.		201		111
``````````````````````````````````````	1-8-15					stin	Dabro	pski	I p		16		1
Agencies Notified	Type Notification	PR 1000-00		Street Ad	ldress	A CHIN	ashili	La Di-		297• -			
□ VEPA □ DEP	Initial  Amended		100		e, Zip Code		ashingto	N ASELSTO	NO P	Till I	19.11	*	
DOL	Amendment #_		12 × 124	34.E5 4.3	(	Lant	and N	J 0	70	16	Q	-	
DOH	justification)	dunig	1		Contact	\ i	123	Telephone	Numb	oer	-		7
DCA	☐ Cancellation				ITY INFORM	Da beci	₩SK(: .	1	- CO.	~	TOTAL STREET	_1	
Name of Facility Where	Abatement is Taking P				itt Ottal		Type of Facility (	4)					
Single	tamily	Di	ue l	ling			☐ School (K-1	2)					
Street Address	ixlent . 1.	P	)i	, J		-	☐ Subchapter ➤ Other (i.e. p	8 (Other than I	K-12) ercial	build	lings,	home	es,
City (5)	Washington	1	lac	<u>e</u>			etc.) Square Feet	# of Floors		TRI	dg. A	ne.	
	rford	NO	5	070	16		0400101.000	2		117	-	90 14~	
County (6)		•	(	County C	ode (7) SE ONLY)	15	Current Use (Prid	or if being demo	olishe		W.C.		
Name of Monitoring Fire	m Hired by Building Ow	ner (8)		ASCM	No	Name	of Abatement Con	tractor (9)	-			-	
2 2	ich			A	I/A	E	HC TER	hno	0	91	28		
Street Address	x 337					Street	Address O. Bo	x 33°	7	U			
City, State, Zip Code	-04 A/T		10	2 2	3	City, S	tate, Zip Code	-4 A	T		10	57	12
Project Manager for wo	of thring Firm			elephor	ne No.	Teleph	one No.	Licens	e No.		0	24	10
Start Date (10)		chedule	ed Com	pletion [	Date (11)	85 609 Name	of OSHA Monitor	65	C	0	3	14	_
9-21-1	9	9	- 3	1-	12	E	A	boolo	800	25			
	ng Abatement (Check C						Address O. Box	237	J	SUC			
	med Outside of Normal			ent		City, S	tate, Zip Code		_				
☐ Other – Describe:			•			Ne	W ESV	of N	1	0	95	33	3
Scope of Work (Check	All That Apply)	_		-									
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf			tenovat emoliti			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Mini-Enclosure	e cedure				0	
		la la	Location	.			1 Won-Exemple	( ) and 14011-F	Habie			ement	
Locatio	on of	1	Vormall	у		Description	of				Ту	ре	
Asbestos-Containin TO BE Al	g Material (ACM)		d Solel intenar				Material (ACM)	Amount (Specify	8	ת	ps.	m	m
In Fac	cility	Cus	todial S (12)	taff?	s	urfacing, VA	T, or	SF or LF)		Remova	Repair	Encapsulate	Enclosure
(13	)	Yes	No	N/A	Off	her miscellan	neous)			val	iir	ulate	ure
B 0 0 2 - 2 - 2	,		110	1407	Pine	TEAC	elation	150	4.5	X			
Basemen		X	X	5 6	Dive			40	1	X			
15t + 60A	2 12	0.043	^		Files	11100	<i>elation</i>	90	U				
								<del>1914 - 1914</del>					
Name of Registered Wa			1000	JDEP Wauler ID		ubic Yards Waste	Name of	Registered Lar					
	eh.	108		-	90	ك ١١٠١٠	Was	He la	60	93	en	169	18
NE NS					C	isposal Date	City, Stat	ais vill	le	-	A	1	
Completed by		Title		1 1		Signature	501	1	Date		) _ 1	2	
Steve S	henken	LKG	Sid	lent		1 Dl	e) The	1	7		3-1	_	

Check # 8323

Date of Notification (1)	10:	`	TI	Name of	Building Ow	ner/Operator	(2)	Manager 1		14	i When	-theat
	1-0-1	7			1	Ken	tolu	Sel BI	Wi	E		7
Agencies Notified	Type Notification	- 1, 22 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	20-6	Street Ad	dress	BU N			11/2	4		-
D' EPA	M. Initial	en.	# - W	City Stat	e, Zip Code		lidland	AUC	4		111	1.
D DEP	Amended Amendment #	Per Albert	14 2	City, Stat	e, zip Gode	Metuc	heal	137 M2	91	10	IJ.	Table Services
	☐ Emergency (i	ncluding	_  -	Name of	Contact	rie iac	110,1	Telephone Num	ber	10		-
DOH DCA	justification)  □ Cancellation			Ke	n Fo	lwell	- 1			1		7
1				FACIL	ITY INFOR			Ut EN LLO	JE 0			
Name of Facility Where A				. 16.	۵.		Type of Facility	DAMES	The American			
Street Address	tamily	1 1	M	ellin	9-		☐ School (K-	12) r 8 (Other than K-12	١			
	Midlan	D 1	408	. `	,	1	Other (i.e.	private & commercia		dings,	home	s.
City (5)							etc.) Square Feet	# of Floors	В	ldg. A	ge	-
Metuc	hen	N	7			-1		2		60	, t -	-
County (6)				County C	ode (7) SE ONLY)		Current Use (Pr	ior if being demolish				
Middle		(0)					(4) (					
Name of Monitoring Firm	Ch Building C	wner (8)		ASCM	Nº/A	Name	of Abatement Co	chnole	<b>a</b> 8			
Street Address	641				100	Street	Address		1.	50		
P.O. Bos	337					P.	0. Ba	x 337				
City, State, Zip Code			-			6.1	tate, Zip Code	1 15		30		) 9
New Egy	ID? N.	7 6	18	53	3		WEGY	The state of the s	(	10	2	36
Project Manager for work			1	Telephor	e No.	Teleph	one No.	License No		2	91	1
Steve Se Start Date (10)	usa usa	Schedule	od Con	anletion [	)ate (11)	Name	of OSHA Monitor		)0	9	0	6_
9-24-1		Cincula	7 -	1 - P	7	6		brologi	es			
Occupancy Status During		c Only Or		<u> </u>	-	Street	Address	2003		-	-	
Facility Closed/Vaca	ated During Entire P	eriod of A	Abatem	nent			O. Box	35 1				
☐ Abatement Perform	ed Outside of Norm	al Facility	Hours			- 10	tate, Zip Code		_	00	991	9
☐ Other – Describe: _			•			- Ne	W Egy	pt NJ	0	80	5.	3
Scope of Work (Check A	ll That Apply)											
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		170	Renova Demolit					nent with Negative P re	ressu	re		
									le Dre			
		1					Non-Exemple	ed (*) and Non-Friab	FIG		ement	(
		1111999	Locati Normal	2465		Description	of			Ту	ре	
Location Asbestos-Containing		Use	d Sole	ly by	Asbesto	Description S Containing N	faterial (ACM)	Amount	1	ye.	m	
TO BE ABA	ATED	THE RECEIPTS	intena todial S	9838999999 to 10	(i.e. th	ermal systems		(Specify SF or LF)	Ren	Re	nca	enc
In Facil	ity		(12)			surfacing, VA other miscellar		Gr G LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A					=		ate	e
D	,				77:0		la l	30 LF	\ \v.		76	
Basemen	<b>†</b> (%) [24-3]	X			rike	- Insu	114107	SULF	X	-		-
				1			A LONG TO LAND			-		-
										-		-
						0.11.37	1.0	Decision all pages	<u></u>	1	<u></u>	
Name of Registered Was	8			IJDEP W		Cubic Yards of Waste	Name o	f Registered Landfill				A
EPC Tec	h.		1	700	00		Md	Ste Mar	10	Ca	A CA	I
City, State	THE PART OF					Disposal Date		ite	1	7 4		
NE NZ		Tu	444	THE PERSON	A 644	9-25-		AIS VI ITE	te	-	•	
Completed by	henken	Do	Sid	1 +		Signature	75.1	(	Ĩ-	8.	()	

Date of Notification (1)	28 M V V V	and while some	10	Name	of Buildir	ng Owner/Operator	(2)	3-4-1	W- 15	1	11	
	06 /	12		E. I	. Dupon	t			1.7	-11		
Agencies Notified	Type Notifica	ation		Street	t Address		111111	OFD 1.1	Onna	111	111	
⊠ EPA				250	Cheese	equake Road	10 4	SEP 1 1	2012	L	11	
⊠ DOLWD	Amended Amendm			City, S	State, Zip	Code				1		
DHSS DCA	Emergen		- n	Pai	rlin, NJ 0	8859	1	ASBESTOS COAT	ROL &	_1		
(NJAC 5:23-8)	justificati		9	Name	of Conta	ct	-	Telephone Nu			1	
	☐ Cancellat	tion		Jim	Poltrist	tsky				********		
				FA	CILITY II	NFORMATION						
Name of Facility Where	Abatement is 7	Taking Place	∋ (3)	MI TO	ike i it		Type of Facility	(4)				
Refrigeration Build	ling						School (K-1:					
Street Address								8 (Other than K- private and comm		ildin	20	
250 Cheesequake I	Road						homes, etc.		icroidi bi	and in	, ,	
City (5)							Square Feet	# of Floors	В	dg. A	ge	
Parlin							16000	1		+/- 5	0	
County (6)			Marine I	Cour	nty Code (	7)(STATE USE ONLY)	Current Use (Pr	rior if being demo	olished)	117		- Marian
Middlesex												
Name of Monitoring Firm	Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abatem	nent Contractor (9)	)		W-DE	7.13	
Criterion Laborator	ries					USA Enviro	nmental Manag	ement, Inc.				
Street Address					Toll at	Street Address						
3370 Progress Driv	re, Suite J					8436 Enterp	rise Avenue					
City, State, Zip Code						City, State, Zip C	Code				E ICK	9
Bensalem, PA 1902	20					Philadelphia	, PA 19153					
Project Manager for Mon	itoring Firm		Tele	phone	No.	Telephone No.	***************************************	License No.				
Mike Panepresso			2	15-244	-1300	215-365-581	0	1156				
Start Date (10)		Scheduled C	comple	tion Da	ite (11)	Name of OSHA	Monitor			<del>10-10-11</del>	11000	
9 / 20 /	12	9 /	25	5_/	12	USA Enviror	nmental Manag	ement, Inc				
Occupancy Status During	Abatement (	Check only	one)	-		Street Address					-	
☐ Facility Closed/Vacate				ment		8436 Enterp	rise Avenue					
☐ Abatement Performed	d Outside of No	ormal Facilit	y Hou	rs - Des		City, State, Zip C			-	-		
Time of Abatement: 7	':30 AM-3:30	PM/F	PM	AN	1	Philadelphia						
Scope of Work (Check al	I that apply)				W. L. C.	have leave to						
				27.01			ntainment with Ne	gative Pressure				
$\boxtimes \ge 3$ sf or $\ge 3$ If $\square \ge 160$ sf or $\ge 260$ If			enovat emolitic				closure ag Procedure					
						☐ Non-Exe	empted (*) and No	n-Friable Proced	dure			
		The second secon	Loca						Ab	atem	ent T	уре
Location		11-	Norma			Description			R	R	Щ:	Щ
Asbestos-Containing TO BE ABA		Ma	aintena	nce/		estos Containing Me e., thermal systems		Amount (Specify	Removal	Repair	cap	Clos
IN Facili		Cus	todial (12)	Staff?		surfacing, VAT	Γ, or	SF or LF)	\sigma	7.00	Encapsulate	Enclosure
(13)		Yes	No	N/A	The same	other miscellane	eous)				ate	
Boiler Room					Boiler	Insulation		15 SF				П
Bonor Room					50.101			10 01		] [		
					25.00	9. 2 St. 7 2 41. 5					ш	
	11 219 2					Europe H.	Handen in					
					7.							
Name of Registered Was	te Hauler	ALC: No.	11.58	JDEP \		Cubic Yards of	Name of Regis	stered Landfill	1,6,4,07		fel	
USA Environmenta	l Manageme	ent, Inc.	F	32610		Waste .5	Minerva La	andfill				**
City, State		41-11-11-11		32010		Disposal Date	City, State			17	77	
Philadelphia, PA				45,43		9/22/2012	Waynesbu	rg, OH				qu'ai
Completed By (Print or T	vpe)	Title				Signature	1130000		Date			
Dilip Kumar	, , ,	Progra	m Ma	nager			1.62		4-7-	10		
p						MULL	wenter	2	1-1-	16		

ASB-41 MAY 11

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

Date of Notification (1) 9–7–12					of Building			(2)			1 11	U		
	Type Notification				Address US H	ighway	y 22	West		SEP 1	12	012		IJ
	i Initial  ☐ Amended		+		ate, Zip C			<del></del>	- Learning				1	december 1
⊠ DOL	Amendment #				th Pla		-1d :	NJ 07060	AS	LESTON (	ONTIO	11 0		
	☐ Emergency (in	ncluding	-		of Contact	AT111 TC	Lu,	10 07000	Teler	hone Nur	nber	44. <u>1</u>	-	
☑ DOH □ DCA - □	justification)  Cancellation			Transfer of	ry 0'1	Brien				207222		- Mariettonia	The Real Property lies	
L 20/1 .			- 1		ILITY INF		ON					_		
Name of Facility Where Ab Tenant Spaces 1 Street Address		Place (3)						Type of Facility  ☐ School (K-☐ Subchapte	12) r 8 (Other					
975 Route 1 Sou	ıth						No.	Other (i.e. etc.)	private &	commerci	al buil	dings	, hom	es,
City (5) North Brunswick	p_s(====================================	Tale Mary						Square Feet 2,500	. 1	Floors		39y	\ge rs.	
