* POSTPONED

| | 01 | - |
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| CHECK #: | 796 | . 1 |
| OHLUITY. | 100 | - 4 |

| Date of Notification (1) | Contraction and Contraction | T | Name of Bu | uilding O | wner/Op | perator (| 2) | · Marianta (prope | The second second | ternotore in | | | |
|--|--|--|---------------------------------|---------------------------|---|--|--|--|-------------------------------|------------------------|--------------------|----------------|--------------|
| 8.27.12 | = | | EFI | Glob | oal, t | MC. | | 1 5 | G F | 1 W | 1 [5] | T pag | T |
| Agencies Notified Type Notification | | T | Street Addr | ress | | | | 功一 | | | | 7/ | |
| □ EPA Linitial | | L | 187 1 | Ballo | irduc | ale S | treet HS | vite. | A215 | | | 111 | |
| ☐ DEP ☐ Amended | 1 | | City, State, | Zip Code | е | | | Ш | SEF II | 247 | 2 | IL | 71 |
| ☑ DOL Amendmen | ACCUSATION AND A STATE OF THE PARTY OF THE P | - | MilMi | matt | ON 1 | MA | 018871 | | - | | | hanne | |
| | | | Name of Co | | | | | -Te | lephone Nu | mber | | | |
| ☐ DCA ☐ Cancellation | 1 | | KOB 6 | RAQU | NET. | | | I Get | C-ccc | | | 9 | - |
| Name of Facility Where Abatement is Taking | DI (0) | | FACILIT | TY INFO | RMATIC | NC | | | | No. Company | | | no afrace |
| | g Place (3) | | | | | | Type of Facility | (4) | | and the same special | Tipo en depu | W., | |
| Street Address | | | | | | | ☐ School (K | | | | | | |
| | | | | | | | ☐ Subchapte ☑ Other (i.e. | | | | linas | home | 26 |
| 17000 HORIZON WAY | | | | | *** | | etc.) | - | | | | 10.00 | Ο, |
| City (5) | | | | | | | Square Feet | # 0 | of Floors | 1 | 3ldg. / | | |
| MT. LAUREL | | | | | | | 3500 | | | | 5 | O_{\perp} | |
| County (6) | | | County Cod | | | | Current Use (P | rior if bei | ing demolisi | ned) | | | |
| BURLINGTON Name of Monitoring Firm Hirad by Building | 200 | | | | - 2.2. | | <u>Bau</u> | <u>Ľ</u> | | | | | |
| Name of Monitoring Firm Hired by Building (| Jwner (8) | | ASCM | No. | | | of Abatement Co | | (9) | | | | e-constants. |
| Street Address | | | | | | | | | | | | - | |
| Sueet Address | | | | | | | Address | | | | | | |
| City State Zin Code | - A STORE LONG TO STORE | - | | | - Luenceton | 105 L | owell Road | | trational comment | | IMOC IN | | |
| City, State, Zip Code | | | | | | | tate, Zip Code | | - | | | | |
| Project Manager for Monitoring Firm | | - | | | | Glen | Rock, NJ 07452 | | | | | | |
| Project Wanager for Monitoring Pinn | | | Telephon | ne No. | | | one No. | | License N | lo. | | | |
| | 1 | | THE RESERVE THE PERSON NAMED IN | SCHOOL SHOP IN THE SECOND | | 201- | 262-5841 | etros como munica s | 00156 | All Marketines | TOTAL CARREST | DESIGNATION OF | ADASTICANO. |
| Start Date (10) | Scheduled | Con | pletion Dat | te (11) | | | of OSHA Monito | | | | | | |
| THE RESERVE OF THE PERSON OF T | L | embore se | - | | | One | ga Environmen | iai Servii | ces inc. | | | | - |
| Occupancy Status During Abatement (Che Example Status During Abatement (Che Example Status During Entire I | ck Only One) | | | | 1 | | Address | | | | | | |
| ☐ Abatement Performed Outside of Norm | al Facility Ho | urs | ent | | 1 | | luyer Street ate, Zip Code | Production (Contract of Contract of Contra | | S.Carthological States | hutskennon | | NOTE: NO |
| ☐ Other - Describe: | - II TOO HE KIN HOWHIN | | er ranges exercise ou | Walter Colonia | EAST- | | ensack, NJ 0760 | 6 | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | | |
| □ . ≥3 sf or ≥3 lf | ₩ Ren | ovati | ion | | | п | Euli Containe | ماللت بالمام | Binneth D | | _ | | |
| ≥160 sf or ≥260 if | □ Dem | | | | | | Full Containm Mini-Enclosur | | Negative P | ressure | 3 | | |
| | | | | | | | Glovebag Pro | | | _ | | | |
| And the state of t | 1 | ELECTRICATE OF THE PARTY OF THE | The second | | MASS Code minimum | | . Non-Exempte | d (*) and | Non-Friable | e Proc | ****** | - | MODERNOON |
| | Is Lo | ocati mal | | | - | | | 111 | | | | emen ype | Ē |
| Location of Asbestos-Containing Material (ACM) | Used S | | * | Ashsata | | cription | of Naterial (ACM) | 0.00 | | | T | 1 | Г |
| TO BE ABATED | Maint Custod | | | | | | insulation, | 18 | Amount Specify | 27 | | E Z | E |
| In Facility (13) | | 12) | tan? | | surfac | ing, VA | T, or | | F or LF) | Remova | Repair | aps. | 0 |
| (13) | CANADA PARA | | _ | | otner m | iscellan | eous) | Y | | Wa | = | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | | | | - | O | |
| exterior | | | X | IA | 10491 | 10100 | SIM | 120 | 05F | IX | | | |
| | | ****** | | | , ,,,,, | 7.00 | <u> </u> | 1 | V /1 | 1 | 1 | - | - |
| | | | | | | | | - | | - | - | | _ |
| | - | | | entra unapa | | | TO A CONTRACT OF STREET, STREE | - | Piloto III Ingala Carantan an | | - | - | destamo |
| | | | | | saliki hajmayana mar | | | 100 | 1 | ensum. | | | |
| Name of Registered Waste Hauler | | | JDEP Waste | | Cubic Y | | Name o | f Registe | ered Landfill | | THE REAL PROPERTY. | alternote de | |
| Rovic Transport | | | auler ID No. 2078 5 | | of Wast | ie t |) JESI PA | \ Bethleh | em Landfill | Com | | | |
| City, State, Zip Code | | 1 | | | Disposa | al Date | | ite, Zip C | | | | | |
| Riverdale, NJ 07457 | | | | | | 677 | | iem, PA | | | | | |
| Completed by | Title | ARCOND. SUR | WORK COOK FOR COMME | | ASSESSMENT OF THE PARTY OF THE | THE RESERVE THE PARTY OF THE PA | CONTRACT OF THE PARTY OF THE PA | | a d De | ate / | 7 | TUNNESS CO | energy and |
| R. McDonald | President | | | | / | D | Lela. W | 1-18 | Ist | 9/ | 6/1 | 2 | |
| | | | | | .311 | سان | A. | 0 | | 1/- | 1 | | |

| | 9 | 2 000 |
|----------|-----|-------|
| CHECK #: | 14) | 0 |

| Date of Notification (1) | | | 1 | Name of B | uilding Owner/ | Operator | (2) | picos si-cama | | | - | | | |
|---|--------------------------------|--|-------------------------------------|--------------------------|---|-------------------------|-------------------------------------|-----------------|-------------|----------------|----------------|--------------|--|--|
| | 8.27.12 | | | EFI | Global, | | (2) | | EG | E | I W | E | | |
| Agencies Notified | Type Notification | | \neg | Street Add | ress | | | | | 15 1 | V | 1 | -11 | |
| □ EPA | ⊠ Initial | | 1 | 187 | Ballard | vale s | treet - | Alle | A215 | | | | H | |
| ☐ DEP 図 DOL | ☐ Amended Amendmen | + # | _ | City, State, | Zip Code | | | III U | 5EF | 11 | 201 | Z | 11 | |
| M DOLL | ☐ Emergency | (including | - | | maton | MA | 01887 | | | | | | | |
| □ DCA | justification) ☐ Cancellation | | Ì | Name of C | - | | | Te | elephone N | lumber | Toni | _ | , j | |
| | 1 | | | FACILIT | LAQUET Y INFORMAT | ION | - | 1 | | The Manager | | 7 | · · | |
| Name of Facility Where | Abatement is Taking | g Place (3) | | TAGILLI | I IN ORWA | ION | Type of Facility | (4) | | | to to the same | | - | |
| ID BANK | | | | | | | ☐ School (K | | | | | | | |
| Street Address | i | | | | | | ☐ Subchapte | r 8 (Oth | er than K- | 12) | | | | |
| 17000 HORI | 12017 NAY | | | | | | Other (i.e. etc.) | private | & commer | cial bui | ldings | , hom | es, | |
| City (5) | > | | | | | | Square Feet | # (| of Floors | T | Bldg. | Age | | |
| MT. LAUR County (6) | -t-L | | | | | | 3500 | | 1 | | 5 | D | | |
| BURUNGTI | lac | | | County Coc (STATE USE | | | Current Use (P | rior if be | ing demoli | shed) | | - | | |
| Name of Monitoring Firm | n Hired by Building C | Jumer (8) | | ASCM | | | Ban | | | | | | | |
| 3 | a by Dallallig C | zwiici (o) | | ASCIVIT | NO. | A. MA | of Abatement Co C Contracting Ir | ontractor oc | (9) | | | | | |
| Street Address | | | | | | - | Address | | | | | | | |
| | | | | | | 1 | owell Road | | | | | | | |
| City, State, Zip Code | A Third County No. | | | | *************************************** | City St | tate, Zip Code | | | - | 7004H722 | - Annahala | | |
| | | | | | | | Rock, NJ 07452 | | | | | | | |
| Project Manager for Mor | nitoring Firm | | T | Telephon | e No. | Teleph | one No. | | License | No | | | | |
| | | | | | | | 262-5841 | | 00156 | nse No. 156 | | | | |
| Start Date (10) 9 7 1 | 2 | Scheduled | Com | pletion Date | e (11) | Name o | of OSHA Monito ga Environment | r al Cand | | | | | | |
| Occupancy Status Durin | | k Only One) | | | The second second | 1 | THE RESERVE THE PERSON NAMED IN | al Selvic | es inc. | | | | | |
| | ated During Entire P | eriod of Aha | teme | ent | | 1 | Address uyer Street | | | | | | | |
| ☐ Abatement Performe ☐ Other - Describe: | ed Outside of Norma | al Facility Ho | urs | | | City, Sta | ate, Zip Code nsack, NJ 07606 | ~ | | MALE SENSON | Mentre mosco | Più februare | TO THE STATE OF TH | |
| Scope of Work (Check / | All That Apply) | The state of the s | | | | Hacke | risack, NJ U/DU | 0 | | | | | | |
| □ _ ≥3 sf or ≥3 lf | ш тастрыу) | 7 7 5 | | | | | | | | | | | | |
| ≥160 sf or ≥260 if | | □ Ren | | | | | Full Containme Mini-Enclosure | ent with | Negative F | ressur | е | | | |
| | | | | | | Д | Glovebag Prod | cedure | | | | | | |
| A CONTRACT OF THE PARTY OF THE | | 1 | | 1 | | | Non-Exempted | (*) and | Non-Friab | le Proc | edure | - | | |
| Location | - of | | ocatio mall | | | | | | | | | emen /pe | t | |
| Asbestos-Containing | Material (ACM) | Used 9 | Solel | y by | De Asbestos Con | scription o | of sterial (ACM) | | mount | - | T | T | T | |
| TO BE AB | | Mainte Custod | | - · | (i.e. thermal | systems | insulation, | (5 | Specify | 12 | П | Encapsulate | E | |
| (13) | | (| 12) | | | cing, VAT niscellane | | SF | or LF) | Remova | Pepsir | 15dc | Enclosure | |
| | | Yes | No | N/A | | | | | talistics. | 16, | = | ale | 8 | |
| exterior | / | | - | X | 10/0/10 | (5) (0) | | | 0 : - | 1 | - | - | | |
| 217(410) | | | - | 1 | Mate | KUVYV | ar HUJ | 150 | 05F | IX | | | | |
| | | | | | | | | | | | | | | |
| | | | MANUAL PROPERTY. | | | | | | | | | | | |
| Jamo of Pogisters 135 | A-11-1 | | | | AND CODE STREET | | | | Same and | | | 12 | CLINIC CO. | |
| Name of Registered Was | te Hauler | | | DEP Waste uler ID No. | Cubic of Was | 1500 EV | | Register | ed Landfill | - de manuel | - Service | | | |
| Rovic Transport | a pungey 157 | | | 0785 | oi vvas | te 5 | IESI PA | Bethlehe | m Landfill | Corp | | | | |
| City, State, Zip Code Riverdale, NJ 07457 | | - 14 141 | Disposal Date City, State, Zip Code | | | | | | | | | | | |
| | - | e 7.83 1 P | 9.7 | . en | Bethlehe | | | | | | | | | |
| Completed by R. McDonald | | Title President | Signature A Date | | | | | | - Alexandra | | | | | |
| | | riesident | | | / | Lamo | Lela-on | Jan | Ld | 8 7 | 7.1 | 2 | | |

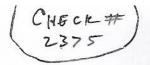
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

| | | | | • | te: 140,000 | | | | IT TO | - Andrews | Chec | k#N | I/A | 0.7 | 877 |
|--|--|-----------|-----------------|----------------------|--------------|---------|---|--|--|-----------|---------------|-----------------------|----------|-----------------|--|
| Date of Notification (1) 9/7/1 | 2 | | | of Buildin | | | perator (2) versity | | | | | 7 [| | n | Contraction of the last of the |
| [] EPA [] | of Notificat | N | | Address al Ave | nue | 1 | | | | EP i | 1 20 | 12 | | | Participant Company |
| [X] DOL [] E | Notification Emergency Amended Notification | U | | ate, Zip (r Mont | | | 07043 | | AS | BESTOS | CONTROL | R. | Lamenton | ana " | THE PROPERTY AND PERSONS ASSESSMENT OF THE P |
| | nd. #3 | N | ame c | of Contac | ct | | | | Telephone Nu | mber | ASING | **** | | | |
| [] 0 | Cancellation | ۱ A | my | Ferdin | and | | | 3 | | | CATALON AND | 199 | | CHECOLO JOSE | el. |
| | | | | | FACI | ILITY I | NFORMATION | | | | | 17.00 | | | |
| Name of Facility Where Abate Exterior - underground | | | | Univer | sitv | | | Type of Fac | ility (4) hool (K-12) bchapter 8 (Othe her (i.e. private ar | rthan K | -12) | | | 6197 AZI | |
| Street Address | | | | | , | | | 1 0 | ner (i.e. private ar mes, etc.) | nd comm | nercial b | uilding | gs, | | |
| 1 Normal Avenue | | | | | | | | Square Fee | | ors | Bldg | . Age | | ary | _ |
| City (5) | | County | 400.00 | | | | y Code (7) | 20000 | 1 | | ~ 50 | | | | |
| Upper Montclair | | Essex | (| | | (STAT | TE USE ONLY) | educational | (Prior if being de | emolishe | ed) | | | | |
| Name of Monitoring Firm Hire | | ng Owne | | ASCM No | 0. | | Name of Abatem | oo Ino | 8 | | | | | | |
| Whitman Companies, Street Address | inc. | | | 00110 | | - - | Street Address | es, Inc | • | | | <u>v </u> 8 | | | |
| 7 Pleasant Hill Road | Road | | | | | | | 3 Lynn Court | | | | | | | |
| City, State, Zip Code | , State, Zip Code | | | | | | | ode | | | | | | | |
| Cranford, NJ 08512 | | | | | | | | | rk, NJ 07035 | | | | | | |
| Project Manager for Monitorin Kevin Lovely | g Firm | | | Number 0-5858 | | | Telephone Numb | mber License Number 973-709-0200 00852 | | | | | | | |
| Scheduled Start Date (10) 5/21/12 | Sche | d. Comp | | Date (11 | | 11 | Name of OSHA Monitor J & S Environmental Laboratories, LLC | | | | | | | attended in the | ACCESS AND ADDRESS OF THE PARTY |
| Occupancy Status During Aba | | heck only | y one) | | | | Street Address | | | | | | | | |
| [] Facility Closed/Vacat [] Abatement Performed | | | | | | | City, State, Zip C | 333 Route | ≥ 22 W | | | | | | |
| Describe: [X] Other – Describe: ex | derior | | | | | | | Union, NJ | 07083 | | | | | | |
| Scope of Work (Check all that | apply) | | | | | | | [] | Full Containmen | t with N | enative F | Press | ure | | |
| [] Demolition [] ≥3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf | | | | [X] | Rer | novatio | on | [X] | Mini – Enclosure Glovebag Proce Non – Friable Pr | e dure | | 1033 | uic | | |
| | | | Locat | | | 7 | | | TOWNS STORY | | | Aba | | neni | t |
| Location of | | | mally solely | | | | | iption of Containing | | Am | ount | R | R | EI | E |
| Asbestos - Containin | ng | Maint | enand | ce/Cus | | | Materi | al (ACM) | | (Sp | ecify | E | E | N | Ν |
| Material (ACM) TO BE ABATED | | todia | al Stat | f (12) | | | | nal systems urfacing, VAT | | SF | or LF) | M | PA | C | C |
| In Facility | | | | | | | | iscellaneous) | | | | V | 1 | P | 0 |
| (13) | | Yes | No | N/A | | | | | | | | A L | R | S | S U |
| Underground pipe bank – e | exterior | | X | | Pip | e insu | ulation – to be d | one in phase | es | 2000 | LF | X | + | - | |
| | | | | | | | | | | | | | 1 | 1 | _ |
| | | | | | | 0.1: | V 1 | 1 11 65 | | | | | | | |
| Name of Registered Waste Hauler Jupiter Environmental Services NJDEP Waste Hauler ID No. 04782 | | | | | | Of W | c Yards /aste 20 | | egistered Landfil Landfill | | | | | | |
| City, State | | | | | | Dispo | osal Date | City, State | | | | | 707 | | |
| Lincoln Park, NJ | | | | | | | 7/12 | Waynes | sburg, OH | | | | 12. | | - |
| Completed By (Print or Type) Pane Repic | | Title | eral | Manad | ger | | Signature | (| 1 | 39 | ate 9/7/12 | | | | |
| Pane Repic General Manager | | | | | | | 1/2 | | | | | | | _ | |

6/22/12: Amendment #1 – First 3 sections have been completed. There will be no on site work until another amendment of this notification.