County (6) Middlesex					Code (7) USE ONLY	)		Current Use (Pr Retail St		g demolish	ned)	.)		
Name of Monitoring Firm H	lired by Building O	wner (8)		ASC	M No.		100000000000000000000000000000000000000	of Abatement Co						
EHS Environment	al, INc.			1 6	1			mouth Envi	ronme	ntal (	o.,	Inc		
Street Address			1				Street	Address	1111			-0.000		
411 Southgate C	Court, Suite	E					923	Haws Aver	nue					
City, State, Zip Code							City, S	tate, Zip Code						
Mickleton, NJ	08056						Nor	ristown, I	PA 194	01				
Project Manager for Monito	oring Firm		-	Telepho	ne No.		Teleph	one No.		License N	0.		A CALL	
Jack Carney				856_2	24-008	an l	610	-239-9920	7	0039	8			
Start Date (10)		Scheduled			Date (11)		Name	of OSHA Monitor			-		-	
10-1-12		10-	10	10			Pl	ymouth Env.	ironme	ental (	Co.,	Inc		
Occupancy Status During	Abatement (Check	Only One	2)	12				Address						
Facility Closed/Vacate		// Es		aont			92	3 Haws Ave	nue					
☐ Abatement Performed	d Outside of Norma	I Facility	Hours	ient			City, S	tate, Zip Code					_	
☐ Other – Describe:								rristown,P	A 1940	1				
Scope of Work (Check All	That Apply)			-				222000111721	1 1510					1
☐ ≥3 sf or ≥3 lf  ② ≥160 sf or ≥260 lf		⊠ Re □ De	enova emolit					Mini-Enclosur Glovebag Pro	e cedure				e	
		ls l	ocati	ion									emen	t
Location o	ıf	No	ormal	ly	EVEN	Des	scription	of			-	Ty	ре	_
Asbestos-Containing M TO BE ABAT In Facility (13)	laterial (ACM) =		Sole ntenar odial S (12)	nce/		tos Conta thermal surfac	aining M	laterial (ACM) s insulation, T, or	(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
Tenant spaces 1	& 2	163	140	X	7/AT 1	& mast	ic		2,506	SF	x		66, -1	
Tenant spaces 1				X				t compound	1,350		X			
Tenant spaces i	α 2			1	Shee	LLOCK	JOIN	L Compound	17550					-
				1.5										
Name of Registered Waste Newark Carting	Hauler		Н	J IJDEP W lauler ID 4509		Cubic of Was	ste	Name of IESI	Page 1	d Landfill	E			
City, State		la de la companya de		V.0.210		Dispos	al Date	City, Stat	e	in participation in the second	J 400 100	- 1-	4.7	7 5
Newark, NJ				12.15	No.	10-12	2-12	Beth	lehem,	PA				
Completed by	7 75	Title		) ph. Y			ignature		7	Da	S		1	
Timothy E. Bryan	1	Vice	-Pr	eside	ent	/	1.	11	1,	9-	-7-1	2		

3754

510		()	ursu			8:60 and 12:1				5 U C	1 1		1	Щ
Date of Notification (1	)			Name	of Buildir	ng Owner/Operator	(2)	[]						
04/30/2012				Perth A	Amboy I	Board of Educati	on 🔆		I SEP	1.1.2	112	- 1	ber	11
Agency Notified	Type Notification			Street	Address							14.5	Carde 1	
⊠ EPA	⊠ Initial				arrack St				(ann	CONTR			)	44.5
O DEP	☐ Amended			City, S	tate, Zip	Code			HOULOTUS [10]	NSING	UL D			
⊠ DOL	Amendment #  Emergency (inclu	dina				NJ 08861	l _{e**}	-				Princepon	-	
⊠ DOH	justification)	ung		Name	of Conta	ct			Telephone Nur	nber				
⊠ DCA	☐ Cancellation	(FIE		Mario	Cofini			-ie-	- 4				-	(S)
				FACI	ILITY INF	ORMAT10N								
Name of Facility Whe	ere Abatement is Taking P	lace (3)	In-O'Test				Type of Facilit	ty (4)						
St. Mary's School							School (K-	12)		1 +				
Street Address									ther than K-1 te & commerci		ins			
351 Mechanic Stree	et .						homes, etc		te a commerci	a bullan	igo,			
City (5)						T- H-	Square Feet	1	f of Floors	Bldg.	Age			
Perth Amboy, NJ 08	8861					1	a morning a parameter of the			50+				
County (6)	5001			County	y Code (7	7)- (STATE USE	Current Use (	Prlor	if being demol	ished)				
Middlesex				ONLY)	)		50	h	100					
	irm Hired by Building Ow	ner	ASCM	No.	1000	Name of Abaten		-			7		19,5	
	onsultants		0057			RICI CORP								
Street Address	Street Address O. Box 385					Street Address						11/4-		
P.O. Box 385	.O. Box 385					41 LIBERTY S	STREET							
City, State, Zip Code				City, State, Zip										
Oceanville, NJ 0823				PASSAIC, NJ	07055									
Project Managerfor N		T	elepho	ne No.		Telephone No.			License No.					
Domenic D'Errico		60	9-652	-1833		973-614-1266		0	0838	*			*	ide it
Start Date (10)	Scheduled (	The state of the s				Name of OSHA	Monitor							
09/15/2012	09/18/2012					RICI CORP						_ma		
Occupancy Status Du	uring Abatement (Check o	nly one)				Street Address								
Facility ClosecNac	ated During Entire Period	of Aba	tement			41 LIBERTY S			1400 m			-		
☐ Abatement Perform	ned Outside of Normal Fa	cility Ho	urs			City, State, Zip								
Other - Describe						PASSAIC, NJ	07055							
Scope of Work (Chec	k all that apply)					☐ Full	Containment wi	th Ne	egative Pressu	re				
□ ~: 3 sf or ~: 3 lf	e come de la competación		** ***		novation molition		-Enclosure relbag Procedure							
⊠ ~: 1 60 sf or ~: 260 lf				U Dei	HOHUOH	− ⊠ Non	-Exempted (*) a	nd N	on-Friable Pro	cedure				
	1.250,7030,9530	1	Locat	tion	Park and	year Dear S					A	oate Ty		nt
			Norma	lly	19:32	Description						ı y	DC .	
	cation of ining Material (ACM)		ed Sole		Asbe	stos Containing M	laterial (ACM)		Amount		_		щ	m
TO BE	ABATED		Custod		(i.e	e., thermal systems surfacing, VA	s insulation,		(Specify SF or LF)		Ren	Re	cap	ncio
	Facility (13)		Staff:			other miscellan	neous)		or or er		Removal	Repair	Encapsulate	Enclosure
	(10)		. (12)	***	M			-			12		te	O
		Yes	No	N/A		at the create								
Boiler Room			x	9 =	Pipe in	nsulation	all things -	-	LF	-		Х		
Boiler Room	Hala Agran Ballanda		x		Breech	ning & 30 Fitting	gs	35	SF			Х		
Boiler Room 2 & A	ssociated rooms	1175	X	S CONT	Pipe ir	isulation	1802,6493	45	LF		5	X		
Auditorium		1720	x		VAT	& mastic			SF		X			100
Name of Registered	Waste Hauler			Waste	Hauler		Name of Re	g lste	red Landfill					
			No.			Waste	OR OWG	7	MDENT		1.12			
RICI CORP		29	051		****	TBD. Disposal Date	G.R.O.W.S City, State	. LA	MDFILL.					171736
City, State			1.7.1.	7		Call Mississing			7 DA					
PASSAIC, NJ	T21-	*** * **				Signature 1	MORRISV	1 1	5, FA	Date			U	
Completed by	Title	IT.				K	to Il	1		09/7/20	012			
RISTO TRAJKOV ASB-41	PRESIDEN * Do r	not use t	his for	m for a	sbestos I	icensure exempted	d activities.			3711120				
245 VA TA 1150 (CASA)														

PAGE 2 OF 2

09/7/2012

Location of Asbestos-Containing Material (ACM)	Use	Locati Iormal d Sole	ly ly by	Description of Asbestos Containing Material (ACM)	Amount	1	Abate Ty	men pe	nt
TO BE ABATED IN Facility (13)		intena Sustodi Staff? (12)	al	(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			a	1	late	(G)
Auditorium	17.00	X		Pipe insulation	20		X		
					5/ 5/ 5/				
						-	-		-
			-	Process of the second		-		4.	-
3			2110			+	-		-
71. FB.									
-46									
and a first of the comment of the state of t						-	_		-
							_		-
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-	L deep	-
		TO ST							

ocace or wew nersel

Check # 10281

9/7/12

JUN STE

Constantine Vivian

President

### State of they Jamey AND THE PROPERTY OF THE PARTY O MOTERCATION OF ASSESTED ARATEMENT Pursuate NAC 2:00 and 12:120) ... Check Name of Building Owner/Operator (2) Prince (National State (1) 9-7-2012. ESTATE OF GRACE SAFERSTEIN Type Notlication 1 MARJORIE POURT O . EPA initial City, State, Zip Code C Amended III DOL TEAWECK NI 07666 CI Emergency (including Printed Contact M DOM MS Reich E DCA FASTRY ROBINSTON Name of Facility Where Abelement is Taking Place (8) Type of Facility (4) ESTATE OF GRACE SAFERSTEIN. D School (K-12) Stachapler & (Other than 16-12) Other (i.e. private & commercial buildings, home 1 MARJORIE COURT - Square Feet # of Floors Cay (5) Bids, Ago . 1800 90 YRS T. EAWECK Carient Use (Prior if being d County Code (7) County (5) BERGEN RESTORUCE Name of Mondadag Firm Hand by Building Owner (8) ASCAL No. Best Removal Inc Street Address 450 South River St Ciby, Shale, Zip Code City, State, Zip Code . Hackensack , N.J. 07601 Project Manager for Manifester Firm Telephone No. Telephone No. se No. 201-329-7444 00388 Start Date (18) Scheduled Completion Date (11) Name of OSHA Moullor 9-19-2012 9-18-2012 19-10 Omega Environmental Services 280 Huyler St. City, State, Zip Code South Hackensack N.J. 07606 Scope of What (Check All That Apply) B 25der25f D. Pull Containment with Magathe Principe D MODERNOOF Demolition III tilni-Enclosure III Glovabag Procedure Min-Passapled (*) and Nass-Flable Proper is Location Localide of Description of Asbestos Containing Material (ACM) Used Sciely by Containing Metacial (ACM) TO BE ABATED (i.e. thornal systems insuli Quetodal State? In Facili surfacing, VAT, or (12) (13) other miscellaneous): Yes No NEA BASEMEUT LF X THERMAL MUSOCUTION 6.5 Name of Registered Waste Hader MEDERN Cubic Yards Name of Registered Lands

Harrier ID No.

17109

Estimator

of Wasie

3/4 YARID

R. Veldra

9-19-12

ASS-41 (R-00-00)

R. Veldran

Best Removal Inc.

Hackensack, NJ

* Do not use this form for asbestos Branque quampind activiti

Waynesburg, OH,

Minerva Enterprises Inc

9-7-12

Date of Notification (1) 09/06/12						Owner/Ope			N		U (i)		1	
Agencies Notified  × EPA	Type Notification			Street Ad 505 Ra		Valley Ro	ad		4	EP 1	1 201	2	10	П
DEP DOL	Amended Amendment				te, Zip Co ah, NJ 0				L_ASE	45103 DA	WTDN	-		
DOH DCA	Emergency (i justification) Cancellation	ncluding		Name of Richar	Contact d M. Ro	berts				lephone N		-		· ·
				FACI	LITY INFO	ORMATION								
Name of Facility Where A Academic Building-0		Place (3	3)					Type of Facil School	(K-12)		40)	,		
Street Address 505 Ramapo Valley	Road							Other (i etc.)	.e. private	her than K & comme	rcial buil			es,
City (5) Mahwah								Square Feet 100,000 +		of Floors F	106	3ldg. <i>F</i> 50+	lge	
County (6) Bergen				County C	Code (7) ISE ONLY			Current Use High Scho		eing demol	ished)			
Name of Monitoring Firm USA Environmental				ASCM 0011		1 122		f Abatement nid Contrac						
Street Address 344 West State Stre								ddress argeant Av	venue	AN TANA	e e			
City, State, Zip Code Trenton, NJ 08618			39.56	E34-20-		931		ate, Zip Code		200 A		Į.		
Project Manager for Moni Mr. William Weisgar			Telephor	ne No. 66-8101			one No. 89-6281		License 01099					
Start Date (10) 09/17/12		Schedule		mpletion [	Date (11)	100		f OSHA Mon		oratories	LLC			
Occupancy Status During	Abatement (Check	Only Or	ne)	and the same of		S	treet A	ddress		2000				
Facility Closed/Vaca Abatement Performe Other – Describe: V	ed Outside of Norm	al Facility	Hour			C	ity, Sta	Route 22 Vate, Zip Code						
		VI 10 7.00	/ IVI			1	Jnion	, NJ 0708	1					
Scope of Work (Check Al  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	i That Apply)	and the same of th	Renova				×	Full Conta Mini-Enclo Glovebag Non-Exem	sure Procedure				e	
			Locat		terit.							Abate	ement	-
Location Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM)	Use Ma	d Sole intena todial (12)	ely by ance/ Staff?		Descritos Contain thermal sys surfacing other miso	ing Ma stems g, VAT	aterial (ACM) insulation, , or		Amount Specify F or LF)	Removal	Repair	Encapsulate	Eliciosure
		Yes	No	N/A						100.05				
3rd and 4th	Floors		X			VAT &				400 SF	X	A 46		
		e e de de	X			Exhaus	Board			89 SF	X		100	75.6
Section 12 to 12 t	X		Cipl					60 SF Each	X					
Name of Registered Was	X	NJDEP W		cs(3) and				ered Land		100				
Pyramid Contracting	F	Hauler ID		of Waste			O.W.S.							
City, State Clifton, New Jersey		Your Land				Disposal 10/31/12		City, S Morr		Pennsylv	ania	/ - / 类/ 写		1.0
Completed by Dimo Golcev	in the state of th	Title	eral N	Manger	en de la composition della com	Sigh	ature	16	le	//	Date 09/06/	12	- 12	
ASB-41 (R-06-08)				8		0	Do not	use this form	n for asbes	stos licens	ure exer	npted	activi	ties

RECEIVED

0010		Print Form
ZUIZ SEP	11	AM 6: 66

Date of Notification (1)	1				g Owner/Operato		e Company	LLCS 1	Tu:	5. U	U)	ITI	₹0
Agencies Notified Type Notification			Street A		agle Rock Av	enue	9			risc		u	
EPA Initial Amended Amendmen	, 2		City, St	ate, Zip (						ű.			
				of Contac				* Innhai	ne Num	ber			0
DCA Cancellation				Maben				-	137.6				
Name of Facility Where Abatement is Takir ITW Building Street Address 565 Eagle Rock Avenue	ng Place (	3)	FAC	ILLIYIN	FORMATION	Ty C	pe of Facility (4 School (K-1; Subchapter Other (i.e. p	2) 8 (Other tha			dings	hom	ies,
City (5) Roseland			-			Sc	etc.) juare Feet 2,000	# of Floo	rs	1000	ldg. /	\ge	
County (6) Essex				Code (7) USE ONL	n	1 02	urrent Use (Prio anufacturing		molishe	ed)	7		-
Name of Monitoring Firm Hired by Building Environmental Management Inc.	Owner (8)		ASC	M No.	F-10-100-100-100-100-100-100-100-100-100		Abatement Confices,LLC	tractor (9)				-	11.5
Street Address 34 E. Germantown Pike					Stree 407		ress Lincoln High	nway		16,000	CIV.		
City, State, Zip Code E. Norriton PA 19401				14			, Zip Code A 19341			17-50			
Project Manager for Monitoring Firm Ray Giordano	11, 11		Telepho 610-2	ne No. 77-040	Telep 5 484		e No. 2-8884	Lice 011	ense No 61		Ŧ		
Start Date (10) 9-10-2012	Schedul 10-1-2		mpletion	Date (11	) Name EMS		OSHA Monitor		1 1 1 1				P
Occupancy Status During Abatement (Chec	k Only O	ne)	_		Stree								
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other Describe:	Period of an all Facility	Abate / Hour	ment		City,	State	ute 130 Nort Zip Code inson NJ 08						
Scope of Work (Check All That Apply)													_
≥3 sf or ≥3 If ≥160 sf or ≥260 If		Renov					Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure				0	
	1 6	Loca	tion			_	NOT-EXCHIPTED	( ) and ivo	- Habit	-	-	ement	t
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma Cus	Norma d Sole intena todial (12)	ally ely by ance/ Staff?		Description stos Containing e. thermal system surfacing, V other miscella	Mate ns ins AT, o	sulation, r	Amoun (Specif SF or Li	у	Removal	Repair	e Encapsulate	Enclosure
Part	Yes	No	N/A		77			507-		-		2.	
Roof North Kitchen	-		X	FIA	shings, penet		nis, tar	507st	1	X		7 3	
Northwest Computer room		X		VAT/ Ma	200	OVER THE STATE OF	275st		X			-	
Northwest Computer room			^		VAI/ ma	Suc		27551		Α	-	4	-
Name of Registered Waste Hauler Vaste Management	F	JDEP W lauler ID 7273		Cubic Yards of Waste 30		Name of R	Registered L S Landfill	andfill			i jer		
City, State Philadelphia PA	1000		The year		Disposal Date 10-1-2012		City, State Morrisvil				47		
Completed by Dave Ogletree	Title	ct Ma	C. W. S. II	Se PHY	Signatur	e/,	1111	11	Date	9 1		15	

# Place disregard monodured #1. Start date some as inthial notification.

RECEIVED

2012 SEPPHONFORM 6: 08

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

Date of ht / "cation (1).		(			8:60 and 12:1				357	8	11	10
9-10-17	7.				Owner/Operatintal Gas Pip		pany,LL	С		(	-10	CI
EPA Initial			Street	Address	gle Rock Av						77	
DEP Amended Amendme		_	120000000000000000000000000000000000000	state, Zip C eland NJ							Т	
DOH justification	1)	g	2000000	of Contact	-		T	elephone N	umber			-
DCA Cancellation				Maben	ORMATION				- 5-4			210-
Name of Facility Where Abatement is Tak Geswelli Building	ing Place	(3)	1.0	SICILI IN	OKIMATION	Type of Fa	20.75%					
Street Address 563 Eagle Rock Avenue						Subcl		ther than K-		ildinas	hon	nes.
City (5) Roseland			1			etc.) Square Fe 23,000		of Floors	$\neg$	Bldg. 1967	Age	-
County (6)				Code (7)		Company of the control of the contro	and the same of the same	eing demoli	7-3-1- E	1907	-	
Essex Name of Monitoring Firm Hired by Building	Owner 10		C EL COLO I VOLTO	USE ONLY		manufac	turing / o	ffice				
Environmental Management Inc.	Owner (8	)	ASC	M No		e of Abatemer services,LL		or (9)				A.53 V
Street Address 34 E. Germantown Pike		-			t Address	Lighue					-	
City, State, Zip Code E. Norriton PA 19401	THE ACM	-			City,	W. Lincoln State, Zip Coo on PA 1934	le	у				
Project Manager for Monitoring Firm Ray Giordano	17		Teleph		Telep	hone No.		License I	No.			
tart Date (10)			610-2	77-0405	484	-872-8884		01161				
			npletion	Date (11)	12220000	of OSHA Mo	nitor					
9-10-2012	10-1-2	2012	npletion	Date (11)	EMS	of OSHA Mo SL	nitor					
9-10-2012 occupancy Status During Abatement (Che	10-1-2 ck Only O Period of	2012 ne) Abater	nent	Date (11)	EMS Stree	of OSHA Mo						
9-10-2012 ccupancy Status During Abatement (Che	10-1-2 ck Only O Period of	2012 ne) Abater	nent	Date (11)	Stree 200 City, S	e of OSHA Mo SL t Address Route 130 State, Zip Coo	North					
0-10-2012 ccupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	10-1-2 ck Only O Period of	2012 ne) Abater	nent	Date (11)	Stree 200 City, S	of OSHA Mo SL t Address Route 130	North					
9-10-2012  Docupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:  Cope of Work (Check All That Apply)  ≥3 sf or ≥3 if	the control of the co	2012 ne) Abater	nent s	Date (11)	Stree 200 City. Cinr	e of OSHA Mo SL t Address Route 130 State, Zip Coc naminson N	North le IJ 08077 sinment wi					
9-10-2012  Occupancy Status During Abatement (Che  Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf	D-1-2 ck Only O Period of mal Facilit	2012 ne) Abater y Hour Renova Demoli	nent s	Date (11)	Stree 200 City, S	e of OSHA Mo SL t Address Route 130 State, Zip Coc naminson N	North le IJ 08077 sinment wi				1	t
9-10-2012  Decupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other - Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 if ≥160 sf or ≥260 if  Location of	10-1-2 ck Only O Period of mal Facilit	2012 ne) Abater y Hourn Renova Demolif	nent s		EMS Stree 200 City. 3 Cinr	e of OSHA Mo SL t Address Route 130 State, Zip Coo naminson N Full Cont Mini-End Glovebag Non-Exer	North ie IJ 08077 sinment wiosure Procedure inpted (*) a	e nd Non-Frial		ocedur	1	ıt
9-10-2012  Decupancy Status During Abatement (Che  Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 if ≥160 sf or ≥260 if	10-1-2 ck Only O Period of mal Facilit  Is Uses Ma	2012 ne) Abater y Houn Renova Demolif	nent s	Asbest	EMS Stree 200 City, 5 Cinr	e of OSHA Mo SL t Address Route 130 State, Zip Coonaminson N Full Contamining Mini-Endi Glovebag Non-Exer	North le IJ 08077 linent wisosure Procedure inpted (*) a		ble Pro	Abat Ty	emen /pe	Τ
P-10-2012  Docupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:  Cope of Work (Check All That Apply)  ≥3 sf or ≥3 if ≥160 sf or ≥260 if  Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	10-1-2 ck Only O Period of mal Facilit  Is Uses Ma	2012 ne) Abater y Hour Renova Demolii Locati Normal ed Sole iintena todial S	nent s	Asbest	EMS Stree 200 City. 3 Cinr Description Scontaining N thermal system surfacing, W	e of OSHA Mo SL t Address Route 130 State, Zip Coonaminson N Full Contamining Mini-Endi Glovebag Non-Exer	North le IJ 08077 linent wisosure Procedure inpted (*) a	nd Non-Frial Amount Specify		ocedur	emen	t Enclosure
D-10-2012  Decupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:  Cope of Work (Check All That Apply)  ≥3 sf or ≥3 if ≥160 sf or ≥260 if  Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	l 10-1-2 ck Only O Period of mal Facilit  Is Use Maa Cus	2012 ne) Abater y Hours Renova Demolii s Locati Normal ed Sole intena todial \$ (12)	nent s  attion on ly ly by nee/ Staff?  N/A	Asbest (i.e.	EMS Stree 200 City. 3 Cinr Description Scontaining N thermal system surfacing, W	e of OSHA Mo SL t Address Route 130 State, Zip Cochaminson N Full Contamin-Encl Glovebag Non-Exer and faterial (ACM s insulation, 17, or	North le IJ 08077 sinment with source source procedure inpled (*) a	nd Non-Frial Amount Specify	ble Pro	Abat Ty	emen /pe	Τ
9-10-2012  Decupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:    Cope of Work (Check All That Apply)	l 10-1-2 ck Only O Period of mal Facilit  Is Use Maa Cus	2012 ne) Abater y Hours Renova Demolii s Locati Normal ed Sole intena todial \$ (12)	nent stion on ly by by hoce/ staff?	Asbest (i.e. :	EMS Stree 200 City. Cinr Description os Containing M thermal system surfacing, VA other miscellar	e of OSHA Mo SL t Address Route 130 State, Zip Cochaminson N Full Conta Mini-Endi Glovebag Non-Exer the of Material (ACM s insulation, T, or neous)	North le IJ 08077 simment wi sosure Procedure	and Non-Frial Amount (Specify F or LF)	Removal	Abat Ty	emen /pe	Τ
9-10-2012  Docupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:  Cope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Roof	l 10-1-2 ck Only O Period of mal Facilit  Is Use Maa Cus	2012 ne) Abater y Hours Renova Demolii s Locati Normal ed Sole intena todial \$ (12)	nent s  attion on ly ly by nee/ Staff?  N/A	Asbest (i.e.	Description os Containing Mathematics System surfacing, Worther miscellar	e of OSHA Mo SL t Address Route 130 State, Zip Coo naminson N Full Cont Mini-End Glovebag Non-Exer	North le IJ 08077 Islamment wi osure Procedure inpted (*) a	Amount (Specify F or LF)	Removal X	Abat Ty	emen /pe	Τ
9-10-2012  Docupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:  Cope of Work (Check All That Apply)  ≥3 sf or ≥3 if ≥160 sf or ≥260 if  Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Roof North Kitchen Exterior	l 10-1-2 ck Only O Period of mal Facilit  Is Use Maa Cus	ne) Abater y Hour Renova Demolii t Locati Normal d Sole intena todial \$ (12)	nent s	Asbest (i.e. Section 1988) Flast VAT	Description os Containing Nother miscellar  Total Mastic/ was ansite/ window	e of OSHA Mo SL t Address Route 130 State, Zip Coonaminson N Full Cont Mini-Endi Glovebag Non-Exer and Material (ACMs in, or neous)	North le IJ 08077  Jainment wi osure Procedure IJ 08077  S  S  450	Amount Specify For LF) 816sf 2190sf	Removal X X X	Abat Ty	emen /pe	Τ
9-10-2012  Decupancy Status During Abatement (Che Racility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 if ≥160 sf or ≥260 if  Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Roof North Kitchen Exterior  ame of Registered Waste Hauler	l 10-1-2 ck Only O Period of mal Facilit  Is Use Maa Cus	Renova Demolii Locati Normal Solelaintotaa (12)	nent s s s s s s s s s s s s s s s s s s s	Asbest (i.e. :	Description  Descr	e of OSHA MoSL  I Address Route 130 State, Zip Coonaminson N  Full Cont Mini-Endi Glovebag Non-Exer  of Material (ACMs is insulation, IT, or neous)  rations, tar all mastic  ow caulk	North le IJ 08077  Jainment wi osure Procedure IJ 08077  S  S  450	Amount Specify For LF) 816sf 2190sf 0sf/ 650lf	Removal X X X	Abat Ty	emen /pe	Τ
9-10-2012  Occupancy Status During Abatement (Che  Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 if ≥160 sf or ≥260 if  Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Roof  North Kitchen	l 10-1-2 ck Only O Period of mal Facilit  Is Use Maa Cus	Renova Demolii Locati Normal Solelaintotaa (12)	nent s  and tition on ly by by once/ ctaff?	Asbest (i.e. :	Description os Containing A thermal system surfacing, V other miscellar things, penetr f/ Mastic/ wa ansite/ windo	e of OSHA MoSL  I Address Route 130 State, Zip Conaminson N  Full Cont Mini-Endi Glovebag Non-Exer  of Material (ACM station, VI, or neous)  rations, tar all mastic ow caulk  Nam GR( City,	North le IJ 08077 sinment wi osure Procedure IJ 08077 sinment wi osure Procedure IJ 08077 sinment wi osure IJ 08077	Amount Specify For LF) 816sf 2190sf 0sf/ 650lf	Removal X X X	Abat Ty	emen /pe	Τ

* Do not use this form for asbestos licensure exempted activities

* Please disregard amendment #1. Start date some as Initial notification.