| Date of Notification (1) | 1/7/12 | | | Name | of Buildin | C 8:60 and 5:16 | (2) | 20125 |)C0 | <u>C/</u> | 1/ | 13 |
|--|--|--|--|--|------------------------|--|--|--|------------------|--------------|---|---------------|
| 8 / | | 12 | | Sta | te of Nev | v Jersey - Depar | tment of Treas | ury - DPMC | ^{ζρ} // | <i>n</i> . | | |
| Agencies Notified | Type Notificati | ion | | | Address | | | 37.6 | To a | 4/1 | 3: 4 | |
| ⊠ EPA ⊠ DEP | ⊠ Initial | 4 | 2 | 30 1 | West Sta | te Street - 3 rd flo | oor | & / / | US 1 | 74. | | 1 |
| DCA (NJAC 5:16) | Amended Amendmer | nt# 1 | C/ | City, S | State, Zip (| Code | | | CHS | 27 | Rai | |
| ☑ DHSS | ☐ Emergency | | - g | Tre | nton, NJ | 08625 | | | ~/ | MG. | ·U | |
| ☐ DCA (NJAC 5:23-8) | justification Cancellation | | | Name | of Contac | t | | Telephone Nu | ımber | | 00 | ţ |
| (140710 0.20 0) | Cancellatio |) | | Mik | e Fitzgei | rald | | | | | 1 1/2 | |
| | | | | FA | CILITY IN | FORMATION | | | | | | |
| Name of Facility Where | | | | | | | Type of Facility | (4) | | | *************************************** | |
| Albert Elias Resid | lential Commu | nity Hon | ne-Ca | rpentr | y Shed | | School (K-12 | | 40) | | | |
| Street Address | | | | | | | ☐ Subchapter 8 ☐ Other (i.e., p | | | dinas. | | |
| 188 Lindberg Roa | id | | | | | | homes, etc.) | | | 0.50 | | |
| City (5) | | | | | | | Square Feet | # of Floors | В | ldg. A | ge | |
| Hopewell | | | | | | | 492 | 1 | | 50+ | | |
| County (6) | | | | Cour | nty Code (7 | ()(STATE USE ONLY) | Current Use (Pr | | olished) | | | |
| Mercer | m Hirad by D. il- | ng Our== | /0\ 1 | A C C 1 4 | No | Nome of Chart | Carpentry S | | | | | |
| Name of Monitoring Fire Environmental Co | | ng Owner | (8) | ASCM | NO. | 1 | ent Contractor (9) | | | | | |
| Street Address | Timechons | | | | | Street Address | nvironmental S | oystems | | | | - |
| 120 N Warren St | | | | | | | lehem Pike - S | | | | | |
| City, State, Zip Code | | | | | | | | aite 60 | | | | |
| Trenton, NJ 08608 | 3 | | | | | City, State, Zip C Spring Hous | | - | | | | |
| Project Manager for Mo | | | Tel | ephone | No | Telephone No. | e, 17 13477 | License No. | | | | |
| · roject meneger to the | and the second | | | 09 392 | | | | 100000000000000000000000000000000000000 | | | | |
| | | | | | | 210-542-7000 | } | 00847 | | | | |
| Start Date (10) 9 / 7 | The second secon | cheduled (| Comple | etion Da | te (11) | Name of OSHA M | 7 | 00847 | | | | |
| 9 / 7 | / 12 | 9 | Comple / X | etion Da | te (11) | Name of OSHA N | 7 | 00847 | | | | |
| Start Date (10) 9 7 Occupancy Status Durin Facility Closed/Vaca | / 12_ng Abatement (Cl | 9 heck only | Comple / > | etion Da | te (11) | Name of OSHA M CES Street Address | 7 | | | | | |
| 9 / 7 Occupancy Status Durin | / 12 ng Abatement (Cl ated During Entire ed Outside of Nor | 9 heck only Period of mal Facili | one) Abate | ement | te (11) 12 | Name of OSHA M CES Street Address 1121 N. Beth City, State, Zip C | Monitor Iehem Pike - S | | | | | |
| 9 / 7 Occupancy Status Durii ☐ Facility Closed/Vaca ☒ Abatement Performe | ng Abatement (Clated During Entire ed Outside of Nor 8:00AM-3:30PM | 9 heck only Period of mal Facili | one) Abate | ement | te (11) 12 | Name of OSHA M CES Street Address 1121 N. Beth | Monitor Iehem Pike - S | | | | | |
| 9 / 7 Occupancy Status Durin Facility Closed/Vaca Abatement Performe | ng Abatement (Clated During Entire ed Outside of Nor 8:00AM-3:30PM | 9 heck only Period of mal Facili M/F | one) Abate | ement rs - Des AM | te (11) 12 | Name of OSHA M CES Street Address 1121 N. Beth City, State, Zip C Spring Hous Full Con Mini-End Gloveba | lehem Pike - S ode e, PA 19477 tainment with Neclosure g Procedure | uite 60 gative Pressure | | | | |
| 9 / 7 Occupancy Status Durin Facility Closed/Vaca Abatement Performe Time of Abatement: Scope of Work (Check at | ng Abatement (Clated During Entire ed Outside of Nor 8:00AM-3:30PM | 9 heck only Period of mal Facili MF | one) Abate ty Hou PM enovate emoliti | ement rs - Des AM | te (11) 12 | Name of OSHA M CES Street Address 1121 N. Beth City, State, Zip C Spring Hous Full Con Mini-End Gloveba | lehem Pike - S ode e, PA 19477 tainment with Neclosure | uite 60 gative Pressure | The same | | ont 7 | |
| 9 / 7 Occupancy Status Durin Facility Closed/Vaca Abatement Performe Time of Abatement: Scope of Work (Check : ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | ng Abatement (Clated During Entire ed Outside of Nor 8:00AM-3:30PM | 9 heck only Period of mal Facili M/F | one) Abate ty Hou PM enovate emoliti s Loca Norma | ement rs - Des AM | te (11) 12 | Name of OSHA M CES Street Address 1121 N. Beth City, State, Zip C Spring Hous Full Con Mini-End Gloveba Non-Exe | lehem Pike - Sode e, PA 19477 tainment with Neclosure g Procedure empted (*) and No | uite 60 gative Pressure | The same | batem | T T | |
| 9 / 7 Occupancy Status Durin Facility Closed/Vaca Abatement Performe Time of Abatement: Scope of Work (Check of the part | ng Abatement (Clated During Entire ed Outside of Nor 8:00AM-3:30PM all that apply) on of g Material (ACM) BATED sility | heck only Period of mal Facilit M/F Recommended Is used. | one) Abate ty Hou PM enovate emoliti s Loca Norma ed Sol aintena | ement rs - Des AM dion on tion allly ely by ance/ Staff? | te (11) 12 cribe | Name of OSHA M CES Street Address 1121 N. Beth City, State, Zip C Spring Hous Full Con Mini-End Gloveba Non-Exe Description of estos Containing Marmal systems insul VAT, or | lehem Pike - Sode e, PA 19477 tainment with Neclosure g Procedure empted (*) and Note of atterial (ACM) ation, surfacing, | uite 60 gative Pressure | The same | patem Repair | T T | |
| 9 / 7 Occupancy Status Durin Facility Closed/Vaca Abatement Performe Time of Abatement: Scope of Work (Check at the second | ng Abatement (Clated During Entire ed Outside of Nor 8:00AM-3:30PM all that apply) on of g Material (ACM) BATED sility | heck only Period of mal Facilit M/F Recommended Is used. | one) Abate ty Hou PM enovate emoliti S Loca Norma ed Sol aintena stodial (12) | ement rs - Des AM dion on tion allly ely by ance/ Staff? | te (11) 12 cribe | Name of OSHA M CES Street Address 1121 N. Beth City, State, Zip C Spring Hous Full Con Mini-End Gloveba Non-Exe Description of the stos Containing Marmal systems insul | lehem Pike - Sode e, PA 19477 tainment with Neclosure g Procedure empted (*) and Note of atterial (ACM) ation, surfacing, | uite 60 gative Pressure on-Friable Proce Amount (Specify | Al | 10000000 | t T Encapsulate | |
| 9 / 7 Occupancy Status Durin Facility Closed/Vaca Abatement Performs Time of Abatement: Scope of Work (Check is ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Locatio Asbestos-Containing TO BE AE IN Fac (13) | ng Abatement (Clated During Entire ed Outside of Nor 8:00AM-3:30PM all that apply) on of g Material (ACM) BATED sility | 9 heck only Period of mal Facility A/F | one) Abate ty Hou PM enovate emoliti s Loca Norma ed Sol aintena stodial (12) | ement rs - Des AM dion on tion ally ely by ance/ Staff? | Asbe (i.e., the | Name of OSHA M CES Street Address 1121 N. Beth City, State, Zip C Spring Hous Full Con Mini-End Gloveba Non-Exe Description of estos Containing Marmal systems insul VAT, or other miscellane | lehem Pike - Sode e, PA 19477 tainment with Neglosure g Procedure empted (*) and No | uite 60 gative Pressure on-Friable Proce Amount (Specify SF or LF) | Removal | Repair | T T | |
| 9 / 7 Occupancy Status Durin Facility Closed/Vaca Abatement Performe Time of Abatement: Scope of Work (Check of the part | ng Abatement (Clated During Entire ed Outside of Nor 8:00AM-3:30PM all that apply) on of g Material (ACM) BATED sility | 9 heck only Period of mal Facility Period of Inc. P | one) Abate ty Hou PM enovate emoliti s Loca Norma ed Sol aintena stodial (12) | ement rs - Des AM ion on tion ally ey ance/ Staff? | Asbe (i.e., the | Name of OSHA M CES Street Address 1121 N. Beth City, State, Zip C Spring Hous Full Con Mini-End Gloveba Non-Exe Description of estos Containing Marmal systems insul VAT, or | lehem Pike - Sode e, PA 19477 tainment with Neglosure g Procedure empted (*) and No | uite 60 gative Pressure on-Friable Proce Amount (Specify | ₹ Removal | Repair | T T | ype Enclosure |
| 9 / 7 Occupancy Status Durin Facility Closed/Vaca Abatement Performs Time of Abatement: Scope of Work (Check in the second of the second | ng Abatement (Clated During Entire ed Outside of Nor 8:00AM-3:30PM all that apply) on of g Material (ACM) BATED sility | 9 heck only Period of mal Facility A/F | one) Abate ty Hou PM enovate emoliti s Loca Norma ed Sol aintena stodial (12) | ement rs - Des AM dion on tion ally ely by ance/ Staff? | Asbe (i.e., the | Name of OSHA M CES Street Address 1121 N. Beth City, State, Zip C Spring Hous Full Con Mini-End Gloveba Non-Exe Description of estos Containing Marmal systems insul VAT, or other miscellane | lehem Pike - Sode e, PA 19477 tainment with Neglosure g Procedure empted (*) and No | uite 60 gative Pressure on-Friable Proce Amount (Specify SF or LF) | Removal | Repair | T T | |
| 9 / 7 Occupancy Status Durin Facility Closed/Vaca Abatement Performs Time of Abatement: Scope of Work (Check in the second of the second | ng Abatement (Clated During Entire ed Outside of Nor 8:00AM-3:30PM all that apply) on of g Material (ACM) BATED sility | 9 heck only Period of mal Facility A/F | one) Abate ty Hou PM enovate emoliti s Loca Norma ed Sol aintena stodial (12) | ement rs - Des AM dion on tion ally ely by ance/ Staff? | Asbe (i.e., the | Name of OSHA M CES Street Address 1121 N. Beth City, State, Zip C Spring Hous Full Con Mini-End Gloveba Non-Exe Description of estos Containing Marmal systems insul VAT, or other miscellane | lehem Pike - Sode e, PA 19477 tainment with Neglosure g Procedure empted (*) and No | uite 60 gative Pressure on-Friable Proce Amount (Specify SF or LF) | ₹ Removal | Repair | T T | |
| 9 / 7 Occupancy Status Durin Facility Closed/Vaca Abatement Performs Time of Abatement: Scope of Work (Check in the second of the second | ng Abatement (Clated During Entire ed Outside of Nor 8:00AM-3:30PM all that apply) on of g Material (ACM) BATED sility | 9 heck only Period of mal Facility A/F | one) Abate ty Hou PM enovate emoliti s Loca Norma ed Sol aintena stodial (12) | ement rs - Des AM dion on tion ally ely by ance/ Staff? | Asbe (i.e., the | Name of OSHA M CES Street Address 1121 N. Beth City, State, Zip C Spring Hous Full Con Mini-End Gloveba Non-Exe Description of estos Containing Marmal systems insul VAT, or other miscellane | lehem Pike - Sode e, PA 19477 tainment with Neglosure g Procedure empted (*) and No | uite 60 gative Pressure on-Friable Proce Amount (Specify SF or LF) | ₹ Removal | Repair | T T | |
| 9 / 7 Occupancy Status Durin Facility Closed/Vaca Abatement Performs Time of Abatement: Scope of Work (Check in the second of the second | ng Abatement (Clated During Entire ed Outside of Nor 8:00AM-3:30PM all that apply) on of g Material (ACM) BATED stillty | 9 heck only Period of mal Facility A/F | one) Abate ty Hou PM enovate emoliti s Loca Norma ed Sol aintena stodial (12) No | ement rs - Des AM dion on tion ally ely by ance/ Staff? | Asbe (i.e., the | Name of OSHA M CES Street Address 1121 N. Beth City, State, Zip C Spring Hous Full Con Mini-End Gloveba Non-Exe Description of estos Containing Marmal systems insul VAT, or other miscellane | lehem Pike - Sode e, PA 19477 tainment with Neglosure g Procedure empted (*) and No | uite 60 gative Pressure on-Friable Proce Amount (Specify SF or LF) 400 SF | ₹ Removal | Repair | T T | |
| 9 / 7 Occupancy Status Durin Facility Closed/Vaca Abatement Performe Time of Abatement: Scope of Work (Check is ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location Asbestos-Containing TO BE AE IN Fac (13) Main Shed ROOF | ng Abatement (Clated During Entire ed Outside of Nor 8:00AM-3:30PM all that apply) on of g Material (ACM) BATED stillty | 9 heck only Period of mal Facility A/F | one) Abate ty Hou PM enovate emoliti s Loca Norma ed Sol aintena stodial (12) No | ement rs - Des AM ion on tion ally ely by ance/ Staff? | Asbe (i.e., the | Name of OSHA M CES Street Address 1121 N. Beth City, State, Zip C Spring Hous Full Con Gloveba Non-Exe Description of extos Containing Marmal systems insul VAT, or other miscellane | lehem Pike - Sode e, PA 19477 tainment with Neglosure g Procedure empted (*) and No of aterial (ACM) ation, surfacing, eous) Shingles | uite 60 gative Pressure in-Friable Proce Amount (Specify SF or LF) 400 SF | ₹ Removal | Repair | T T | |
| 9 / 7 Occupancy Status Durin Facility Closed/Vaca Abatement Performe Time of Abatement: Scope of Work (Check is ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Locatio Asbestos-Containing TO BE AB IN Fac (13) Main Shed ROOF Name of Registered Wa Allied Waste City. State | ng Abatement (Citated During Entire ed Outside of Nor 8:00AM-3:30PM all that apply) on of g Material (ACM) BATED cility) | 9 heck only Period of mal Facili M/F Us M: Cus | complete com | ement rs - Des AM ion on tion ally ely by ance/ Staff? | Asbest Asbest Asbest | Name of OSHA M CES Street Address 1121 N. Beth City, State, Zip C Spring Hous Full Con Gloveba Non-Exe Description of Sector Containing Marmal systems insul VAT, or other miscellane os Containing S Cubic Yards of Waste 2 Disposal Date | lehem Pike - Sode e, PA 19477 tainment with Neglosure g Procedure empted (*) and No of aterial (ACM) ation, surfacing, eous) Name of Regis Conestoga City, State Morgantox | uite 60 gative Pressure an-Friable Proce Amount (Specify SF or LF) 400 SF | Removal | Repair | Encapsulate | Enclosure |

| Date of Notification (1) | | | I Name | of Building | g Owner/O | norator | (2) | | 9 W IS | J. | 1//_ | 1 | 10 |
|---|---|--------------------------------------|---------------------------|--------------------|--|--|--|---|-----------------------------|-----------|--------|-------------|-----------|
| 09/06/12 | 09/06/12 | | | | | | val Company | , LLC | | | | | |
| | | | | Address Vashing | ton Blvd | I., Suit | te 200 | | off I | 7 2 | 012 | | b |
| EPA Initial Amended Amendment | #_ 4 | | City, St | ate, Zip C | 200 | | —————————————————————————————————————— | - L | ISBESTOS C | АИТВ | 01.0 | | |
| DOH justification) DCA Cancellation | includin | g | Name (| of Contact | | | - L | | lephone Nu | W. L. () | OT & | - | |
| Cancellation | - | | | | FORMATIO |) N | | - | | g. 25 | ni ca | 4 | |
| Name of Facility Where Abatement is Taking The Orpheum Building | Place | (3) | TAG | ALIT IN | OKWATI | JN | Type of Facility School (K | | | | | | 7.00 |
| Street Address 24 Beacon Way | 0.0000000000000000000000000000000000000 | | | | | | Subchapt Other (i.e | er 8 (Oth | ner than K-1: & commerci | | ldings | , hom | ies, |
| City (5) Jersey City | | | | | | | etc.) Square Feet 250,000 | # 0 | of Floors | | Bldg | Age | +1 |
| County (6) Hudson | | | | Code (7) | | | Current Use (F | | | | | | |
| Name of Monitoring Firm Hired by Building (N/A | Owner (8 | 3) | ASCI | M No. | | | ne of Abatement Contractor (9) anmark Contractors, LLC | | | | | | |
| Street Address | | | | | - | Street | treet Address 27 Edsall Drive | | | | | | |
| City, State, Zip Code | | | ** | | City, S | tate, Zip Code ex, NJ 0746 | | | | | | | |
| Project Manager for Monitoring Firm | | Telepho | one No. | | Teleph | one No. 364-2022 | License N | 0. | | | | | |
| Start Date (10) 05/08/12 | Schedu 10/20 | | mpletion | Date (11) |) | Name | me of OSHA Monitor meriSci | | | | | | |
| Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm | eriod of | Abate | | | | Street . 117 E | Address East 30th Stre tate, Zip Code | eet | | | | | |
| Other – Describe: Scope of Work (Check All That Apply) | | | | | | | York, NY 100 | 016 | | | 0.5 | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renov Demoi | | | | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| | 1 | s Loca Norma | a coll | | | | | Jaryan | 4 11011 1 11001 | | Abat | emen pe | t |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) BUDGE BEATWEEN | Cus | ed Sol aintena stodial (12) | ely by ance/ Staff? | (i.e | stos Conta thermal s surfaci other mi | ystems ng, VAT scelland | aterial (ACM) insulation, Γ, or eous) | Amount (Specify SF or LF) | | Removal | Repair | Encapsulate | Enclosure |
| ORPHEUM & MAIN BLDG. All Floors | Yes | XNo X | N/A | PiPe | <i>≦ 12/3</i> Windo | | 4710XI | | 45 L.F. windows | × | | Φ. | _ |
| 2nd & 19th Floors | | X | | | pipe ii | | | 100000000000000000000000000000000000000 | 5 L.F. | x | | | _ |
| 17th Floor | | Х | | pi | aper insi | ulation | board | 39 | 0 S.F. | x | | | |
| Throughout the building-140 places | X | | wa | Il mastic | water | proofing | 56 | 0 S.F. | x | | | | |
| Name of Registered Waste Hauler | | NJDEP W | aste - | Cubic Y | ic Yards Name of Registered Landfill | | | | | | | | |
| Pro-Tech, LLC | | | Hauler ID No. of Waste | | | | Minerva Landfill | | | | | | |
| City, State New Haven, CT | | | | | Disposa | I Date | City, Sta Wayne | | ОН | | | | |
| Completed by Marko Stankovic | | | Sig | nature | the Pay | 1204 | Dat 09/ | e /06/1 | 2 | | | | |