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

							4 2 377 4 1	244			
			Nam	ne of Building	Owner/Operator	(2)	2012 SEP. 11	5/11	100 m		
ate of Notification (1)	1. 1.			PINEL	ANDS CO	NSTILUCIT	7/1122		-6	-	
9	16/12		Circ	et Address		-	LUIZ SEP !!				
gencies Notified	Type Notification		Sue	300	77 TI	V ST.	11-	An	-	=	
	🖾 Initial		-	500			"SHE	"11	): 5	5	
PA DP	☐ Amended		City	, State, Zip C	ode n	ry N.J.	083-41310	4		<u>-</u>	
DOL	Amendment #			SEA	LYLE CI	1 10 13 .	Telephone/Number	UNTI	30		
1 000	Emergency (inc	luaing	Nar	ne of Contac	I		Telefa for fortage 1970				
] DOH	justification) Cancellation		Ivai	FRANK	EDUDIL	) 1	,		-	=	
DCA .	Carcella oct						*				ì
			F	ACILITY INF	ORMATION	Type of Facility (	4)			-	
	Taking	Place (3)								101-519	
iame of Facility When	re Abatement is Taking	, 200 (-)				School (K-12					
16	ESIDENCE					Other (i.e., pr	ivate & commercial	building	S,		
treet Address		_			2000 200 200 200 200 200 200 200 200 20	homes, etc.)		Bidg.			1
32	5 92ND S	Tr				Square Feet	# of Floors	blug.	~3~		
Ser. (5)											1
City (5)	WE HARRO	R			= 107177	Current Use (Pr	or if being demolish	ied)			1
			C	ounty Code (	(7) (STATE	VA	CANT				
County (6) ( A r C	- NAY		10	ISE ONLY)						Section .	7
C131'C	The politica C	wher	TAS	CM No.	Name of Abate	ment Contractor (9	/				1
Name of Monitoring F	irm Hired by Building C	MIIGI		SW000005355(()	I Ku	EMCO IN	001				1
8)	NA		1-								1
Street Address					36	95,5 PRUC	€ ZUL!				4
Silect Magical	*				7	Codo					
					City, State, 20	PLE SHO	DEINIZI	0805			
City, State, Zip Code						766	License No.				
	Firm	1.1	eleph	one No.	. Telephone No.	20 01/27	004	14			
Project Manager for	Monitoring Firm				856 1	79-0472					-
Nesatta result			alatio	n Date (11)	Name of OSH	A Monitor					
Start Date (10)				n Date (11)	1 29	SEPH K-1	EMM				-
0 / - 1		1 / 7		1 -							
.4 / 7 4 / /	2	0/2			Suppl Addres	S					
9/24/1	hatement (Che	ck only or	ne)		Street Addres		ruce duc.				-
Occupancy Status (	During Abatement (Che	ck only on	ne) pateme		36	95,5P	20c= 200,		-		11
Occupancy Status (	During Abatement (Che	ck only on	ne) pateme		36	95,5P		J.0	. 80	57	1 21
Occupancy Status C  Facility Closed/V  Abatement Perfo	During Abatement (Che acated During Entire Po exmed Outside of Norma	ck only on	ne) pateme		36	95,5P	140DE, N.	J.0	. 80	57	
Occupancy Status [    Facility Closed/V    Abatement Perfo	During Abatement (Che lacated During Entire Po wrmed Outside of Norma	ck only on	ne) pateme		Cry, State, Zip	Code APLES	HODE, N.	J.0	. 80	57	
Occupancy Status [    Facility Closed/V    Abatement Perfo	During Abatement (Che lacated During Entire Po wrmed Outside of Norma	ck only on	ne) pateme		Crty, State, Zip	Containment with N	HODE, N.	J.0	. 80	57	
Occupancy Status [   Facility Closed/V   Abatement Perfo   Other - Describe   Scope of Work (Ch	During Abatement (Che lacated During Entire Po wrmed Outside of Norma	eriod of Ab	ovation	ent	Gry, State, Zip	Containment with N	ADE   N.		. 80	157	
Occupancy Status C Facility Closed/V Abatement Perfo Other - Describe Scope of Work (Ch	During Abatement (Che acated During Entire Po ermed Outside of Norma eck all that apoly)	eriod of Ab	ne) pateme	ent	Gry, State, Zip	Containment with N	ADE   N.				
Occupancy Status (     Facility Closed/V     Abatement Perfo     Other - Describe     Scope of Work (Ch	During Abatement (Che acated During Entire Po ermed Outside of Norma eck all that apoly)	eriod of Ab lai Facility I	ne) pateme	ent	Gry, State, Zip	Containment with N	HODE, N.		80	nent	2
Occupancy Status C Facility Closed/V Abatement Perfo Other - Describe Scope of Work (Ch	During Abatement (Che acated During Entire Po ermed Outside of Norma eck all that apoly)	eriod of Ab	ovation	ent	Glov	Containment with N Enclosure ebag Procedure Exempted (*) and	ADE   N.		paten	nent	2
Occupancy Status [  Facility Closed/V  Abatement Performance  Other - Describe  Scope of Work (Ch  ≥3 sf or ≥3 lf  ≥160 sf or ≥260	During Abatement (Che lacated During Entire Po ermed Outside of Norma eck all that apply)	ck only on eriod of Ab al Facility h	ovation ocation	ent	Glov	Code  Containment with N Enclosure ebag Procedure Exempted (*) and	Proced Amount	ure	Daten Typ	nent e	
Occupancy Status (  Facility Closed/V  Abatement Perform  Other - Describe  Scope of Work (Ch  ≥3 sf or ≥3 lf  ≥160 sf or ≥260	During Abatement (Che acated During Entire Po ermed Outside of Norma eck all that apply)	Reno Dem	ovation ocation mally Solely enance	by Ast	Glov  Descriptio	Code  Containment with N Enclosure ebag Procedure Exempted (*) and	legative Pressure  Non-Friable Proced  Amount (Specify	ure	Daten Typ	nent e	
Occupancy Status [  Facility Closed/V  Abatement Performance  Other - Describe  Scope of Work (Ch  ≥3 sf or ≥3 lf  ≥160 sf or ≥260	During Abatement (Che lacated During Entire Po wined Outside of Normal eck all that apply)  If  ation of ning Material (ACM)	Reno Dem  Is Lo Nor Used S Mainti Cus	ovation ocation mally Solely enancestodial	by Ast	Glov  Descriptio  Descriptio  Descriptio  Descriptio  Descriptio  Descriptio  Descriptio  Descriptio	Containment with N Enclosure ebag Procedure Exempted (*) and n of Material (ACM) ms insulation, 'AT, or	Proced Amount	ure	Daten Typ	nent e	
Occupancy Status (	During Abatement (Che acated During Entire Programed Outside of Normalist Eck all that apply)  If  ation of ning Material (ACM) ABATED	Rend Services Service	ovation ocation mally solely enancestodial taff?	by Ast	Glov  Descriptio  Descriptio  Descriptio  Descriptio  Descriptio  Descriptio  Descriptio  Descriptio	Containment with N Enclosure ebag Procedure Exempted (*) and n of Material (ACM) ms insulation, 'AT, or	legative Pressure  Non-Friable Proced  Amount (Specify		paten	nent	
Occupancy Status [    Facility Closed/V   Abatement Perform   Other - Describe   Scope of Work (Ch	During Abatement (Che lacated During Entire Po wined Outside of Normal eck all that apply)  If  ation of ning Material (ACM)	Rend Services Service	ovation ocation mally Solely enancestodial	by Ast	Glov  Description  Description  Description  Description  Description  Description  Description  Description  Description	Containment with N Enclosure ebag Procedure Exempted (*) and n of Material (ACM) ms insulation, 'AT, or	legative Pressure  Non-Friable Proced  Amount (Specify	ure	Daten Typ	nent e	
Occupancy Status [  Facility Closed/V  Abatement Performance  Other - Describe  Scope of Work (Ch  ≥3 sf or ≥3 lf  ≥160 sf or ≥260  Asbestos-Contain  IO BE	During Abatement (Che acated During Entire Power of Normal Enter P	Rend Services Service	ovation ocation mally solely enancestodial taff?	by Ast	Glov  Descriptio  Descriptio  Descriptio  Descriptio  Descriptio  Descriptio  Descriptio  Descriptio	Containment with N Enclosure ebag Procedure Exempted (*) and n of Material (ACM) ms insulation, 'AT, or	legative Pressure  Non-Friable Proced  Amount (Specify SF or LF)	ure A Removal	Daten Typ	nent e	
Occupancy Status [    Facility Closed/V   Abatement Perform   Other - Describe   Scope of Work (Ch	During Abatement (Che acated During Entire Power of Normal Enter P	Rend S Dem	ovation ovation ovation mally solely enance stodial taff?	by Ast	Glov  Description  Description  E, thermal system  surfacing. V  other miscellar	Containment with N Enclosure ebag Procedure Exempted (*) and n of Material (ACM) ms insulation. (AT, or aneous)	legative Pressure  Non-Friable Proced  Amount (Specify	ure	Daten Typ	nent e	
Occupancy Status [  Facility Closed/V  Abatement Perform  Other - Describe  Scope of Work (Ch  ≥3 sf or ≥3 lf  ≥160 sf or ≥260  Loca  Asbestos-Contai  TO BE  IN 1	During Abatement (Che acated During Entire Programed Outside of Normalistic Eck all that apply)  If  ation of ning Material (ACM)  ABATED  Facility  [13]	Rend S Dem	ovation ovation ovation mally solely enance stodial taff?	by Ast	Glov  Descriptio  Descriptio  Descriptio  Descriptio  Descriptio  Descriptio  Descriptio  Descriptio	Containment with N Enclosure ebag Procedure Exempted (*) and n of Material (ACM) ms insulation. (AT, or aneous)	legative Pressure  Non-Friable Proced  Amount (Specify SF or LF)	ure A Removal	Daten Typ	nent e	
Occupancy Status [  Facility Closed/V  Abatement Perform  Other - Describe  Scope of Work (Ch  ≥3 sf or ≥3 lf  ≥160 sf or ≥260  Loca  Asbestos-Contai  TO BE  IN. 6	During Abatement (Che acated During Entire Power of Normal Enter P	Rend S Dem	ovation ovation ovation mally solely enance stodial taff?	by Ast	Glov  Description  Description  E, thermal system  surfacing. V  other miscellar	Containment with N Enclosure ebag Procedure Exempted (*) and n of Material (ACM) ms insulation. (AT, or aneous)	legative Pressure  Non-Friable Proced  Amount (Specify SF or LF)	ure A Removal	Daten Typ	nent e	
Occupancy Status [  Facility Closed/V  Abatement Perform  Other - Describe  Scope of Work (Ch  ≥3 sf or ≥3 lf  ≥160 sf or ≥260  Loca  Asbestos-Contai  TO BE  IN 1	During Abatement (Che acated During Entire Programed Outside of Normalistic Eck all that apply)  If  ation of ning Material (ACM)  ABATED  Facility  [13]	Rend S Dem	ovation ovation ovation mally solely enance stodial taff?	by Ast	Glov  Description  Description  E, thermal system  surfacing. V  other miscellar	Containment with N Enclosure ebag Procedure Exempted (*) and n of Material (ACM) ms insulation. (AT, or aneous)	legative Pressure  Non-Friable Proced  Amount (Specify SF or LF)	ure A Removal	Daten Typ	nent e	
Occupancy Status [  Facility Closed/V  Abatement Perform  Other - Describe  Scope of Work (Ch  ≥3 sf or ≥3 lf  ≥160 sf or ≥260  Loca  Asbestos-Contai  TO BE  IN. 6	During Abatement (Che acated During Entire Programed Outside of Normalistic Eck all that apply)  If  ation of ning Material (ACM)  ABATED  Facility  [13]	Rend S Dem	ovation ovation ovation mally solely enance stodial taff?	by Ast	Glov  Description  Description  E, thermal system  surfacing. V  other miscellar	Containment with Nenclosure ebag Procedure Exempted (*) and n of Material (ACM) ms insulation. AT, or aneous)	Amount (Specify SF or LF)	ure A Removal	Daten Typ	nent e	
Occupancy Status [  Facility Closed/V  Abatement Perform  Other - Describe  Scope of Work (Ch  ≥3 sf or ≥3 lf  ≥160 sf or ≥260  Local  Asbestos-Contain  TO BE  IN 1	During Abatement (Che acated During Entire Programed Outside of Normalistic Eck all that apply)  If  ation of ning Material (ACM)  ABATED  Facility  [13]	Rend S Dem	ovation ovatio	by Ast (i	Description Destroy Control of the miscellar CANSIT	Containment with N Enclosure ebag Procedure Exempted (*) and n of Material (ACM) ms insulation. 'AT, or aneous)	Amount (Specify SF or LF)	Removal X	Daten Typ	nent e	
Occupancy Status [   Facility Closed/V     Abatement Perform     Other - Describe     Scope of Work (Ch.     ≥3 sf or ≥3 lf.     ≥160 sf or ≥260     Asbestos-Contain     TO BE     N.	During Abatement (Che acated During Entire Programed Outside of Normalist eck all that apply)  If  ation of ning Material (ACM)  ABATED Facility  [13]	Rend S Dem	ovation ovatio	by Ast	Description Descri	Containment with N Enclosure ebag Procedure Exempted (*) and n of Material (ACM) ms insulation. 'AT, or aneous)	Amount (Specify SF or LF)	Removal X	Daten Typ	nent e	
Occupancy Status [    Facility Closed/V   Abatement Perform     Other - Describes     Scope of Work (Ch.     ≥3 sf or ≥3 lf.     ≥160 sf or ≥260     Asbestos-Contain     TO BE     Name of Register.	During Abatement (Che acated During Entire Programed Outside of Normalist eck all that apply)  If  ation of ning Material (ACM)  ABATED Facility  (13)  DIN Comments  ed Waste Hauler	Rend S Dem	ovation ovatio	by Aste (i	Description Destroy Control of the miscellar CANSIT	Containment with Nenclosure ebag Procedure Exempted (*) and  Material (ACM) ms insulation.  AT, or aneous)  Name of F	Registered Landfill	Removal X	Daten Typ	nent e	
Occupancy Status [   Facility Closed/V     Abatement Perform     Other - Describe     Scope of Work (Ch.     ≥3 sf or ≥3 lf.     ≥160 sf or ≥260     Asbestos-Contain     TO BE     N.	During Abatement (Che acated During Entire Programed Outside of Normalist eck all that apply)  If  ation of ning Material (ACM)  ABATED Facility  (13)  DIN Comments  ed Waste Hauler	Rend S Dem	ne) patementors  ovation ovation ovation ovation ovation mally Solely enance stodial aff? No	by Ast (i	City, State, Zip  City, State, Zip  Full of Mini- Glov Non-  Description Description Destros Containing Le., thermal systel surfacing, V other miscella  Cubic Yards of Waste	Containment with Nenclosure ebag Procedure Exempted (*) and  Material (ACM) ms insulation, AT, or aneous)  Name of F	Amount (Specify SF or LF)  Registered Landfill M, C, M.U.	Removal X	Daten Typ	nent e	
Occupancy Status [   Facility Closed/V     Abatement Perform     Other - Describe     Scope of Work (Ch.     ≥3 sf or ≥3 lf.     ≥160 sf or ≥260     Asbestos-Contain     TO BE     IN:     Name of Register.     L G-M.	During Abatement (Cheracated During Entire Programed Outside of Normalisteck all that apply)  If  attion of Ining Material (ACM) ABATED Facility 113)  DIN Comment of Comments of Comments of Carlot (ACM) ABATED The Comment of Comments of Comments of Carlot (ACM) The Comments of Comments of Comments of Carlot (ACM) The Comments of Comments of Carlot (ACM)  The Comme	Rend of Ab Pacifity F	ne) patementors  ovation ovation ovation ovation ovation mally Solely enance stodial aff? No	by Ast (i	Description Descri	Containment with Nenclosure ebag Procedure Exempted (*) and  Material (ACM) ms insulation, AT, or aneous)  Name of F	Registered Landfill  M. C. M.U.	Removal X	Daten Typ	nent e	
Occupancy Status [   Facility Closed/V     Abatement Perform     Other - Describe     Scope of Work (Ch.     ≥3 sf or ≥3 lf.     ≥160 sf or ≥260     Asbestos-Contain     TO BE     IN:     Name of Register.     L G-M.	During Abatement (Cheracated During Entire Programed Outside of Normalisteck all that apply)  If  attion of Ining Material (ACM) ABATED Facility 113)  DIN Comment of Comments of Comments of Carlot (ACM) ABATED The Comment of Comments of Comments of Carlot (ACM) The Comments of Comments of Comments of Carlot (ACM) The Comments of Comments of Carlot (ACM)  The Comme	Rend of Ab Pacifity F	ne) patement ovation ovation ovation ovation ovation ovation mally Solely enance stodial aff? No	by Aste (i	Description  Descr	Containment with Nenclosure ebag Procedure Exempted (*) and  Material (ACM) ms insulation. AT, or aneous)  Name of F C Interpolation	Amount (Specify SF or LF)  Registered Landfill M, C, M.U.	Removal X	Repair	ned e Encapsulate	
Occupancy Status [   Facility Closed/V     Abatement Perform     Other - Describe     Scope of Work (Ch.     ≥3 sf or ≥3 lf.     ≥160 sf or ≥260     Asbestos-Contain     TO BE     IN:     Name of Register     L G-M     City. State     A G-M     Occupancy Status     City. State     Occupancy Status     City. State     Occupancy Status     City. State     Occupancy Status     Occupancy	During Abatement (Che acated During Entire Programed Outside of Normal eck all that apply)  If  ation of ning Material (ACM) ABATED Facility (13)  DIN Co.	Rend of Ab Pacifity F	ne) patement ovation ovation ovation ovation ovation ovation mally Solely enance stodial aff? No	by Ast (i	City, State, Zip  City, State, Zip  Full of Mini- Glov Non-  Description Description Destros Containing Destros Containing Destros Containing Destros Containing Description Destros Containing Description Destros Containing Ones Containing Description Descrip	Containment with Nenclosure ebag Procedure Exempted (*) and  Material (ACM) ms insulation. AT, or aneous)  Name of F C Interpolation	Registered Landfill  M. C. M.U.	Removal X	Daten Typ	ned e Encapsulate	2
Occupancy Status [   Facility Closed/V     Abatement Perform     Other - Describe     Scope of Work (Ch.     ≥3 sf or ≥3 lf.     ≥160 sf or ≥260     Asbestos-Contain     TO BE     Name of Register     Location      During Abatement (Che acated During Entire Programed Outside of Normal eck all that apply)  If  ation of ning Material (ACM) ABATED Facility (13)  DIN Co.	Rend of Ab Facility F	ne) patement ovation ovation ovation ovation ovation ovation mally Solely enance stodial aff? No	by Ast (i	Description  Descr	Containment with Nenclosure ebag Procedure Exempted (*) and  Material (ACM) ms insulation. AT, or aneous)  Name of F C Interpolation	Amount (Specify SF or LF)  Registered Landfill M, C, M.U.	Removal X	Repair	ned e Encapsulate		

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)						ding Owner/Operato Apartment & Co	or (2) ountry Club	2012 SEP 11.	23.36	10	P. J.	
Agencies Notified  EPA DEP	Type Notification	on		165	eet Addres 55 US H	IWY 9	Y=	2012 SEP 11.	4//	5: 3	4	
DOL	Amended Amendment		ng		, State, Zip d Bridge,	Code , NJ 08857	54 2000 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 10	LICENSI	15-1	POL		
DCA -	justification Cancellation			100000000000000000000000000000000000000	ne of Cont nadette P			Telephone Nu	mber			
				F/	ACILITY II	NFORMATION						
Name of Facility Where Apartments Bldg.	Abatement is Tak	ing Plac	e (3)				Type of Faci	lity (4)		-		-
Street Address							School (K	(-12)				
18 A-D Peach Lane							Other (i.e	er 8 (Other than K-	12) rcial bu	ildina	IS.	
City (5)							homes, e Square Feet	etc.)			9 25 V. 210 – 125 č	
Old Bridge,							2000 SF	# of Floors	21	Bldg. 60+	Age	
County (6) Middlesex			15		unty Code E ONLY)	(7) (STATE	Current Use Apartments	(Prior if being demo				
Name of Monitoring Firm	Hired by Building	g Owner		ASCN	I No.	Name of Abaten						
(8) <u>N/A</u>			1		VI VI		al Construction					
Street Address		T E				Street Address	7 221					_
City State 71- 0								MB Suite 218	-			
City, State, Zip Code						City, State, Zip C Clifton, NJ C						
Project Manager for Mor	itoring Firm		Tel	lephone	e No	Telephone No.	71012	License M				_
				-6110116		973-389-008	89	License No 00693				
Start Date (10)	Sch	eduled C	Compl	etion D	ate (11)	Name of OSHA N		_ 1 _00090			_	=
09/17/2012	09	9/19/20	12			DIA General	Construction	on, Inc.				
Occupancy Status Durin						Street Address						_
X Facility Closed/Vacate Abatement Performed	ed During Entire P	eriod of	Abate	ement				MB Suite 218	-31			
Other - Describe:	Outside Of Norma	ai racilit	у ног	II S		Cliffon N.I.O.		(A)				
Scope of Work (Check a	Il that apply)					Clifton, NJ 0	7012					
>3 sf or >3 lf ≥160 sf or >260 lf	тик арріу)		enovat emol			☐ Mini-End ☐ Goveba	closure ig Procedure	Negative Pressure	od.			
			Locati			T T NOTI-EX	complete / Jane	Table Proc	Section 1	Abate	ment	t
Location of			ormall Sole		1 . 30	Description of			7	1 22	ре	
Asbestos-Containing M TO BE ABAT		Mair	ntenar	nce/	Asbes	tos Containing Mate	erial (ACM)	Amount		Nij.	т	
IN Facility		8	staff?		(I.e.	<ul> <li>thermal systems in surfacing, VAT,</li> </ul>		(Specify SF or LF)	Ren	Re	Encapsulate	Eliciosule
(13)			(12)			other miscellaneo	us)		Remova	Repair	sula	USUI
		Yes	No	N/A					<u>m</u>		ate	G
Crawl Space				X	Pipe/El	bow Insulation		200 LF	X			0.15
1									A			
										100		
Name of Registered Was	te Hauler		IA	JDEP V	Maeta	Cubic Yards	T Name of Dea	stered Landfill				
Service Transport Gr			1 1 1 2 2 2	lauler ID 20970		of Waste	10000					
City, State	A Property Control		-12	20970		Disposal Date	Minerva L	andini			in it	
New Castle, DE		11		e profile	man Toxical	09/17/2012		rg, OH 44688				104
			-				1 110000	- 5) 11 17000		42		100
Completed By Crutarth Jagad	Title	9		200	Section 1	Signature t		Date			5510	

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

	Ar.			
2012	REC			
rh -	TOS C	AM ONT	6: 34	
		NG ne Num	ber	
Facility	(4)			

Date of Notification (	1) 6/2012			Nan Gle	ne of Build	ing Owner/Operato Apartment & Co	r (2) ountry Chb :	SEP 11 AI	1.			
Agencies Notified  EPA	Type Noti	fication		Stre	et Addres 55 US H	s	&	LICE, CON	): ):	14		
☐ DEP	Amend	ded Iment #_ ency (includ	ing		. State, Zip d Bridge,	Code NJ 08857		CHSING	ROL			
DOH DCA	justific Cance	cation)	9	100000000000000000000000000000000000000	ne of Conta			Telephone N	umber			A 1
					ACILITY IN	IFORMATION		<u> </u>				
Name of Facility Whe Apartments Bldg. Street Address	re Abatement i	s Taking Pla	ce (3	)			Type of Facili School (K-Subchapte		1 2)			
3 A-D Aspen Mal	1						Other (i.e.,	private & comme		ilding	js,	
City (5) Old Bridge,							Square Feet 2000 SF	# of Floors	1	Bldg.	Age	
County (6) Middlesex				USI	unty Code E ONLY)	(7) (STATE	Current Use ( Apartments	Prior if being dem Bldg.	olished	)		
Name of Monitoring Finance (8) N/A	irm Hired by Bu	uilding Owne	r	ASCN	I No.		nent Contractor					
Street Address							Avenue, PN	IB Suite 218			-	
City, State, Zip Code						City, State, Zip ( Clifton, NJ (	Ode					
Project Manager for M	lonitoring Firm		T	elephone	e No.	Telephone No. 973-389-00		License No.				