RECEIVED

| Date of Notification (1 | 115/12 | | | Name of Build | ing Owner/Operato | CONTRA | 2012. | | | ĀM | 3 | |
|--|------------------------------------|---------------|--------------------|-----------------------------|--|---|--|-----------|---------------|-------------|-----------------|--|
| Agencies Notified DA | Type Notification | on | - | | - RT, 50 | *************************************** | \$ 36F | .S [U | 5 / | | 7 | |
| ∑ por ∑ pæ | Amended Amendmen | | - 1 | City, State, Zip | Code REEN FIC | ELD, N, | 5. | LIU | CM. | INI | 3 | |
| □ DOH . □ DCA | justification Cancellation |) | - | Name of Conta | uce BRE | UNIG | Telephone Nun | nber | | 7 | | |
| | | | | FACILITY IN | FORMATION | | 1.00 | | | • | - | |
| Name of Facility When L E Street Address | e Abatement is Tak S (ラ こ い こ E | ing Place (| (3) | | | Type of Facility School (K- | | 12) | | | | |
| 119 A | Y, MART | NDS | رة . | Avi. | | Other (i.e., homes, etc | private & commerci c.) | cial buil | ldings | | | |
| City (5) | 1 ENTNOR | _ | | | | Square Feet | # of Floors | В | ldg. A | ge | - | |
| County (6) | 12716 | | | County Code USE ONLY) | (7) (STATE | Current Use (F | Prior if being demol | lished) | | | | |
| Name of Monitoring Fin (8) | m Hired by Building √ / △ | Owner | AS | SCM No. | Name of Abatem | nent Contractor (| 1. 59 | | | | | |
| Street Address | | | | | Street Address | SSPRUE | | | | | | |
| ity, State, Zip Code | | | | | | 5,08052 | | | | | | |
| roject Manager for Mo | onitoring Firm | | Teleph | one No. | Telephone No. | 9-0472 | License No. 72 00444 | | | | | |
| tart Date (10) 8/2>//2 | | eduled Cor | | n Date (11) | EMM | | | | | | | |
| Coupancy Status Duri | | | | nt | Street Address | | 20c= 200. | | | | | |
| Abatement Performe Other - Describe: | d Outside of Norma | al Facility I | Hours | | City, State, Zip C | ode APLE S | HODE, N. | J. | 08 | 05 | -2 | |
| cope of Work (Check | all that apply) | | | | | | | | | | Na constitution | |
|]≥3 sf or ≥3 lf]≥160 sf or ≥260 lf | | ☐ Rend | ovation olition | | ☐ Mini-End ☐ Gloveba | closure ag Procedure | egative Pressure on-Friable Procedu | ле | | | | |
| | | Nom | | | | | | | \bater Typ | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Norma Used Sol Maintena Custox Staff (12) | | | | Asbes (i.e., | Description of tos Containing Mat thermal systems in surfacing, VAT, other miscellaneo | erial (ACM) nsulation, or | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | 1100000000 | |
| 51D11 | Va | Yes 1 | NO N | I/A T | TRANSITE 2500 P | | | | | | | |
| | | | + | | | | | | | | | |
| | | | | | | | | | | | | |
| Ame of Registered War K LGMc 0 | | | Haule | P Waste or ID No. 904 | Cubic Yards of Waste | | istered Landfill | | | 11 | | |
| TO SEPN K | | アンブ | | | Disposal Date | Cin. State | SANTVILL | LE, | W, | 7. | | |
| ompleted By | Title | 1/ | 10 | 14 - 14 | Signature | 100 | SANTVILI m Date | 15/ | 12- | | | |
| JOSEPH K | long _ | / | | | - Jours | n /cein | m - 0/ | | | | - | |

CK# 2264

| Date of Notification (1) 09/06/2012 | | Name of Building Owner/Operator (2) LODI RAILROAD PLAZA, LLC Street Address 75 LIVINGSTON AVE | | | | | | | | | | | | | | |
|---|--|---|--------------------------|------------|--|-----------------------------|---|--|-----------------------------------|------------------------------|-----------|-----------|---------|--------------------|-------------|-----------|
| Agencies Notified | Type Notification | | | Street A | | | | | ZUIZ SEF | 11 | AM (| s: 53 | • | | | |
| EPA DEP DOL | Initial Amended Amendment | #2 | | | ite, Zip Co LAND, | | 068 | | & LI | US CFN | CONT | ROL | | | | |
| DOH DCA | Emergency justification) Cancellation | | | Name of | Contact | | | | | Tel | ephone | Numbe | er | | | THE S |
| | | | | FACI | LITY INF | ORMAT | ION | | | 1 | | | | | _ | |
| Name of Facility Where COMMERCIAL BU | | g Place (3 | 3) | | 4 | | | Туре | of Facility (4 School (K-12 | | | | | | | 2-iii |
| Street Address 150 MAIN STREET | г | | | | | | | × | Subchapter Other (i.e. pretc.) | | | | ouilo | lings, | hom | es, |
| City (5) LODI | | | - | | | | -37A1 | Squa 10, | are Feet | # 01 | f Floors | | 5: | ldg. <i>A</i> 2 | ge | |
| County (6) BERGEN | | *********** | | County (| Code (7) JSE ONLY |) | | | ent Use (Prio MMERCIA | | ng dem | nolished) | | | | |
| Name of Monitoring Firm SKY ENVIRONME | | Owner (8) | | ASCM | 1 No. | | - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | atement Con | | | N | | i i | | , |
| Street Address 140 BOULEVARD | | | | | | | | t Addre | | | | | | | | |
| City, State, Zip Code MOUNTAIN LAKES | S, NJ 07046 | | | | | | | Zip Code RANGE N | J 070 | 52 | | | | | | |
| Project Manager for Mor | | Telephor | ne No. 89-6946 | | The state of the s | hone N | | Licens | | | | | | | | |
| Start Date (10) 09/04/12 | | Schedul 09/10/ | | mpletion I | | | Name | of OS | | | | | | | | |
| Occupancy Status Durin | a Abatement (Cher | | | | | | 30.555.000.00 | Addre | | | _ | _ | | | | |
| ➤ Facility Closed/Vac | TO 1.05 | | | mont | | | | | IN DRIVE | | | | | | | |
| Abatement Perform Other – Describe: | | | | ement | | | | | | 1741 | | | | | | |
| Scope of Work (Check A | II That Apply) | | - | | | | | | | | | | | | | V 10 |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | gradient | Renov Demol | | | | | Full Containment with Negati Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-F | | | | | | | 9 | |
| | | le le | Loca | tion | | | W. P. | | on-Exempted | () ain | 4 14011-1 | TIADIC I | | | emen | t |
| Location | n of | 1 | Vorma | ally | | De | scription | n of | | | | | | Ту | ре | |
| Asbestos-Containing <u>TO BE AB</u> In Faci (13) | Material (ACM) A <u>TED</u> lity | Ma Cus | intena todial (12) | Staff? | | tos Con thermal surfa | taining I | Materia s insu AT, or | | Amoun (Specif SF or Li | | | Removal | Repair | Encapsulate | Enclosure |
| 01.100000 | | Yes | No | N/A | | | | | | | | | | | | |
| CLASSROC | 211-200-201 | | X | | | TRANS | | | LS | | 90SF | X | - | | | |
| SELECT COF | | | X | | # | | OR TI | 3000000 | | - 100 | 00SF | X | | | | |
| | | | | | | | OR TI | ALIAN SAME | | | 0SF | X | | | | |
| LOBB | X | | | | OR TI | LES | | | '00SF | | | | | | | |
| Name of Registered Was CIRCLE RUBBISH | [.] | NJDEP Waste Cubic Yards Hauler ID No. of Waste 18816 | | | | Name of R | | | | CE | FAC | CILIT | Υ | | | |
| City, State LINDEN NJ | Disposal Date City, State MORRISVILLE PA | | | | | | | | | | | | | | | |
| Completed by SLAWOMIR KIELCZ | Signature Date 09/06/12 | | | | | | | | | | | | | | | |

| | 19 |
|-------|----|
| tree. | 1/ |
| ·CAL | |

| Date of Notification (1) | | Name | of Building | Owner/CONTIN | Operator | (2) ON SHE | ET* | 12 SF | 0 , | 14/ | O | | | |
|--|--|---|-----------------------|---------------------|----------------|---|--|----------------------------|-------------------------|---------------------------|--------------------|----------|-------------|------------|
| Agencies Notified Type Notification | on | | Street | Address | | | - | -456 | Es. | -//- | AM 6: | 50 | | |
| EPA Initial Amended Amendme | nt #_2_ | | City, S | tate, Zip C | ode | | | <u>&</u> | 410 | ENSIA | MTRO | <u> </u> | | |
| DOH justification Cancellation | n) | g | | of Contact | | - | := 2 | | Tele | ephone I | Vumber | ξ | | |
| Name of Facility Where Abatement is Tak | ing Place | (3) | FAC | ILITY INF | ORMATI | ON | Type of | Facility (4 | 1) | | | | | |
| COMMERCIAL BUILDING | J | (-/ | | | | | | hool (K-12 | | | | | | |
| Street Address 150 MAIN STREET | | | | N/C | | | ∏ Su | bchapter i ner (i.e. pr | 8 (Othe | er than K comme | (-12) ercial bu | ilding | s, hon | nes, |
| City (5) LODI | -27 | - | | | | | Square | | | Floors | | Bldg. | Age | |
| County (6) | | | (STATÉ | Code (7) USE ONL | n | _ | | | or if being demolished) | | | | | |
| Name of Monitoring Firm Hired by Building | g Owner (8 | 3) | ASC | M No. | . Ale | Name | ame of Abatement Contractor (9) | | | | | | | |
| Street Address | | | | | Street Address | | | | | | | | | |
| City, State, Zip Code | | | | | City, S | State, Zip Code | | | | | | | | |
| Project Manager for Monitoring Firm | | Telepho | one No. | | Teleph | ephone No. License No. | | | | | | | | |
| Start Date (10) 09/04/12 | Schedu 09/10 | | mpletion | Date (11) | | Name | of OSHA | Monitor | | | | | | |
| Occupancy Status During Abatement (Che | eck Only O | ne) | Street Address | | | | | | | | | | | 10.11 |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: | Period of mal Facilit | Abater y Hour | City, State, Zip Code | | | | | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf >160 sf or >260 lf | - | Ronovi Nemoli | | | | × | Full Containment with Negative Pressure Mini Enclosuro Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| | 1 | s Locat | ion | | | | I Non-E | xempted | (*) and | Non-Fri | able Pr | U color | re emen | ıt |
| Location of | | Norma ed Sole | lly. | | | cription | | | | | | T | уре | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Ívla | aIntena (12) | nce/ Otaff? | | thermal surfac | ontaining Material (ACM nal systems insulation, facing, VAT, or r miscellaneous) | | | (S | neunt pecify or LF) | Removal | Repair | Encapsulate | Er clasure |
| DOUED DOOM | Yes | No | N/A | _ | | | | | | | | | e | 9 |
| BOILER ROOM | | X | | В | OILER | INSUL | ISULATION | | | 0SF | x | - | | |
| | | Ż | | | | | | | | | | | | |
| | | | | | | | | | | | | im. | | |
| Name of Registered Waste Hauler | | NJDEP Waste Cubic Yards Name of Registered Hauler ID No. of Waste | | | | | ed Landf | Landfill | | | | | | |
| City, State | - 10 A A A A A A A A A A A A A A A A A A | Disposal Date City, State | | | | | | | | | | | | |
| Completed by SLAWOMIR KIELCZEWSKI | SIDĖI | NT | | Sig | gnature | Propri | 1. | | E | ale 09/00 | 3/12 | | | |