Start Date (10) 09/17/2012		Scheduled 09/19/20		oletion D	ate (11)	Name of OSHA						
Occupancy Status Dur  Facility Closed/Vac	ated During En	itire Period o	f Aba	tement		Street Address		/IB Suite 218				_
Abatement Perform Other - Describe:	ed Outside of	Normal Facil	ity Ho	ours		City, State, Zip C	ode					
Scope of Work (Check >3 sf or >3 lf _2160 sf or 2260 lf	all that apply)	⊠ F	lenov: Dem	ation olition		Full Co	ntainment with N closure g Procedure	egative Pressure Non-Friable Pro	cedure			
Location	n of	1	Loca Norma d Sol			Description of		THE STOP IN THE ST	-	Abat	ement pe	t
Asbestos-Containing TO BE ABA IN Facil (13)	ATED	) Ma		ance/ dial ?		tos Containing Mat , thermal systems i surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
Crawl Space		Yes	No	N/A.	Pine/FI	bow Insulation		200 LF		-	6	10
				A .	i ipe/Ei	bow insulation		200 LF	X			- 31
Name of Desires	anto III- 2			111111								
Name of Registered W Service Transport (				Hauler II	No.	Cubic Yards of Waste 10	The second second	istered Landfill			7	
City, State New Castle, DE	Stoup			20970		Disposal Date 09/17/2012	Minerva La City, State	rg, OH 44688				
Completed By Krutarth Jagad		Title Presiden	t			Signature	vv ayriesour	Date	5/2012			
Lore to the second seco		1	-	-	-	1		09/00	114012			-500

2581

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (*09/0	1) 6/2012					ing Owner/Operator Apartment & Co		20,	2 SE	Ö	ha f	1 3	E
Agencies Notified	Type Notif			Stre	et Addres 55 US H	S		100	57	<i>+</i> ,	4	1 6	· ~
DEP DOL	Amend Amend		ng		, State, Zip I Bridge,	Code NJ 08857	-		ticz	WS VS	0/4	10,	-44
DCA DCA	justifica Cancell			1 SUMMER 1	ne of Conta			Telephone	Num		446	-16	4
				FA	ACILITY IN	FORMATION							
Name of Facility When Apartments Bldg.  Street Address	re Abatement is	Taking Plac	ce (3)					12) r 8 (Other tha					
1 A-D Aspen Mal	1					Est Total	Other (i.e., homes, etc		merci	al bui	lding	5,	
Old Bridge,							Square Feet 2000 SF	# of Floo	rs	1.000	Bldg. 60+	Age	
County (6) Middlesex				USI	unty Code E ONLY)	(7) (STATE	Current Use (FApartments		emoli	shed)			
Name of Monitoring Fi (8) N/A	rm Hired by Bu	ilding Owner		ASCN	No.		nent Contractor ( I Construction						
Street Address					1,20	Street Address 1360 Clifton,	Avenue, PM	B Suite 21	8				
City, State, Zip Code						City, State, Zip C Clifton, NJ C							
Project Manager for M	onitoring Firm		Tel	ephone	No.	Telephone No. 973-389-00	89	License 00693		1 70			
Start Date (10) 09/17/2012		Scheduled 0 09/19/20		etion D	ate (11)	Name of OSHA N	Monitor Constructio						_
Occupancy Status Dur Facility Closed/Vac		(Check only	one)	ement		Street Address 1360 Clifton,			18				
Abatement Perform Other - Describe:						City, State, Zip C	ode	TID GUILG II					_
Scope of Work (Check	all that apply)					Onitori, No o	7012						_
>3 sf or >3 If >160 sf or >260 If			enovat emol			Mini-End Goveba	ntainment with No closure g Procedure (empted (*) and						
		N	Locatio	y				Non-Friable	Proce		Abate Ty	ment	i
Location Asbestos-Containing TO BE AB IN Facil (13)	Material (ACM) ATED ity	Mai C	d Solel ntenar ustodia staff? (12)	ice/		Description of tos Containing Mate , thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or	Amount (Specify SF or LF		Removal	Repair	Encapsulate	Enclosure
Crawl Space		Yes	No	N/A	Pipe/El	bow Insulation		200 LF		X			
		A SAN TIME NAME OF THE OWNER, THE											
			-			Harris Alberta Harris				17,735			
Name of Registered W Service Transport (			H	JDEP auler II 20970	O No.	Cubic Yards of Waste 10	Name of Reg						
City, State New Castle, DE			_1			Disposal Date 09/17/2012	City, State	g, OH 4468	88				order of
Completed By Krutarth Jagad		Title President		OS II A		Signature	T dynesoun	Da Da		012			
SB41	24 345 63 2							- 1.05	700/2	.012	A STATE		7.50

ĭ			NOTII (P	FICATIO	N OF ASE	ew Jersey EESTOS ABATEN 8:60 and 12:120	MENT	2012 SEP	CE	///	t fr	Pa
Date of Notification (1	7/2012	The state of the s	To Property of			g Owner/Operator Peresa Matsuya		2012 SEP	11	Α,	- 1	ner ^g
Agencies Notified	Type Notifi	cation			et Address			MOHE-		117	6: :	in.
EPA	Initial	odtion		19	Myrtle Av	ve.		27/0	1111			0
DEP DOL	Amenda		ing		State, Zip gewater, N			LICE	NSI	VG.	ROL	<u></u>
DOH DCA	justifica	ation)			e of Conta	eresa Matsuyan	0.2	Telephone Num	ber			
	Cancen					FORMATION						=
Name of Facility When	re Ahatement is	Taking Pla	ce (3)		ACILITY IN	FORMATION	Type of Facilit	y (4)		-		
Residence Street Address	Te Abatement to	- Tuking Tie					School (K-1	8 (Other than K-1	2)			
19 Myrtle Ave.							Other (i.e., homes, etc	private & commerci .)	al buil	dings	·	
City (5) Edgewater, NJ							Square Feet 2,500	# of Floors	B 7	ldg. A ()	Age	
County (6)			_			(7) (STATE		rior if being demoli	shed)			
Bergen				-   -	E ONLY)		Residence					
Name of Monitoring F (8) N/A	irm Hired by Bu	ilding Own	er	ASCI	M No.		ment Contractor ( al Constructio					*
Street Address				1-		Street Address						
Street Address						1360 Clifton,	Avenue, PM	B Suite 218				_
City, State, Zip Code						Clifton, NJ						
Project Manager for M	Monitoring Firm		T	elephon	e No.	Telephone No. 973-389-00	189	License No. 00693		The second		
Start Date (10)		Scheduled	Com	pletion (	Date (11)	Name of OSHA						
09/17/2012		09/18/2					l Constructio	n, Inc.		_		_
Occupancy Status Du  Recility Closed/Vac						Street Address 1360 Clifton	, Avenue, PN	1B Suite 218				
Abatement Perform						City, State, Zip C	Code					
Scope of Work (Chec	k all that apply	)		-		Omton, No.						
>3 sf or >3 lf ≥160 sf or ≥260 lf				vation nolition		Mini-Er Goveb	ontainment with N nclosure ag Procedure (xempted (*) and	egative Pressure  Non-Friable Proce	edure			
en garages as de-	July Design	128	ls Loc				National Control	(2-1747 V.) L.,			ment pe	
Location				olely by		Description o				, ,	T	Г
Asbestos-Containing TO BE AB IN Fac (13	BATED	vi) N	Custo staf (12	ff?		stos Containing Ma , thermal systems surfacing, VAT other miscellane	insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Basement of the B	ldø	Ye	s N	lo N/A		lbow Insulation		69 LF	X		1000	
Casemont States			-	1	1				1			
			+	-					1		-	
							usuh e-2005	ALL CONTROL OF THE PARTY OF THE				
Name of Registered V	Waste Hauler		-		2 Waste	Cubic Yards	Name of Reg	istered Landfill	Port Sp.		1	-
Service Transport	Group			Hauler 2099	ID No.	of Waste 4 CY	Minerva L	andfill				
City, State New Castle, DE						Disposal Date 09/18/2012	City, State Waynesbu	rg, OH 44688		in the	413	
Completed By		Title				Signature	1 /	Date			_	n's
Krutarth Jagad		Presid	ent			111 04 DWF#	15 de	09/07/	2012			

Jon of

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

RECEIVED

Date of Notification (1)				Name of Nationa	Building ( al Railro	Owner/Oper ad Passe	rator enge	(2) er Corpo	orati <b>@fj</b> ]	2 SE	PII	M 8	: ភា			
	Type Notification  Initial Amended Amendment	#		Street Ad 30th an City, Stat	ldress nd Mark e, Zip Co	et Sts.				HES	LIOS D LICENS	OMT				
DOH DCA	Emergency justification) Cancellation			Name of	**				9 -	Tel	ephone Nu	mber			Vi	
Name of Facility Where A Amtrak - Adams Yar Street Address 788 Adams Lane		g Place (3)		FACIL	ITY INFO	RMATION		Sci Su	Facility (4 nool (K-12 bchapter 8 ner (i.e. pr	) 3 (Oth	er than K-1	(2) Sial build	dings	hom	es,	
City (5) North Brunswick, NJ	08902							Square <25,00	Feet	# 0	f Floors	50	ldg. /	\ge		
County (6) Middlesex				County C	ode (7) SE ONLY)		-		Use (Prior use (rai		ng demolis I car)	shed)				
Name of Monitoring Firm Bureau Veritas North		Owner (8)		ASCM	No.	F	PSC	Industr	nent Cont ial Outs							
Street Address 110 Fieldcrest Ave.						2	2337		Penn Ro	oad						
City, State, Zip Code Edison, NJ 08837	-7					F	latfi		Code 19440							
Project Manager for Monit Ritesh Ramraj	toring Firm			Telephone No. 732-225-6040 215-  Completion Date (11) Name					-		License 01149	No.				
Start Date (10) 9/19/12		Schedule 9/30/12	d Co	mpletion [	Date (11)	ALCOHOL: SHAW	Monitor ial Outs	ourci	ng, LP							
Occupancy Status During Facility Closed/Vaca Abatement Performe Other – Describe: M	ted During Entire	Period of A	bater	ment s		tate, Zip	Penn Ro Code 19440	oad								
Scope of Work (Check All  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	That Apply)			novation					Enclosure ebag Proc	edure	n Negative			re		
- 1-1-1	AF.		Loca	20-14-14										emer ype	it	
Asbestos-Containing TO BE ABA	Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  No Used Maint Custod				Asbes (i.e.	Descritos Contain thermal sysurfacing other mise	ning N stem g, VA	Material (/ s insulation T, or	ACM) on,	(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure	
Railroad	car	Yes	No			Ca	aulk				1	SF.			1	
Railroad car						TSI (	(clot	h)	7.5		6	IF				
Railroad	Railroad car X					TSI (	рар	er)			9	SF.				
Name of Registered Waste Hauler Republic Env. Systems (Trans Group) LLC					/aste No.	Cubic Ya of Waste	, i		Grows L	and	ered Land		ento	vn R	d.	
City, State 21 Church Rd., Hatfield, PA 19440						Disposal			City, State Morrisvi		A 1906		F.,			
Completed by Gene Rane		Title Enviro	onm	ental So	cientist	Sign Ju	hatur	- F	cue.			Date 9/7/12				

# D&S Proj. #: MS 12-318

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

	5.7			
	0.	fran	Y.	
1	1 9	m /	1 10	~ .

								20.		VE	1)		
Date of Notification (1)	N	ame of Bu	uilding Own	er/Operator (2)	)	<del></del>	- May - 2 - 2 - 2	WIZ SEP	1,		South		and the same of
0 9 1/10 16 1/11 12 1		ROBER'	T MORRO	ow -				E LICE	11 4	M 6	ir		
Agencies Notified Type Notificat	ion -	reet Addr						- 17HC 3111	\$ 71.		13		
☐ EPA ☐ Initial ☐ Amended		111 CL	OVE ROA	D				& LICH	Nou	HTR	$\Omega_I$		
Amendment #:			Zip Code			*			-140][	30	J.L		
DOL Emergency		NEW R	OCHELL	E, NY 1080	)1	least to			-		y		44
DOH (including justification)	Na	me of Co			-			Telephone	Numbe	er	_	-	
DCA Cancellation		ROBER	RT MORR	OW				1500000					
			FAC	ILITY INFORM	IATION								
Name of facility where abatement i	s taking plac	ce (3)					TT	ype of Facility (4			1		
ROBERT MORROW								School					
Street Address		-					-	☐ Subcha	S. Santana S.			(-12)	
Street Address								Other (F Bldgs./F			ercial		
28 ELSTON STREET	1000000							Square Feet #	of Floo	ors	В	ldg. A	ge
City (5)	Count	ty (6)	34.24			nty Code (7)							
BLOOMFIELD	ESS	EX			(Sta	te use only)		Current Use (Pri	or if bei	ng den	nolish	ed)	
Name of Monitoring Firm Hired by			7	ASCM No.		Name of Abatem	ent Co	ntractor (9)	-				- 07
						D & S RESTO	ORAT	ION, INC.					