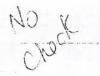
1209-4548 Check #4480

| | | | | v 19 | | minds I | | <u>.C.</u> 8:60 and | | | 2012 54 | 300 | 1.1 | 1// | 10 119 | | | |
|---|--------------------------|-------------------------------------|---------------|--------|--------|--|--------------------------|-----------------------------------|--------------------------|------------------------------|-------------|--------------------|--------------|------------------|-------------|-----------|--|--|
| Date of Notification | (1) 9/7/12 | | | | | | iilding a ntis | Owner / Operat | or (2) | | ZUIZ SE | PI | , | | **** | | | |
| Agencies Notified EPA | Type Notific | ation | | Stre | eet | Addre | ess | | | d | 2012 SE | , | 4/ | 16 | :51 | | | |
| □ DEP | Initia | al | | | | The same of the sa | ff Ro | Code | | | G- 11 | 135 | Cria | fr. | | 20 1 1 CO | | |
| ⊠ DOL | | nded # | | 0.000 | | | J 08 | | | | - L1 | CEA | 15/1 | I R | OL | | | |
| □ DOH | ⊠ Eme | rgency | | | | | ntact | | | | | Tel | lepho | ne N | lumb | er | | |
| ☐ DCA | ☐ Cano | cellation | . | Dai | n D | e Sa | ntis | | | | | | -7 | 154 | , | | | |
| | | | | F | AC | ILIT | Y IN | FORMATION | | | | | | | | | | |
| Name of Facility Wi | nere Abatem | ent is Taking Pl | ace (| 3) | | | | Type of Fac | | | | | | | | | | |
| Residential Street Address | | | | | | | | School | | /O11111/ | 40) | | | | | | | |
| 219 Bailey Ave. | | | | | | | | | | (Other than K ate & comme | | linge | hom | 00 / | oto) | | | |
| 213 Dalley Ave. | | | | | | | | Square Fee | | # of Floors | rciai bullu | | g. Age | | :(0.) | | | |
| City (5) | | County (6) | Co | unt | v C | ode (| 7) | 960 | | 2 | | Diag | 9. 7.9 | 62 | | | | |
| Maple Shade | | Burlington | | | , - | (| . , | | | if being demo | lished) | | | 02 | | | | |
| | | | | | | | | Residentia | 201 | | | | | | | | | |
| Name of Monitoring | | y Building Own | er (8) | | //\-\\ | ASC | M No | . Name of Ab | atemer | t Contractor | (9) | | | a lactace I U de | | | | |
| Health & Safety S | Services | 100 | | | | | | AbateTech | | | | 1 | | | | | | |
| Street Address 318 12 th Street | | | | | | | | Street Addre | | | | | | | | | | |
| City, State & Zip Co | de | | | | | | | PO Box 25 City, State 8 | | nde | | | | | | | | |
| Hammonton, NJ | | | | | | | | Lumbertor | The second second second | | - 1 | | | | | | | |
| Project Manager for Jim Proctor | Monitoring F | 2510A | Telep 609- | | | Numb | oer | Telephone N 609-265-21 | Number | | License | | nber 0052 | ۵. | 1 | 9 | | |
| Scheduled Start Dat | te (10) | Scheduled Com | | - | | | 1 | Name of OS | | | 0002 | | - | - | | | | |
| 9/11/12 | | | 9/11 | /12 | | | *** | EMSL Ana | | | | | | | | | | |
| Occupancy Status D | | | | | | 9 | 2 | Street Addre | | | | | | 08.05-1 | | | | |
| | | During Entire Pe utside of Norma | | | | teme | nt | 108 Haddo | | | | | | | | | | |
| Describe: | -enomed O | utside of Norma | і по | urs | | | | City, State & Westmont | | | | | | | | | | |
| | upied During | Abatement | | | | | | westmone | , 145 00 | 0100 | | | | | | | | |
| Scope of Work (Che | | | | | | | | | | | | Symmetry | | | - | | | |
| <u> </u> | | | | | | | | | | Full Contain | | Neg | ative | Pres | sure |) | | |
| ≥3 sf or ≥3 lf ≥160 sf ≥260 | | | \boxtimes | | | ovatio | | | | Mini-Enclosu | | | | | | | | |
| 2100 SI 2200 | <i>J</i> 11 | | Ш | D | em | olitior | 1 | | H | Glove Bag F Non-Exempt | | | riahla | Dro | codu | ıro | | |
| Lo | cation of | | Is | Loc | atio | n | | Description | n of | Non-Exempl | Amount | | | April Bearing | ent T | | | |
| Asbest | os-Containin | g | Norn | nally | y U | sed | | Asbestos-Cor | ntaining | 1 | (Specify | | 7.64 | tom | | ypc | | |
| | erial (ACM) SE ABATED | | S Main | olel | | | | Material (A | | | SF or LF) |) | R | _ | Enc | ш | | |
| | Facility | | Custo | | | | | (i.e., thermal sinsulation, surfa | | | | 1071 | Removal | Repair | aps | Clos | | |
| | (13) | ergal profit | | (12 | 2) | | | or other miscel | | | ent Ky II | | val | ai. | Encapsulate | Enclosure | | |
| | | | Yes | No | | N/A | | | | | | | | | Ф | | | |
| Heat Registers | | | | X | 1 | | | Duct wr | ap | 10.7 | 15 SF | No. of Contract of | | | | | | |
| | | | H | - | ₩ | H | | | | | | | H | H | 뷰 | H | | |
| | | | H | + | + | H | | | | | | 10000 | 뮈 | Η | H | <u>H</u> | | |
| | | | H | 十 | + | H | | | - | | - | | H | H | H | H | | |
| | | | Ħ | F | 1 | H | | | | | | - F | Ħ | Н | H | H | | |
| Name of Registered | Waste Haule | er | Trail. | | | | | Cubic Yards | Name | e of Registere | ed Landfill | | | | | | | |
| Ab-4-Tb Lee | | | | H | | ler ID | | of Waste | | | | | | | | | | |
| AbateTech, Inc. City, State | | | | 13 | ** | 1875 | U | 2 Disposal Data | | F Landfill | | | | | | | | |
| Lumberton, NJ | | | | | | | | Disposal Date 9/11/12 | | State /town, PA | | | | | | | | |
| Completed By (Print | or Type) | | - | T | itle | | | Signature | 1 4113 | | | Tr | ate | -, | | | | |
| Gwen Trumbet | | | | Office | | | | | Arthu. | 1 - |)/7/1 | 2 | | | | | | |
| | | | | Coord. | | | | | | | | | | | | | | |



1207-4527 Check#

| Date of Notification | (1) | | 1 | Name | o of | Duilding | Owner / Opera | tor / | 2) | | 2012 | 15 | | 1 100 |
|--------------------------------------|---|------------------|----------------|----------------|----------------------|----------|--|----------|-------------|---------------------------|----------|--------|-------------|------------|
| Date of Notification | 9/7/12 | | | | | | owner / Opera Atlantic | nor (| 2) | | 3053 | EP, | , | |
| Agencies Notified | Type Notifica | ation | | - | - | Idress | Tuantio | | | | Sim | / | 1 A | 11 |
| ⊠ EPA | 7.5 | | 9.19 | | | | st Building #5 | Nav | al Air Sta | tion | 250 | Ino | | ., 0 |
| ☐ DEP | | | | | | e & Zip | | | | | 00 to | CF. | CUM | In. |
| □ DOL | | nded # | | | | | 08733 | | | 12 | | CLA | SIN | J.R. |
| DOH DOH | | rgency | 100 | | | Contact | | HÇ. | | | Telepl | none | Numi | er |
| ☐ DCA | ☐ Cano | ellation | | Matt | hew | v Ward | | | | | W | | | 7 |
| | | | | FA | CIL | ITY IN | FORMATION | | | | | | | |
| Name of Facility Wh | | | ace (3 | 3) | | | Type of Fac | cility (| (4) | | | | - 100000 | |
| Building C-22 Ma | in Station | Firehouse | | | | | Schoo | 2.0 | 1.50 | | | | | |
| Street Address | | | | | | | | | 8 (Other th | | | | | |
| Naval Weapons S | Station Earl | le | | | | | | | | mmercial build | ings, ho | mes, | etc.) | |
| 0:1 (5) | | Ta | - | | | | Square Fee | et | # of Flo | oors | Bldg. A | ge | | 2 |
| City (5) | | County (6) | Co | unty | Cod | e (7) | | | | | | | | |
| Colts Neck | | Monmouth | | | | | | | or if being | demolished) | | | | |
| | | | 1_ | | | | Firehouse | - | | | | | | 22.1010000 |
| Name of Monitoring | Firm Hired b | y Building Own | er (8) | | A: | SCM No | The state of the s | | | ictor (9) | | | | - Allerton |
| Health & Safety S Street Address | ervices | | | | | | AbateTec | | c | | | | | 1 |
| 318 12 th Street | | | | | | | Street Addr | | | | | | | |
| City, State & Zip Coo | ie . | | | - | | | PO Box 2 | | Code | | | | | |
| lammonton, NJ (| | | | | | | City, State & | | | | | | | |
| | | irm - | Telep | hone | Nur | mber | Telephone | | | License | Numbe | | | |
| lim Proctor | roctor | | | | | | 609-265-2 | | ,,,, | LICCIISC | 005 | | | |
| Scheduled Start Date | roctor 6 uled Start Date (10) Scheduled Comp | | | | | 11) | Name of OS | | Monitor | - | | | | |
| 9/17/12 | | | 9/28/ | /12 | | | EMSL Ana | | | | | | | |
| occupancy Status D | uring Abaten | ment (Check on | ly one |)) | | | Street Addr | ess | | | | | | |
| | | During Entire Pe | | | atem | nent | 108 Haddo | | | | | | | |
| | erformed Ou | utside of Norma | I Hou | ırs | | | City, State 8 | & Zip | Code | | | | | |
| Describe: | | | | | | | Westmont | , NJ | 08108 | | | | | |
| Facility Occu | | | | 1.10 | | | | | | | | | | |
| Scope of Work (Che | ck all that ap | ppiy) | | | | | | | Eull Co. | -4-1 | N | _ | | |
| ≥3 sf or ≥3 lf | | | M | Ren | nova | tion | | H | Mini-En | ntainment with | Negativ | e Pre | ssure | 1 |
| ≥160 sf ≥260 | If | | H | | noliti | | | H | | ciosure Bag Procedures | | | | |
| | | | | 20 | .,0,,,, | .011 | 21 (1) | X | | empted and No | | lo Dre | ood. | |
| Loc | cation of | | ls L | ocati | ion | T | Description | - | 1,4011 EX | Amount | | | ent T | |
| | s-Containing | 9 | Norm | ally (| Used | i | Asbestos-Co | | ing | (Specify | 74 | T | T | ype |
| | rial (ACM) | | | olely b | | | Material (A | ACM) | | SF or LF) | | | m | ш |
| | E ABATED Facility | | Maint Custo | | Street Street Street | Acres 1 | (i.e., thermal | syste | ms | | en | Re | cap | ncl |
| | (13) | | | (12) | Stan | 1 | insulation, surfa or other misce | | | - w | Remova | Repair | Encapsulate | Enclosure |
| | ACTION A | | | No | N/A | A | | | | - W | <u> </u> | | ate | 6 |
| itchen | | | | | | | Counter (| Caull | (| 20 LF | | 1 | | |
| asement | | | TI | | | | Door ca | - | | 18 LF | | ++ | + | H |
| pparatus Bay Ro | om #20 | | ПT | | | | Expansion | - | lk | 132 LF | | 뉘 | H | H |
| pparatus bay Ro | | | TI | X | H | | Door ca | | | 120 LF | | 十十 | H | H |
| | | | n | Ħ | Ħ | | | | | IZO LI | | + | H | H |
| | | | Πİ | Ħ | П | | | | | | | 十十 | H | |
| ame of Registered \ | Waste Haule | er . | | NJI | DEP | Waste | Cubic Yards | Na | me of Regi | stered Landfill | | | | ليا |
| | | | | | uler | ID No. | of Waste | 1 | | | | | | |
| bateTech, Inc. | 117.5 | | | | 187 | 750 | 12 | 1 | RF Land | fill | | THE ST | | |
| ity, State | | | | | | | Disposal Date | | y, State | 1000 | | | | |
| umberton, NJ | | | | 1 | | | 9/28/12 | Tu | llytown, I | PA | | | 12000 | |
| ompleted By (Print of twen Trumbetti | or Type) | | | Title | | | Signature | | | | Date | | | |
| well itumpetti | | ts . | | | fice | | (/ | 16 | _ | | 9/7/ | 12 | | |
| | | | | CO | ord | | ~W | 4 | | | | | | |



State of New Jersey 1109-4387 NOTIFICATION OF ASBESTOS ABATEMENT Check (Pursuant to N.J.A.C. 8:60 and 12:120)

| Date of Notification (1) 8/31/12 | | Princ | ceto | n Univ | Owner / Operato ersity | or (2) 2 (| 112 SEP II AI | 4 6: | 34 | | |
|---|-------------|--|----------------------|---------------------------------------|---|-----------------------------|--|------------------|--------|-------------|-----------|
| Agencies Notified EPA | | City, | tees State | dress of Pri & Zip (n, NJ (| Jode | | Millan Bidge () & LICENSI | 21'7'15 | | | / |
| ☑ DOH ☐ Emergency ☐ DCA ☐ Cancellation | | | | ontact ortego, | P.E. | | IT | elepho | one N | lumb | er |
| | | | CILI | TY INF | ORMATION | | | | | | |
| Name of Facility Where Abatement is Taking P Princeton University – Firestone Library Street Address One Washington Road | | 3) | | | | K-12) oter 8 (Other th | an K-12) mmercial building | s, hon | nes, e | etc.) | |
| City (5) County (6) | Co | ounty | Code | (7) | Square Feet | # of Flo | ors BI | dg. Ag | e | | £4 |
| Princeton Mercer | | | - | | Current Use University | (Prior if being o | lemolished) | | | 7-0 | - 111 |
| Name of Monitoring Firm Hired by Building Own ATC Associates, Inc. | ner (8) |) | AS | SCM No | . Name of Aba AbateTech | tement Contra , Inc. | ctor (9) | | | | * |
| Street Address Bromley Corporate Center 3 Terri Lane, | Suite | 12 | | | Street Addres | E E | | | | | |
| City, State & Zip Code Burlington, NJ 08016 | | | | | City, State & Lumberton | , NJ 08048 | | | | | |
| Project Manager for Monitoring Firm Mike Keehn | 609 | phone 386- | 8800 |) | Telephone N 609-265-21 | 07 | License Nu | mber 0052 | 29 | | |
| Scheduled Start Date (10) Scheduled Con 7/2/12 | 9/28 | 3/12 | ite (1 | <u>)</u> | Name of OSI EMSL Anal | ytical | | | | | |
| Occupancy Status During Abatement (Check o Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm | eriod | of Ab | atem | ent | Street Address 108 Haddos City, State & | n Ave. | | | | | |
| Describe: Facility Occupied During Abatement | ui 110 | 410 | | | Westmont, | | | | | | |
| Scope of Work (Check all that apply) | 10 | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf ≥260 lf | | | novat moliti | | | ☐ Mini-En ☐ Glove B | ntainment with Ne closure ag Procedures empted and Non- | | | | |
| Location of | | Locat | | | Description | | Amount | Aba | atem | ent T | уре |
| Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | - S Main | mally solely itenar odial (12) No | by nce o Staff | r ? | Asbestos-Con Material (A (i.e., thermal s insulation, surfac or other miscell | CM) ystems cing, VAT | (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| Various Locations Throughout 1 st Floor | Tes | NO | N/F | | Pipe Insula | tion | 20 LF (wrap & cut | | П | | П |
| 4 th Floor Room 4-8-D | H | H | | | Floor tile & I | | 72 SF | | H | H | H |
| | | | T | | | | | | | | |
| | | | | | | L | | | | | |
| | H | | H | 1 1 1 1 1 1 | | | | H | H | H | 봄 |
| Name of Registered Waste Hauler | | 2,10,10,10 | | Waste ID No. | Cubic Yards of Waste | Name of Reg | stered Landfill | | | | |
| AbateTech, Inc. | | | | 750 | 4 | TRRF Land | fill . | | ħ | î | |
| City, State Lumberton, NJ | | | | | Disposal Date 9/28/12 | City, State Tullytown, I | PA | | | | |
| Completed By (Print or Type) Gwen Trumbetti | 14.1 | Tit | | Coord. | Signature | + | | Date 8/31 | /12 | | |
| | - | - | 4 | | 2 | | | | | | |

No de

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

Check#

1207-4531 NF

| | 1 | - | | | | | | (11200 | | 14.0 | 1.1 | | |
|--|---|------|----------|--------------------------|-------------|--|--|----------------------|--------------|---|-----------|-------------|-----------|
| Date of Notification (1) 8/31/12 | | | | e of Bu &G | uilding | Owner / Operato | or (2) | OBESTOS | đ. | 4 - | | | |
| Agencies Notified Type Notification | | - | _ | t Addr | ess | Name of the last o | | & LICENS | 711 | 6: | 04 | | |
| | | 8 | 0 P | ark P | laza | | ** 1.1 | 871981 | 7/34 | | 7 | | |
| ☐ DEP ☐ Initial | | C | ity, | State | & Zip | Code | | LICEN: | 1019 | 1/ | 71 | | |
| ☐ DOL ☐ Amended #2 | | 1- | | | J 07 | | | | 114 | 3 | J. L. | 15/2 | |
| DOH Emergency | | 1 | | | ontact | | wagen was | Charles and a second | Tele | epho | ne N | lumb | er |
| ☐ DCA ☐ Cancellation | | S | tev | e Mag | ginnis | 5 | | | HE | | | | |
| | | - | FA | CILIT | YINE | ORMATION | | | | | - | | |
| Name of Facility Where Abatement is Taking F | Place | (3) | | | | Type of Facili | ity (4) | | | | | | |
| PSE&G Cuthbert Substation | | | | 46 | | School (I | | | | | | | |
| Street Address | *************************************** | | | | | ☐ Subchap | ter 8 (Other tha | n K-12) | | | | | |
| 721 Cuthbert Blvd. | | | | | | Other (i.e | e. private & com | mercial buildir | ngs, | hom | es, e | tc.) | |
| | | | | | | Square Feet | # of Floo | ors | Bldg | . Ag | е | | - 1 |
| City (5) County (6) | C | ou | nty | Code | (7) | | | | | | | | |
| Cherry Hill Camden | | | | | | Current Use (| Prior if being de | emolished) | | GGE | | | - |
| 1. | | | | | | Substation | | | | | | | |
| Name of Monitoring Firm Hired by Building Ow | ner (8 | 3) | | ASC | CM No | . Name of Aba | tement Contrac | tor (9) | | | - | | |
| Omega Environmental | | | | 001 | 20 | AbateTech, | | | | | | | |
| Street Address | | | | 5.00.00 | | Street Addres | SS | | | | | | |
| 280 Huylar Street | | | 15550 | | | PO Box 25 | | | | | | | |
| City, State & Zip Code | | | | | | City, State & 2 | | | | | | | |
| South Hackensack, NJ | In . | | | | 1 | Lumberton, | | | | | | | |
| Project Manager for Monitoring Firm | | | | Numl | ber ` | Telephone Nu | | License I | | | _ | | |
| Larry Zaccherio Scheduled Start Date (10) Scheduled Co | | | | 3700 | | 609-265-210 | | | | 052 | 9 | - | |
| Scheduled Start Date (10) Scheduled Co 8/13/12 | mplet 9/7 | | | te (11 |) _ | Name of OSF EMSL Analy | | | | | | | |
| Occupancy Status During Abatement (Check of | | - | - | - /- | - | Street Addres | | | V | S (0. 10) | | 111/1 | |
| Facility Closed/Vacated During Entire F | | | | ateme | nt | 108 Haddon | | | | | | | |
| Abatement Performed Outside of Norm | al Ho | our | s | | | City, State & 2 | | | 1/18 27 23 1 | 0.0000 | | | |
| Describe: | | | | | | Westmont, | | | | | | | |
| Facility Occupied During Abatement | | | | | | | | | | | | | |
| Scope of Work (Check all that apply) | | | | G.C. | | | | | | | | | |
| | _ | | | | | | | ainment with N | Vega | ative | Pres | sure | |
| ≥3 sf or ≥3 lf | \bowtie | | | ovatio | | | Mini-Enc | | | | a | | |
| ≥160 sf ≥260 lf | Ш | | Den | nolitio | n | | | g Procedures | | | _ | | |
| | | | | | | | | mpted and No | n-Fri | | | | |
| Location of Asbestos-Containing | 105600 | | cati | on Jsed | | Description Asbestos-Cont | | Amount (Specify | | Aba | teme | ent T | ype |
| Material (ACM) | | | ely b | | Sall Indian | Material (AC | | SF or LF) | | | | ш | |
| TO BE ABATED | | | | ce or | 150 | (i.e., thermal sy | | | | Re | Z, | nca | inc |
| in Facility | Cus | | | Staff? | | insulation, surfac | | | | Removal | Repai | Encapsulate | Enclosure |
| (13) | Voc | | 12) | N/A | 25.55 | or other miscella | aneous) | X STATE | | 8 | 7 | late | ē |
| Conference Room #1 & #2, 2 nd Floor Open Area, 1st Floor Office | Yes | 1 | Vo | IWA | | | | | | | | | |
| | | L | X | | | Window Ca | the state of the s | 300 LF | | | Ш | Щ | Ц |
| Roof | Ц | H | | | | Black Ta | | 20 SF | | | Ш | | |
| Roof 2 nd Fl. Interior wall btw. Original & Addition, Exterior South Wall | | | | | | AC Pitch Po | | 6 SF | | | | Ш | Ц |
| | Щ | | X. | Щ | | Siding Shin | W | 2,400 SF | | | Ш | | Ц |
| 1 st Fl. Garage 3, 1 st Fl. Closet, 1 st Fl. Under Stairwell Office | | | \times | Щ | | Window Gla | | 100 LF | | | | Ш | Ц |
| First Floor Garage 3 | | 1 | | | | Window ca | | 16 LF | | | | | |
| Name of Registered Waste Hauler | | | | | Vaste | Cubic Yards | Name of Regis | tered Landfill | * * | | | | |
| Waste Management | | | па | uler ID 112: | | of Waste | GROWS Nor | th I andfill | | | | × 1 | |
| City, State | | 6310 | - | 112 | | Disposal Date | City, State | ar Landini | | 4 | | | |
| Camden, NJ | | | | | | | Morrisville, P | A | | | _ 2 | | |
| Completed By (Print or Type) | | | Title | e | | Signature | . 1 | aville and a second | Da | ate | - | | |
| Gwen Trumbetti | | 15 | Off | ice Co | oord. | (/1 | N | es en en en en en | | 31/ | 12 | | |
| | | | | | | | 1500 | | 1000 | 000000000000000000000000000000000000000 | THE PARTY | | - |

40 or

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

1206-4493

Check#

| Date of Notification (1) | | | | | | | | Owner / Operat | or (2) | 2012 | SEP 11 A | М - | | | |
|---|--|---------------------|---------|--------|------|---------------|-----------------|--|-------------|--|--|---------------|--|-------------|-----------|
| | 3/31/12 | - 4: - · · | | | | | | poration | | Attic | 711 | 7 6: 3 | 1 | - 1000 | _ |
| Agencies Notified Ty | pe Notifica | ation | | | | Addre | | wis en | | - 35E | SIDS CO LICENSIA | * * | | | |
| □ DEP □ | Initial | iv. | | | | | Cy D | | | - de | LICENS | HIRO | | | |
| | | nded #5 | | | | | 7502 | | | | - C14219 | $\forall G$ | *** | | |
| □ DOH □ | | rgency | | | | | ntact | 4 | | 1 1 | | Teleph | | lumb | er |
| DCA I | | ellation | -,- | | | | arnik | | 101 SA | | | Telebili | JUE I | vuille | CI |
| | | | | | | 10.000 | | | | 100 Jan 100 Ja | | | - | - | |
| Name of Facility Where | o Abatama | ont is Taking D | laco (| | AU | IL-I I | THAT | Type of Fac | ility (A) | | | - | - | | -10 |
| JC Penney- Store # | | ant is Taking P | lace (| 3) | | | | School | | | - | | | | |
| Street Address | 431 | | | -53 | | | - 1000 | | 67. | Other than | K-12) | | | | |
| 305 Mt. Hope Avenu | 10 | | | | | | | | | | ercial buildin | nas hon | nes | etc.) | |
| ood int. Hope Avent | 40 | | | | | | | Square Feet | | # of Floors | | Bldg. Ag | | 3.0.7 | |
| City (5) | | County (6) | ICC | unt | / C/ | ode (| 7) | - Oqualo i coi | | 11 10010 | · | Diag. 7 tg | ,0 | | |
| L | | Morris | 100 | Juilty | , 0 | Jue (| .1) | Current Use | /Drior | if hoing don | nolished) | | | | |
| Rockaway | | IVIOTTIS | | | | | _**** | The second secon | | | iolistieu) | | | | |
| Name of Manitarina Fig | | Dellalia a Occ | (0) | | | 100 | NA NI - | Departmen | | THE RESERVE OF THE PARTY OF THE | - (0) | | | | |
| Name of Monitoring Fir Hillman Consulting | | y Building Owr | ner (8) | | | ASC | M No | . Name of Aba AbateTech | | it Contracto | r (9) | | | - 10 | |
| Street Address | | | | | | 4 | | Street Addre | | | | 15 | | | |
| 1600 Route 22 East | | | will r | | | | Lan | PO Box 25 | | | | | | | |
| City, State & Zip Code | State & Zip Code | | | | | | | City, State & | | | | | | | |
| Union, NJ 07083-15 | | | | | | | | Lumbertor | | | | | | | |
| Project Manager for Mo Thomas Rubino | oject Manager for Monitoring Firm Telepromas Rubino 90 | | | | | | | Telephone N 609-265-21 | | | License N | Number 005 | | | |
| Scheduled Start Date (6/13/12 | 10) | Scheduled Cor | npleti | | | (11) |) | Name of OS EMSL Ana | | | 574. | | | | |
| Occupancy Status Duri | | | | | hat | eme | nt . | Street Addre | ess | 0.0 | | | | | |
| Abatement Per | | | | | - | Cilici | 111 | City, State & | | | | 200300 | <u> </u> | | |
| | PM – 8AM | atside or worth | al 110 | UHO. | | | | Westmont, | | | | | | | |
| Facility Occupie | | Abatement | | | | | | westmont, | , NJ U | 0100 | | | | | |
| Scope of Work (Check | | | | | | A 100-111-100 | - | | | | | | | | |
| Coope of Work (orlook | an triat ap | P197 | | | | | | | \boxtimes | Full Contai | nment with N | Vegative | Pre | ssure | <u> </u> |
| ≥3 sf or ≥3 lf | | | | Re | eno | vatio | n | | Ħ | Mini-Enclo | ACCORDINATION TO THE PROPERTY OF THE PARTY O | | | | |
| 2160 sf ≥260 lf | | | Ħ | De | emo | olition | 1 | | П | Glove Bag | Procedures | | | | |
| | | | | | | | | 1 1 1 1 1 1 1 1 | Ħ. | | pted and Nor | n-Friabl | e Pro | cedu | ire |
| Locat | tion of | | Is | Loca | atio | n | | Descriptio | n of | | Amount | Ab | atem | ent T | ype |
| Asbestos- | | g | Norr | | | | | Asbestos-Cor | | 3 | (Specify | - 4 | T | 1 | i – |
| | I (ACM) | • | | olely | | | | Material (A | | | SF or LF) | 70 | | Ē | Ш |
| | ABATED | | Main | | | | | (i.e., thermal sinsulation, surfa | | | | em | Repair | гар | Clo |
| | acility (3) | | Cust | (12 | | an? | | or other miscel | | | | Removal | air | Encapsulate | Enclosure |
| | 3) | | Yes | No | | N/A | | of other miscer | iancou | 3) | 1 | - | | te | O. |
| 2 nd Level Arizona | | * * * * | | X | | | | Floor tile & | Masti | | 105 SF | | П | П | |
| JCP Shops | | | H | X | | | | Floor tile & | | | 1,000 SF | | H | Ħ | H |
| IZOD | | 1000 | H | | | | | Floor tile & | | | 1,000 SF | | H | H | H |
| | | | H | | | H | Ballow III - 16 | Mastic | | | 100 SF | | H | H | Ħ |
| LIZ CIAIDOTTIC ATCA | Claiborne Area | | | | | | | Islastic | | | 100 31 | | H | H | H |
| | | | | | | | | | | | | ᆂ | H | 岩 | H |
| Name of Registered Wa | acto Haule | 7 | ш | I | LID | | Vaste | Cubic Yards | Nam | e of Registe | red Landfill | $ \square$ | Ш | ш | |
| Name of Negistered VV | asie nauie | 21 4 20 Per 40 Cale | | | | er ID | | of Waste | Ivain | e of ixegiste | red Landini | Labe ten | 200 | | |
| AbateTech, Inc. | | 4.1 | | 2 3 | | 1875 | | 4 | TRR | F Landfill | Maria de la | | | | |
| City, State | | | | 7 1 1 | | . 7 | | Disposal Date | | State | | | - | - | |
| Lumberton, NJ | | | - | 141 | 4.1 | | 149 | 9/28/12 | | town, PA | | 1.5 | | | |
| Completed By (Print or | Type) | | 77 | T | itle | | | Signature | À | 7 | | Date | | | |
| Gwen Trumbetti | 71 -7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | Francisco Paracia | | | | s, Co | ord. | | W | | | 8/31 | /12 | | |