Street Address					-	Street Address					200		
						20 California	a Ave.						
City, State, Zip Code						City, State, Zip Co	ode						
						Paterson, NJ		3					
Project Manager for Monitoring Firm	1	P	hone Numb	er		Telephone Numb			License				
						973-345-80 Name of OSHA M				00159			
Start Date (10)	Sched.	Completi	ion Date (1	1)		D & S Resto		Inc					
09/19/12	09/28/	/12				Street Address	ration	, me.	4				
Occupancy Status During Abatemer	nt (Check on	ly one)				20 California	Aven	ue			1. 3.	1.42	
Facility closed/vacated during Abatement performed outside	그리 전에 잘 하는데 바다를 받는데 없다.				14	City, State, Zip Co	ode					24.1	
Describe:					_	D-4 NI	0750		Total State				
Other-Describe: NORMAL H		N. P. VII.			- ]	Paterson, NJ							
Scope of Work (check all that apply >3 sf or >3 lf		I Control					=	Containment w/r ni-enclosure	negative	e press	ure		
	Renovation	)						vebag procedure					
≥160 sf or ≥260 lf	Demolition					Water Room	☐ No	n-Exempted (*) a	nd Non		1	edure	
Location of	by mainter		used solely stodial	Company of the control of the contro				Amount	Links	R	R	E	E
asbestos-containing material (acm) to be	staff(12)			Description material (		sbestos-containing	3	Amount (Specify SF	or	m	р	C	n
abated in facility (13)	Yes	No	N/A					ĹF)		٧ .	i	a p	Ĺ
BASEMENT		Y		PIPE INSU	LATI	ON		70 l ft		e	1		
					1.					T	T	H	Ħ
					7112					TH		Ħ	Ī
						4							
Registered Waste Hauler D & S RESTORATION, INC.	NJDEI 1350	P Hauler		ubic Yards of V	Vaste	Name of Registe		ndfill SOURCE REC	OVE	RY		13.	
City, State			Disposal D			City, State	. 1, ICE	DOGKOL KEC	7 7 1	-			
PATERSON, NJ 07503		113	09/20/1			TULLYTOW	N, PA				1	1.	1
Completed by (Print or Type) BOGDAN JOLDZIC	Signature			Add by		Date 09/06	/12	F. 1925	2 -				
	PRESIDE Do not use		for asbesto	s licensure exe	empted	activities.			09100	112	-		

1370				CH-1	rax:	Sep	6 2012 02:5	16рт	PUU1	/UUZ	
00 9 D&S Proj. #: MS 12-3			No	titication of As	e of NJ sbestos Abatement	NED	APPRO ephyot Health 8	WED A Seni	or Sa	ruicas	2
MS 12-3	19		(Pur	rsuant to NJA	C 8:60 and 12:120)	RF No	MY	10	Mer	)	1
D. L. Children	The state of the s				20.	Deter	910612	re)	2:5	7 A.	
Date of Nullication (1)		Name of 8	uilding O	wner/Operator (2	2)	2 SEP // A	0,0112	.Time	Rai	27	1
Agandes Notified Type Not		MARGO	OT LAI	ONDE	á.	SEP 11 A	M 6.				
EPA Initial		Street Addr	NAME OF THE OWNER.		D)	-37000	· · · · · · · · · · · · · · · · · · ·	-	- Conseq.		-
DEP Amende		City, State,	ARTA	VENUE	(8	LICENSON	IRO.				
☑ DOL ☑ Emarge					With the last to t	-150	G				-
DOH (Includin	na I	SUMM!	LI, NJ U	17901							
DCA justificat						Te	dephone Numb	er			
	HODE	MARG						7	-	-	
Name of facility where abateme			FA	CILITY INFORM	FATION				The state of the s		trace.
	ant is taking i	place (3)				Type of F					-
MARGOTLALONDE						1	School (K - 12				
Street Address							Subchapter 8 (	Other	than	K-12	2)
78 HOBART AVENUE							Other (Private/ Bidgs:/Homes,	etc.	ierc(a	1	
City (6)	Co	unty (8)		1		Square F	eet # of Flor	oro	T	Bldg.	1
SUMMIT					County Code (7) (State use only)	Coursell					-
Name of Monitoring Firm Hired I	UI bu Bld= Out	NION		CANCEL MARKET		11	lse (Prior if ber	ng de	molis	ned)	
The state of the s	dy blog. UWI	ser(8)		ASCM No.	Name of Abateme						
Street Address					D&SRESTO	RATION, IN	C.		1300		
				e a mile of the	Street Address				7		-
City, State, Zip Code		-			20 California City, State, Zip Coo					and the same of th	
Project Manager for Monitoring Fi	m	Pho	one Numl	ber	Paterson, NJ Telephone Numbe		License	Alexan	1		=
					97/3-345-802	20	2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C	)0159			
Start Date (10)	Sche	d. Completion	1 Date (1	1)	Name of OSHA Mo		MA TONING		7000		=
09/12/12	09/2	4/12			D & S Restora	ition, Inc.					
Occupancy Status During Abatem	ent (Check o	only one)		7.	20 California A	Auguna	BOOK TO SEE				-
The	to entire ner	ed of abatem	ent		City. State, Zip Cod	Marie and American					=
Facility closed/vacated during	to of normal						PER I				
Facility closed/vacated during Abatement performed outside Describe:	de of normal	racinty nours	-	Parala III							
Facility closed/vacated during Abatement performed outside Describe:  Other Describe: NORMAL	HOURS	TACILITY FIOURS	_		Paterson, NJ 0						5
Facility closed/vacated during Abatement performed outside Describe:  Other Describe: NORMAL  Scope of Work (check all that app.	HOURS					07503 Full Containme	ant w/negative	press	tire	_	
Facility closed/vacated during Abatement performed outside Describe:  Other Decoribe: NORMAL Scope of Work (check all that apprendictions)	HOURS ply) Renovation	on				7503 Full Containme Mini-enclosure	3	press	tire		1000
Facility closed/vacated during Abatement performed outside Describe:  Other Describe: NORMAL  Scope of Work (check all that approximation of the companies of t	Ply) Renovation Demolition	on n	ed sojely			07503 Full Containme	edure			adure	
Facility closed/vacated during Abatement performed outside Describe:  Other Decoribe: NORMAL  Scope of Work (check all that app  ≥3 at or ≥2 tr  ≥160 at or ≥260 tf  Location of subestos-containing	POURS  Ply)  Renovation  Demolition  Is incation by mainte	on	ed sojely		Paterson, NJ C	Pull Containme Mini-enclosure Glovebag prod Non-Exempted	edure d (*) and Non-f			E	
Facility closed/vacated during Abatement performed outside Describe:  Other Describe: NORMAL  Soope of Work (check all that app 23 af or >3 fr  Location of	Plours  Plours  Renovation  Complifor  Is ideation by mainte staff(12)	on n n normally us enence/custoo	ed solely		Paterson, NJ C	Pull Containme Mini-enclosure Glovebag prod Non-Exempted	edure d (*) and Non-f	R e m	proce	E C	
Facility closed/vacated during Abatement performed outside Describe:  Other Decoribe: NORMAL  Soope of Work (check all that app ≥ 3 at or ≥ 1 tr  ≥160 at or ≥260 tf  Location of autoestos-containing material (acm) to be abated in facility (13)	POURS  Ply)  Renovation  Demolition  Is incation by mainto staff(12)  Yes	on n	ed sojely	Description material (At	Paterson, NJ C	Pull Containme Mini-enclosure Glovebag prod Non-Exempted Amou (Spec	edure d (*) and Non-f	R e m o	proce	E n	W. T.
Facility closed/vacated during Abatement performed outside Describe:  ☑ Other Decoribe: NORMAL  Soope of Work (check all that app ☑ >3 at or >3 tr  ☑ ≥160 at or ≥260 tf  Location of autorial (acm) to be	POURS  Ply)  Renovation  Demolition  Is incation by mainto staff(12)  Yes	on n n normally us enence/custoo	ed solely	Description material (At	of asbestos-containing CM)	Pull Containme Mini-enclosure Glovebag prod Non-Exempted Amou (Spec	edure d (*) and Non-f	R e m	proce	E C	de la constantina della consta
Facility closed/vacated during Abatement performed outside Describe:  Other Decoribe: NORMAL  Scope of Work (check all that app  3 at or >2 tt  Location of esbestos-containing material (acm) to be abated in facility (13)  ASEMENT'S LOCATIONS	POURS  Ply)  Renovation  Demolition  Is incation by mainto staff(12)  Yes	on n n normally us enence/custoo	ed solely	Description material (At	of asbestos-containing CM)	Puti Containme Mini-enclosure Glovebag prod Non-Exempted Amou (Spec	edure d (*) and Non-f	R e m o v	proce	E C	No. of the last section of
Facility closed/vacated during Abatement performed outside Describe:  Other Decoribe: NORMAL  Scope of Work (check all that app  3 at or >2 tt  Location of esbestos-containing material (acm) to be abated in facility (13)  ASEMENT'S LOCATIONS	POURS  Ply)  Renovation  Demolition  Is incation by mainto staff(12)  Yes	on n n normally us enence/custoo	ed solely	Description material (At	of asbestos-containing CM)	Pull Containme  Mini-enclosure Glovebag prod Non-Exempted Amou (Spec	edure d (*) and Non-f	rizbie R e m c	proce	E C	de la constitución de la constit
Facility closed/vacated during Abatement performed outside Describe:  Other Decoribe: NORMAL  Scope of Work (check all that app  3 at or >2 tr  Location of esbestiss-containing material (acm) to be abated in facility (13)  ASEMENT 5 LOCATIONS  ASEMENT	POURS  Ply)  Renovation  Demolition  Is incation by mainto staff(12)  Yes	on n n normally us enence/custoo	ed solely	Description material (At	of asbestos-containing CM)	Pull Containme  Mini-enclosure Glovebag prod Non-Exempted Amou (Spec	edure d (*) and Non-f	rizbie R e m c	proce	E C	de la constitución de la constit
Facility closed/vacated during Abatement performed outside Describe:  Other Decoribe: NORMAL  Scope of Work (check all that app ≥ 3 at or ≥ 1 to ≥ 160 at or ≥ 260 tf  Location of asbestos-containing material (acm) to be abated in facility (13)  ASEMENT 5 LOCATIONS  ASEMENT	POURS  Ply)  Renovation  Demolition  Is location by mainto staff(12)  Yes	n normally usernance/custoo	ed sofely	Description material (Ad PIPE INSUL. CHIMNEY P	Paterson, NJ C	Pull Containme  Mini-enclosure Glovebag prod Non-Exempted  Amou (Spec LF)  56 L FT 2 SQ FT	edure d (*) and Non-f	rizbie R e m c	proce	E C	At the same of the
Facility closed/vacated during Abatement performed outside Describe:  Other Decoribe: NORMAL  Scope of Work (check all that approximate states of the states	POURS  Ply)  Renovation  Demolition  Is location by mainto staff(12)  Yes	n normally user energy of the latest the lat	ed sofely	Description material (Ad PIPE INSUL CHIMNEY P	of asbestos-containing CM)  ATION (WRAP CUT) ACKING	Puti Containme Mini-enclosure Glovebag prod Non-Exempted Amou (Spec LF)  56 L FT 2 SQ FT	edure d (*) and Non-f	rtable R e m c > e X	proce	E C	A. The second se
Facility closed/vacated during Abatement performed outside Describe:  Other Decoribe: NORMAL  Scope of Work (check all that app 23 at or >3 tt  Location of asbestos-containing material (acm) to be abated in facility (13)  ASEMENT 5 LOCATIONS  ASEMENT  Sistered Waste Hauter  & RESTORATION, INC.  y, State  ATERSON, NJ 07503	POURS  Ply)  Renovation  Demolition  Is location by mainto staff(12)  Yes	n normally us manes/custoo	ed sofely	Description material (Ad PIPE INSUL. CHIMNEY P	of asbestos-containing CM)  ATION (WRAP CUT) ACKING  Ste Name of Registered TULLYTOWN, City, State	Pull Containme Mini-enclosure Glovebag prod Non-Exempted Amou (Special F)  56 L FT 2 SQ FT	edure d (*) and Non-f	rtable R e m c > e X	proce	E C	A. I was a second and a second
Facility closed/vacated during Abatement performed outside Describe:  Other Decoribe: NORMAL  Scope of Work (check all that approximate states of the states	POURS  Ply)  Renovation  Demolition  Is location by mainto staff(12)  Yes	n normally userience/custox	ed solely diai	Description material (Ad PIPE INSUL. CHIMNEY P	of asbestos-containing CM)  ATION (WRAP CUT) ACKING	Pull Containme Mini-enclosure Glovebag prod Non-Exempted Amou (Special F)  56 L FT 2 SQ FT	edure d (*) and Non-f	rtable R e m c > e X	proce	E C	

### D&S Proj. #: MS 12-319

ASB-41

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

RECEN

	100,000									$V \subset L$	3			
Date of Notification			Name of Bu	ilding Own	er/Operator (2)	)		2012	SEP 11					
10 19 1/10 16			MARGO	T LALO	NDE				OLI II A	M 6:	a.			