State of New Jersey 1207-4524 NOTIFICATION OF ASBESTOS ABATEMENT Check

| Date of Notification (1) | | | | | | _ | Owner / Operato | or (2) | #SUESTON | <i>n</i> . | | | | |
|---|----------------|---------------|-------------|----------|-------|--|---------------------------|-------------|--|------------|-----------------------|--------|-------------|-----------|
| 9/5/12 | | | - | _ | ans | Accessed to the Control of the Contr | | 9 | 40 | ÄM | 6: 31 | | | |
| Agencies Notified Type Notificati | ion | 100 | | | | ress | a East | | & SUESTOS & LICEN | /\. | . 04 | ř | | |
| □ DEP □ Initial | | | | | | & Zip | | | LICEN | JUNT | Roi | | | - |
| DOL Amend | led #2 | | 1.0 | 0.1 | | 37.7 | 105-2246 | | - 18 | ING | TOL. | | | |
| □ DOH □ Emerge | ency | | | | | ontact | | | | Te | elepho | ne N | lumb | er |
| □ DCA □ Cancel | lation | | Ru | SSE | ell S | Samar | 00 | | | | O.BE | | 7 | |
| | | | F | FAC | :11 1 | TY INF | ORMATION | | | | | | • | - |
| Name of Facility Where Abatemen | t is Taking Pl | lace (| | , | | | Type of Facil | lity (4) | | - | | | | |
| Newark Penn Station | | , | | | | | School (| | | | | | | |
| Street Address | | | | | | | | | (Other than K-12) | | | | | |
| 1048 Raymond Blvd. | | | | | | | | | ate & commercial b | | | | etc.) | |
| | | | | | | | Square Feet | | # of Floors | Blo | lg. Ag | е | | |
| | County (6) | Co | uni | ty C | ode | (7) | | | | | | | | |
| Newark | Essex | | | | | | | 2.7 | if being demolished |) | | | | |
| | | | | | | | Train Statio | | - | | | | | |
| Name of Monitoring Firm Hired by | Building Owr | ner (8) | - 3 | | AS | CM No | | | nt Contractor (9) | | | | | |
| TTI Environmental Street Address | | | 694 | | | | AbateTech Street Addre | | | | | | | - 45 |
| 1253 North Church Street | | | | | | | PO Box 25 | 55 | | | | | | |
| City, State & Zip Code | | | | | | - | City, State & | Zip C | ode | | | | | |
| Moorestown, NJ 08057 | 4 | - 3 | = 1 | | ١., | 10 15 | Lumberton | | | | W. | | | |
| Project Manager for Monitoring Fir | m | Tele | | | | | Telephone N | | r Lice | nse Nu | | | | |
| Jim Guilardi | | 856- | - | _ | - | | 609-265-32 | | | | 0052 | 29 | | |
| Scheduled Start Date (10) Scheduled Start Date (10) | cheduled Cor | npleti 9/8 | Series Same | | e (1 | 1) | Name of OSI EMSL Anal | | | | | | | |
| Occupancy Status During Abateme | | | | | 1 | 1 | Street Addres | SS | | | | | | |
| Facility Closed/Vacated Du | | | | | tem | ent | 108 Haddo | | Contract of the Contract of th | | | | | |
| Abatement Performed Out | | | | | - | | City, State & | | | | | | | |
| Describe: 4PM Start 9/ Facility Occupied During A | | W Sta | int: | 9/8 | | | Westmont, | NJ 1 | 8108 | | | | | |
| Scope of Work (Check all that app | | | | | | | | | | | | | | |
| | ** | | | | | | | | Full Containment v | vith Ne | gative | Pres | sure |) |
| ≥3 sf or ≥3 lf | | \boxtimes | F | Rend | ovat | ion | | | Mini-Enclosure | | | | | |
| ≥160 sf ≥260 lf | | | |)em | oliti | on | | \boxtimes | Glove Bag Proced | | | | | |
| | | | | | | _ | | Ц_ | Non-Exempted and | | | | | |
| Location of Asbestos-Containing | 7 | Norr | | catio | | 1/1 | Description Asbestos-Con | | Amou g (Spec | | Aba | atem | ent T | ype |
| Material (ACM) | | | | ly b | | | Material (A | | SF or | | | | Ш | _ |
| TO BE ABATED | Glassia, della | Main | ten | iano | e or | | (i.e., thermal s | ystem | S | | Ren | Re | nca | ncl |
| in Facility | A SEBAR | Cust | | | taff | ? | insulation, surface | | | | Removal | Repair | Encapsulate | Enclosure |
| (13) | | Yes | (1 N | | N/A | | or other miscell | aneou | is) | | 1 20 | | ate | - 6 |
| Pipe Chase | | | Г | 1 | | | Pipe Insula | otion | 15 L | C | M | | П | |
| ripe chase | | H | + | + | H | - | ripe ilisuic | HOH | 13 L | - | | H | H | H |
| | | H | F | + | H | | Table 1 | 11 25 15 | | | H | H | 十 | H |
| | | Ħ | 片 | 41 | H | | | | | | 情 | H | Ħ | H |
| | | | F | 11 | H | 1 | | | | -10 | H | Ħ | Ħ | П |
| | | Ħ | Ī | 71 | T | | | | | | T | П | Ħ | |
| Name of Registered Waste Hauler | The Asset | | | | | Waste | Cubic Yards | Nam | e of Registered Lan | dfill | 4, 7 1 | 075,7 | | |
| · 经国际基础设施。 | | | | | | D No. | of Waste | | 100 | | | | | - 2 |
| AbateTech, Inc. | | 7 3 6 | - 1 | 7 | 187 | 50 | 3 | | RF Landfill | William. | | | | |
| City, State Lumberton, NJ | AND THE COURT | | 14. | 1,8 | | - | Disposal Date 9/8/12 | | State | | | 13.65 | | |
| Completed By (Print or Type) | | 14.3 | - | Title | - | | | Tun | ytown, PA | | Data | - | | |
| Gwen Trumbetti | | | - 1 | | ice | | Signature | | | | Date 9/5/ 1 | 12 | | |
| Cwell Hullibetti | | | | | ord | | (na | 2 | | | JIJI | 12 | | |
| | | | | <u> </u> | VIU | | 1 1/1/ | 1 | | 1 | | | | |

No ch

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

1206-4502 Check #

| Date of Notification (1) 8/31/12 | | | | | | Owner / Operation | or (2) | - 2012 S | EP II AI | 4 6: 31 | | | |
|--|---------|--|------|-------------------------|-------|---|-------------------|-------------------|-----------------------|------------------|--------------|-------------|-----------|
| Agencies Notified Type Notification EPA | 4 1 | Str | eet. | Addre egac | SS | | | 45isE. | STOS CO. LICENSII | WTROI | <u> </u> | | |
| □ DEP □ Initial □ DOL □ Amended #5 □ DOH □ Emergency | | Pla | ano | tate & | 7502 | | | | LICENSI | | | | |
| | | | | of Con rd M a | | | | | | Teleph | one | Num | ber |
| | | F | AC | ILITY | INF | ORMATION | - 0.00 October | | | | | | |
| Name of Facility Where Abatement is Taking F JC Penney Street Address | Place | | | | | Type of Faci | (K-12) | 'OII' II | 17.40) | | | | |
| 260 Wayne Town Center | | | | | | Other (i. | .e. priva | | nercial build | | | etc.) | |
| City (5) County (6) | Ic | ount | v C | ode (7 |) | Square Feet | its. | # of Floor | 'S | Bldg. A | ge | | |
| Wayne Passaic | | | • | | | Current Use | | | molished) | - 0 | | es t | - |
| N | - 1 | | | 1,000 | | Departmen | | | | NO. | | | |
| Name of Monitoring Firm Hired by Building Ow Hillman Consulting, LLC | ner (8 | 3). | | ASC | VI No | AbateTech | , Inc. | t Contracto | or (9) | | | | |
| Street Address 1600 Route 22 East | | | | | | Street Addre | | * | | | | | |
| City, State & Zip Code Union, NJ 07083-1597 | | - | | | i | City, State & Lumberton | | | | | | | |
| Project Manager for Monitoring Firm Thomas Rubino | | pho -688 | | Numbe | er) | Telephone N 609-265-21 | lumber | | License | Number 005 | | | |
| Scheduled Start Date (10) Scheduled Go. | | ion [8/1-2 | | (41) | | Name of OSI EMSL Anal | | nitor | # *** | | | | |
| Occupancy Status During Abatement (Check o Facility Closed/Vacated During Entire F | | | Abat | ement | t | Street Addre | SS | | | | - | | |
| Abatement Performed Outside of Norm | | | | | | City, State & | Zip Co | de | | | | | |
| Describe: 10PM – 8AM Facility Occupied During Abatement | | | | | | Westmont, | NJ 08 | 108 | | | | | |
| Scope of Work (Check all that apply) | | | | | | | 57 | 5 II O 1 | | | | | |
| ≥3 sf or ≥3 lf | | R | eno | vation | | | None and a second | Mini-Enclo | inment with | Negative | Pre | ssure | 9 |
| ≥160 sf ≥260 lf | | | | olition | | | | Glove Bag | Procedures | | e Pro | cedu | ıre |
| Location of | | Loc | | | | Description | | | Amount | Ab | atem | ent T | ype |
| Asbestos-Containing Material (ACM) TO BE ABATED | . 5 | mall Solel ntena | y by | | | Asbestos-Con Material (A (i.e., thermal s | CM) | 4 126 | (Specify SF or LF) | Rei | R | Enca | Enc |
| in Facility (13) | Cus | todia (12 | 2) | aff? N/A | i | nsulation, surfactor or other miscell | | | 3.5.2 - 1 2.14 - | Removal | Repair | Encapsulate | Enclosure |
| Lower Level Near Elevators Arizona | 163 | | 9 | | | Floor tile & I | Mactic | | 800 SF | | | | |
| Lower Level Levis | H | | | | | Floor tile & I | - | | 830 SF | | H | H | H |
| 1 st Floor Ladies Arizona | Ħ | X | | Ti | | Mastic | | | 500 SF | | H | H | H |
| JCP Shops | | X | - | | 5.1 | Floor tile & I | | | 2,250 SF | X | H | Ħ | H |
| IZOD | | X | 1 | | | Floor tile & I | Vlastic | | 1,000 SF | N | | Ħ | ITT |
| | | | | | | | | | | | Ħ | Ħ | H |
| Name of Registered Waste Hauler | i Siled | 1000 | | EP Wa | | Cubic Yards of Waste | Name | of Registe | ered Landfill | teranerica. | | 3524 | 10.5 |
| AbateTech, Inc. | ma: | | | 18750 |)** | 16 | | F Landfill | 4. 951 | J | | Par | -1.5 |
| City, State Lumberton, NJ | | | | | i i | Disposal Date 9/28/12 | City, 8 | State town, PA | | | | | |
| Completed By (Print or Type) Gwen Trumbetti | | at 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | itle | s. Cod | ord. | Signature | t | | | Date 8/31 | /12 | 577 ° | |