Agencies Notified EPA	Type Notificat	ion 3	Street Addre	ess				4500	STOS US LICENSI		1			
☐ DEP	Amended		78 HOB	ART AVI	ENUE			රිද	LICENS	HTRO	)			
	Amendment #:		City, State, 2	Zip Code					-1101	NG				
☑ DOL	M Emergency	-	SUMMI	T, NJ 079	901	100	7201 1 02000				TEST			
□ DOH	(including justification)	I N	lame of Cor	ntact					Telephon	e Numbe	er			
☐ DCA	Cancellation	- 11	MARGO	OT LALC	ONDE				600	1000				
				FAC	ILITY INFORM	MOITA	1							
Name of facility wh	nere abatement i	s taking pla	ace (3)					Ту	pe of Facility (					
MARGOT LAI	LONDE									K - 12 pter 8 (		nan K	-12)	
Street Address									Other (	Private/0 Homes,	Comme		2000A	
78 HOBART A	AVENUE			- 5		54-111		S		# of Floo		В	dg. A	ge
City (5)		Cou	nty (6)	The state of		Cou	inty Code (7)							
SUMMIT		UN	NION			(Sta	ite use only)	C	urrent Use (Pi	or if bei	ng dem	olish	ed)	
Name of Monitorin	g Firm Hired by				ASCM No.	$\vdash$	Name of Abatem	ent Cont	ractor (9)					
*							D & S REST	ORATI	ON INC					
Street Address		- 01					Street Address		-,					
							20 California	a Ave.						
City, State, Zip Cod	le						City, State, Zip Co	ode						
			7				Paterson, N.	07503						
Project Manager fo	r Monitoring Firm	1	Ph	one Numb	per		Telephone Numb	er		Licens	e Numb	er		
							973-345-80	)20			00159			
Start Date (10)		Sche	d. Completion	on Date (1	1)		Name of OSHA		The state					
09/12/12		00/2	4/12				D & S Resto Street Address	ration,	Inc.					
Occupancy Status	During Abatemer						20 California	Arromy						
	d/vacated during			ment.			City, State, Zip Co		е		_			
	erformed outside	of normal	facility hour	rs-			oity, otato, z.p o							
Describe: Other-Descri	be: NORMAL H	IOURS	L. Francis				Paterson, NJ	07503						
Scope of Work (ch				24 - 2 8923 000	August 1			T Full (	Containment w	/negativ	e press	ure		
$\boxtimes$ >3 sf or >3 lf		Renovation	on						enclosure					*
☐ ≥160 sf or ≥2		Demolitio							ebag procedui	9.0				
			n normally	used soleh	v			☐ Non-	Exempted (*)	and Non	R	R	E	
Location of asbestos-cor	ntaining	by maint	enance/cus		and the second	on of a	sbestos-containing	,	Amount		e	е	n	E n
material (acn	n) to be	staff(12)		1	material		Species con Emmi	1.87.7	(Specify S	F or	m o	p a	a	C
abated in fac	anty (13)	Yes	No	N/A	1100			1000	LF)		v e	1	p	L
BASEMENT 5 I	LOCATIONS	a turku sa sa	TV T		PIPE INSU	JLATI	ON (WRAP CU	JT)	56 L FT	E	×		П	I
BASEMENT		100 to 2015	X		CHIMNEY				2 SQ FT	1.01				Ti
		Translate.			1					VI TON	Ti		Ħ	I
		12 2 TROY 1		Trans.	CALS OF		aprest et a les al	45,44		May In		T	П	
				1 Fg 8.	PACE VICE		E.F. Assessment	No. Service			Ti			
Registered Waste F D & S RESTOR			EP Hauler I 506		ubic Yards of	Waste	Name of Registe			COVE	DV		1257	A TOLK
City, State	Trion, inc.			Disposal D			TULLYTOW City, State	IV, KES		COVE.	NI.			
PATERSON, N	J 07503		100	09/13/1			TULLYTOW	N, PA						4.5
Completed by (Prin		Title		T BOOK	Signature		1	,,,,,		Date				
BOGDAN JOL		PRESID	ENT							09/06	/12			02.200.000
ASB-41		Do not us	e this form	for asbesto	os licensure ex	empted	d activities.	2000						

E.

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

CHECK#: 1900

		-						Atomic					
Date of Notification (1)			Name of	-	Owner/C 12ES	Operator (2)		$ n\rangle$	[ - (1)	B 1	n de la companya de l	on.	
Agencies Notified Type Notification	A selfere about record and		Street Ad	ddress			Ave II	/11/			1/	E	m
□ EPA □ Initial		-	011 01			NNELE	TWE !		- (1)				11
D DEP Amended	)	1	City, Sta	te, Zip Co		<i>c</i> .	- 14 /	Nest f	954 1	7	110		111
☑ DOL / Amendment	The second secon	207		UFR	ららし	1 (174	· NUI	汀ろ	06 [	4 4	2 12	il	1//
日 Emergency (i 図 DOH justification)	ncluding		Name of	Contact		Manual Control of the		Tel	ephone Nu	mber		1	
□ DCA □ Cancellation			. ()	GINA	nn "	TORRE	c	-	-				1
CHANGE THE RESIDENCE OF THE PARTY OF THE PAR	Contract of the Contract of th			LITY INFO			COST construction of the spiritual section			sansking.	-		-4
Name of Facility Where Abatement is Taking	Place (3)		PAGE	LITTINGC	KWAT		pe of Facility (	4)	** - X : 4		The state of the s	-	+
TORRES								Nester Nester			1.20	7	-
Street Address							School (K-1 Subchapter		rthan K 1	2)			
							Other (i.e. p				inne	home	
229 TONNELE AVE							etc.)		. dominion	ar bane	migo,	,,,,,,,	٠,
City (5)			The second second second			So	uare Feet	1#0	f Floors	T E	Bldg. A	lge	
JERRICE CITY							3068		3	1	j \	i	
County (6)		1	County C	20do (7)				1			1 1	1	
				JSE ONLY)			urrent Use (Pri			160)			
HUD50N			-				1265IDE	MI	4		_ 0.7	-	
Name of Monitoring Firm Hired by Building O	wner (8)		ASC	M No.			Abatement Cor		(9)				
						A. MAC	Contracting Inc	;					
Street Address						Street Add	Irece			All Busheson	-	- Designation of the last	
						105 Low			16/16/16				
City, State, Zip Code	to the second second	-	-			-	- Marine - M		-				-
Oity, Grate, Zip Gode							, Zip Code						
						Glen Ro	ck, NJ 07452						AND IN COLUMN
Project Manager for Monitoring Firm			Telepi	hone No.		Telephone	e No		License N	lo		13.	
						201-262			00156	.0.			
Short Data (40) Ou a st	0 1 1 1 1	_			COL S SHARES			AND RESIDEN	The same of the sa	THE REAL PROPERTY.	emissione-	-cathurath	diction and the
Start Date (10) 9.17.17	Scheduled	Con	indiction i	Date (11)			OSHA Monitor Environmenta	Consid	and Imp				
		11	216			Ornega	Liviloinneina	i Service	es inc.				
Occupancy Status During Abatement (Chec	k Only One	)				Street Add	dress						
	eriod of Aba	atem	ent			280 Huy							
☐ Abatement Performed Outside of Norma ☐ Other - Describe:	al Facility Ho	ours					, Zip Code			Yes West			
U Other - Describe:	-				- Complete	Hackens	ack, NJ 07606						
Scope of Work (Check All That Apply)	****												
∑ ≥3 sf or ≥3 lf	B. Ren					-							
□ ≥160 sf or ≥260 lf	D Den					E V	ull Containme	nt with	Negative P	ressure	3		
2 2100 01 01 2200 11	u Den	iona	OIT				Slovebag Proc	edure				2220	
						百百	on-Exempted	(*) and	Non-Friab!	e Proc	edure		
	la l	ocati			and the second second	Win Laurence mount		nierius anna				emen	t
		ocau										уре -	
Location of	Used					escription of		- 10			T	1	T
Asbestos-Containing Material (ACM)  TO BE ABATED	Main					ntaining Mat			Amount	1 -		m	l m
In Facility	Custo		Staff?	(1.6		al systems in: acing, VAT, o			Specify F or LF)	(F)	18	les	13
(13)		(12)				miscellaneou			· OILI	Remova	Repair	Encapsulate	Ench suns
	Van	B.1-	1 1116							0		ale	120
	Yes	No	N/A										
<b>DASSINE</b> 11 t			X	Di	ne 1	ubulch	76Y)	76	R LF	X	19	- Indiana	
2003/2411.511	1 1		+			WENT HOLI	10.1		101	1	-	-	1
									11.04				
	-			199		2000 00 00 00 00 00 00 00 00 00 00 00 00							
Sec. 4. C. C. Charles Company of the		THE THE PERSON NAMED IN	1		WIT MEDITION OF		THE CONTRACT AND DESCRIPTION	Market Market Street	****	1	-	-	-
New 10 days		animarius animarius			CATALOGUE AND	DATE OF THE PARTY		water the print		-			
Name of Registered Waste Hauler			JDEP W		100000000000000000000000000000000000000	Yards	Name of	Registe	red Landfill				ST- 677.
Rovic Transport			lauler ID 20785	140.	of Wa	iste	IESIDA	Rathlah	em Landfill	Com			
		1										1	
City, State, Zip Code Riverdale, NJ 07457					Dispo	sal Date	City, State						
	CHEST I				19.	(1)	Bethlehe	in, PA	10015				10
Completed by	Title					Signature	_		- A Da	ate _		-	
R. McDonald	Presider	it			- Paring	1)	Wa.m	5)6	Idl	4.	7.1	2	
					1	11 Como		0	- }	./-	.1 .1	6	

	1	1/7/	ol.
CHECK#:		1	W

		7				(0)	40	F	1-1-1	11//	Tr-3	Page 1	7
Date of Notification (1)		N	ame of B	uilding Owr TO12124	ner/Operator	(2)		- W	7 5 11	M	E	1	
Agencies Notified Type Notification		S	treet Add								7	111	
				229	TONNE	LEAN	ell II	SE	P 11	2012		Ul	
□ DEP 💢 Amended	1	C	ity, State	Zip Code			1-1	0.5.01	/		100	ELVIO ²	
■ DOL Amendment #     □ Emergency (in				JERS	EH (	TY: P	17 a	130		Shie A			-
図 DOH justification)	3	N	lame of C		O TOR	のことへ	The observations	Telep	hone Num	iber -	-51		
☐ DCA ☐ Cancellation		1	an accommendation of the	TY INFORI	CALCULATION CONTRACTOR STREET	¥-1, 30000000	W. R. A. T. A.	TOP		E 0 50 01 1		Nonescond Nonescond	-
Name of Facility Where Abatement is Taking F	Place (3)		THOILI	11 000		Type of	Facility (4)					0.55	
TORRES							hool (K-12)						
Street Address						Sul Sul	bchapter 8 her (i.e. priv	(Other t	han K-12) ommercia	ı I buildir	nas. h	omes	·.
229 TONNELE AVE					-	et	c.)			~			
City (5)						Square	Heet Nob	# of F	100rs 2	i Bi	dg. Ag		
JERGETI CITY		10	County Co	de (7)		1	t Use (Prior		The second second	-d)	1 1	1	
County (6)			STATE US			1	SIDEN						
Name of Monitoring Firm Hired by Building Ov	vner (8)	1	ASCM	No.	Nam	And in concession of the latest terms	ment Contr	The Assessment of the last	Company of the last of the las				
					A. 1	VIAC Conti	racting Inc		3				
Street Address	interest and the Authorities of the					et Address Lowell Ro							
		-						702 - 100 <b>0</b> 00	THE PART IS NOT THE REAL PROPERTY.	- Total Time	THE SALES		nationist
City, State, Zip Code						State, Zip n Rock, N							
Project Manager for Monitoring Firm		T	Teleph	one No.	Tele	phone No.			License N	0			
			relepit	0110 110.		1-262-584			00156			IORUKANIA	and the second
Start Date (10) POST PONT	Scheduled	Com	pletion D	ate (11)		ne of OSH mega Env	A Monitor ironmental	Service	s-Inc.				
Occupancy Status During Abatement (Chec		~			Stre	et Address	S						
	eriod of Aba	teme	ent			Huyer St. State, Zir		umation and the same	union accominate management of the second		(CINASCE)		
<ul> <li>□ Abatement Performed Outside of Norma</li> <li>□ Other - Describe:</li> </ul>	il Facility Flo	urs					NJ 07606						
Scope of Work (Check All That Apply)												-	
≥3 sf or ≥3 lf	⊠ Ren	ovati	ion			☐ Full (	Containmen	t with N	egative P	ressure			
□ ≥160 sf or ≥260 lf	□ Den					回 Mini-	Enclosure			ative Pressure			
						Glove	ebag Proce Exempted (	aure *) and f	Von-Friabl	e Proc	edure	autonomica.	LILEO
And Control Table 19 and the Control Table 19	ls L	ocati	on				4					emen	t
Location of	No Used	mal			Descript	ion of					1	ype	T
Asbestos-Containing Material (ACM)  TO BE ABATED	Main	tena	nce/		s Containin				mount pecify	R	7	ERS	10
In Facility	Custo	dial S (12)	Staff?		surfacing,	VAT, or	· dependent		or LF)	Remova	Piopair	Ercapsulale	Enclosure
(13)			7		other misce	naneous)	100			167	=	il ale	ure
	Yes	No	N/A			·····	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM		Artist and State Law State	١.,	-		1
1 basanent			1X	Pip	of like	<u> Hartro</u>	anare and	25	CLF	X			1
		The state of		1 1			THE PERSON NAMED IN			CLEAN CO.			
					72.00					The same of the sa		-	
The state of the s						*************				Table 1			1
Name of Registered Waste Hauler		1000	JDEP W	1000	Cubic Yard	S	Name of F	Register	ed Landfill				
Rovic Transport			lauler ID 1 20785	NU.	of Waste		IESI PA	3ethlehe	em Landfill	Согр.			
City, State, Zip Code Riverdale, NJ 07457	Disposal Date City, State, Zip Code												
					V'7 1 1 1								
Completed by R. McDonald	Title Presider	nt			Signal	) //	UG M	5)6	LA	6	15	112	-
1		Signature Randella-M-Ja											