1207-4514 Check #4408

| Date of Notification | (1) | | Т | Nam | ne o | f Buil | lding | Owner / Operato | or (2) | | ASOF ST | 011 | | * 10 | and the same of th |
|-----------------------------------|-----------------------------------|-----------------|--|----------------|-------|-----------------------|---------|-----------------------------|----------------------|--------------|--|-------------|-------------|-------------|--|
| | 9/6/12 | | | | | | | tary & Veterar | ns Aff | airs | | 11 | ĀН | 6. | |
| Agencies Notified EPA | Type Notific | ation | - 1 | | | ddre | | ossing Rd. | | | #30/3/ & L/C | 08 2 | day control | ٠. ر | 3 |
| □ DEP | │ | I | | | | | Zip C | | | | - C L/C | ENS | 1111 | Rn | , |
| ☐ DOL | ☐ Ame | nded #2 | | 550 | | | | NJ 08648 | | | | 7170 | MG | 101 | • |
| □ DOH □ | | rgency | | Nam | ne o | f.Cor | ntact | | 2.2 0 | 4.2 | | Teleph | one | Num | ber |
| ☐ DCA | Cand | cellation | | Deb | bie | Sot | 0 | | | | | | | , | |
| | | | | | ACI | LITY | INF | ORMATION | | | | | 1000/7525 | Ulul | |
| Name of Facility W | | ent is Taking P | lace (| 3) | | | | Type of Facil | | | | | | | |
| Westfield Armor Street Address | у | | | | | | | School (| | Other than | K 12\ | | | | |
| 500 Rahway Ave | | | | | | | | | | | nercial buildin | as hor | nes | etc.) | ř |
| 300 Kaliway Ave | • | | | | | | | Square Feet | | # of Floor | | Bldg. A | | 010. | |
| City (5) | | County (6) | Co | untv | / Co | de (7 | 7) | - oqualo i ool | 5.0 | | | J | , | | |
| Westfield | | Middlesex | | | | | , | Current Use | (Prior | if being der | molished) | 27.7 | | | |
| Trootiioia . | | | | | | | | Armory | | | | | | | |
| Name of Monitoring | Firm Hired b | y Building Ow | ner (8) | | | ASC | M No. | | temer | nt Contracto | or (9) | | 103 | lin. | - 4 |
| Whitman Compa | nies | | | | | | | AbateTech | | | | - 4 | | | |
| Street Address | I14 D 4 | | | | | | | Street Addre | SS | | | | | | |
| City, State & Zip Co | | | | | | | | City, State & | Zin Co | nde | | | | | 397 |
| | st Brunswick, NJ 08816 | | | | | | | Lumberton | | | | | | | |
| | iject Manager for Monitoring Firm | | | | | | | Telephone N | | | License N | lumbe | | | |
| Kevin Lovely | | | 732- | | | | 3 | 609-265-21 | 07 | | | 005 | 29 | | |
| Scheduled Start Da | 250000 - CONST. | Scheduled Co | | | | (11) | | Name of OSI | | | | | | | |
| 8/27/12 Occupancy Status | | ment (Check o | 9/14 | | | 1 | | Street Addre | - | | | | | | |
| Facility Clos | sed/Vacated | During Entire F | Period | of A | bate | emen | nt | 108 Haddo | | | | | | | |
| | | utside of Norm | | | | | | City, State & | | | | | | | |
| Describe: | | | No. of Contract of | | | | | Westmont, | NJ 0 | 8108 | | | | | |
| Property | upied During | | - 11 | | | | | | | | | | | | |
| Scope of Work (Ch | eck all that a | oply) | | | | | | | \boxtimes | Full Conta | ainment with N | Jegativ | e Pre | essu | re |
| ≥3 sf or ≥3 | lf · | | M | Re | enov | vation | n | | H | Mini-Encle | department of the second of the second of the second | .oga.i. | | ,000 | • |
| ≥160 sf ≥26 | | | Ħ | | | lition | | | Ħ | | Procedures | | | | |
| | | 1.1-2.11 | | | | | | | | Non-Exen | npted and Nor | n-Friab | le Pr | oceo | lure |
| | ocation of | | 1 | Loca | | 200 | L. As | Descriptio | | | Amount | Al | ater | nent | Туре |
| | tos-Containir terial (ACM) | ig . | Norr | nally olely | | | | Asbestos-Cor Material (A | | 9 | (Specify SF or LF) | | | Г | п |
| | BE ABATED | | Main | | | | | (i.e., thermal s | | s | Of Of Elij | 70 | 2 | , 5 | Enc |
| | n Facility | | Cust | odia | I Sta | | | insulation, surfa- | cing, \ | /AT | A Assistant | Kemovai | Kepair | Licapoulate | Enclosure |
| | (13) | | Yes | (12 No | | N/A | | or other miscel | laneou | is) | I. Suite, | 57 | - | 0 | 1 Te |
| D-II D | | | | INC | 1 1 | W/A | | Firebrio | N. | | 800 SF | | | + | |
| Boiler Room Boiler Room | | | | | | | Po | iler Breeching | CONTRACT DESIGNATION | lation | 600 SF | | + | H | |
| Bollet Rootil | | | H | F | | H | ВО | ner breeching | IIISu | lation | 000 01 | | 情 | | |
| | | | H | F | | H | | | | | | | 十 | 忙 | ili |
| | | | H | | | | | | | - | - 2 | | | | |
| | | | | | | | | · The second | | | | IE | I | TE | |
| Name of Registered | Waste Haul | er a a a a | A BASS | 1000 | | | /aste | Cubic Yards | Nam | e of Regist | ered Landfill | iig volta i | | 1715 | K 3 Ye |
| AbataTeah Inc | | to participate | 9194 | | | er ID 1 875 | | of Waste | TDE | RF Landfil | Francisco de Carlos | | | | + |
| AbateTech, Inc. City, State | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | | | | 183 | 10/3 | U | Disposal Date | | State | Carre we will | 75 h | A) I dd | | - |
| Lumberton, NJ | | | | | | | EU) | 9/14/12 | | ytown, P | 1 | | | | |
| Completed By (Prin | t or Type) | ar ar ar | TO THE | . 1 | itle | | | Signature | 1 | | 5.500000 | Date | | | |
| Gwen Trumbetti | | | | 100 | Offic | | e Triba | (and | 1- | | | 9/6 | 112 | | |
| | 45.4 | | | C | 000 | rd. | | 1 TVL | 14 | 1.000 | | - | | | |

State of New Jersey 1209-4545 NOTIFICATION OF ASBESTOS ABATEMENT Check # 4430 (Pursuant to N.J.A.C. 8:60 and 12:120)

| Date of Notification | | 234,103 | | | | | | Owner / Operat | or (2 | 2012 SEP | II AF | 1 6: | 33 | | | |
|---|--------------------|------------------------|---------------|------|--------|--------|---------------|--|----------|---|-------------------------|---------|--------|--------|-----------|------------|
| A 1 N CC J | 9/6/12 | | | | | | | lic Schools | | | | - | _ | | | |
| Agencies Notified EPA | Type Notific | ation | | | | ddre | ess nont / | Λινο | | ASSES? | 'OS na | UTI | 201 | | | |
| □ DEP | | ľ | | | | | Zip C | CHARLES AND AND ADDRESS OF THE PARTY OF THE | | & L | CENSI | AC. | UL | | | |
| □ DOL | | nded# | | | | | | 07305 | | | - 421101; | 10 | | | | |
| □ DOH | Eme | rgency | | | | | ntact | | | 4.4 | | Tele | phor | ne Ni | umbe | er - |
| ☐ DCA | | ellation | I | Dia | na l | Petc | olino | | | | | | | | | |
| 10.75 | | | | F | ACI | IIT | Y INF | ORMATION | | | | 1 | | | | |
| Name of Facility Wh | nere Abatem | ent is Taking P | lace (3 | | ΛŲ | -11 | | Type of Fac | ility (4 | 1) | - 4 | | | | | |
| Jersey City BOE | | | | , | | | | School | | | | | | | | |
| Street Address | | | | | | 3.0 | | | | 3 (Other than K- | | | | | | |
| 346 Claremont A | ve. | | | | | | | Kenned | | ivate & commer | | | | | tc.) | |
| | | | | | | | | Square Fee | t | # of Floors | | Bldg | . Age | : | | 4 |
| City (5) | | County (6) | Co | unt | у Со | de (| 7) | | | | | | | | | |
| Jersey City | | Hudson | - | - | | | | The state of the s | | r if being demol | ished) | | | - | | |
| | | | | | | | | Admin Bu | | | | | | | | |
| Name of Monitoring | | | ner (8) | | | ASC | M No. | | | ent Contractor (| 9) | | | | | |
| Matrix New World Street Address | a Engineer | ing | | | | | | AbateTech Street Addre | | • | | | | | - | |
| 120 Eagle Rock A | \ve | | | | | | | PO Box 25 | | ing variable | 10 | | | | | |
| City, State & Zip Co | | | _ | | - | | | City, State 8 | | Code | | | | - | | |
| East Hanover, N. | | | | | | | | Lumberto | | | | | | | Carlo | |
| Project Manager for | Monitoring F | irm | Telep | | | | er | Telephone N | | er | License | | | | | |
| Eric Gratson | ic Gratson | | | | | | | 609-265-32 | | · The second | | | 052 | 9 | | |
| Scheduled Start Dat | 1.00 | Scheduled Cor | | | | (11) | | Name of OS | | | | | | | | |
| 9/17/12 | | ment (Cheek e | 9/19 | _ | | | | Street Addre | | aı | | | | | | |
| Occupancy Status D | | During Entire P | | | Abate | emer | nt | 108 Haddo | | re . | | | | | | |
| | | utside of Norm | | | | | | City, State 8 | | | | | | | | |
| Describe: | | | | | | | | Westmont | | | | | | | | |
| 나를 보고 있는데 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 | | Abatement : | | | | | | 1 | , | | | | | | | |
| Scope of Work (Che | eck all that a | oply) | | 1 | Tolkie | | | | | | | | | | | |
| | | | _ | | | 1122 | | | Ц | Full Containn | Military and the second | Nega | ative | Pres | sure | ğ. |
| ≥3 sf or ≥3 l | | | \boxtimes | | | vatio | | | | Mini-Enclosu | 444 | | | | | |
| ≥160 sf ≥26 | 0 11 | | Ш | D | emo | litior | 1 | | | Glove Bag Po | | | iabla | Dro | odu | |
| 1.0 | ocation of | | le l | 1.00 | atio | 2 | | Description | on of | | Amount | | Aba | - | | *** A **** |
| | os-Containin | a | Norn | | | | | Asbestos-Co | | | (Specify | 10.00 | T | T | 111, 1 | ype |
| | erial (ACM) | | S | olel | y by | | | Material (A | ACM) | | SF or LF) | | | | Ш | m |
| | BE ABATED | | Main | | | | | (i.e., thermal | | | | | Remova | Repair | cap | nclo |
| l II | n Facility (13) | | Custo | (1: | | an? | | insulation, surfa or other misce | | | | Begg | ova | air | Encapsula | Enclosure |
| | (10) | | Yes | N | | N/A | | or other mass | | | | | - | - | e | CD. |
| 5 th & 6 th Floor Mecl | hanical Equ | ipment Room | | T | 1 | | | Caull | k | | 100 LF | | M | H | F | |
| | | | | Ī | it | | | | 1932 | | | | | | | |
| | | | Til | T | it | | | | | | | | | - | | |
| land the heat and him | | | | | | | | Min garage date | A | | 10 700 | | | | | |
| | | | | | | | | +9.1 (2.2) | | | | | | | | |
| and a great species | | supplied to the factor | | Ę | | | 4 | resident constraints | | | | | | | | |
| Name of Registered | Waste Haul | er | | | | | Vaste | Cubic Yards | Na | me of Registere | d Landfill | Agur | • • | | | |
| AbataTash Ina | | | | | | | No. | of Waste | ТС | RF Landfill | Service of | | | | | 4447 |
| AbateTech, Inc. | | | | | 187 | 00 | | 10 Disposal Date | | y, State | | 12 . 24 | - | | - | 33 |
| City, State Lumberton, NJ | | and the state of | | | | | 4. 5 | 9/19/12 | 1019-001 | llytown, PA | * | | | | | |
| Completed By (Print | or Type) | | Months of the | T | Title | | | Signature | | | vale of the | In | ate | | | 100 |
| Gwen Trumbetti | () () () | | | | Offic | | | (2.1 | 1 | | T TENED | | /6/12 | 2 | | ing is |
| | | | | | Coo | | - nices | XIV | U | ======================================= | | | | | | |

| Date of Notification (1) | | | | | Name of Building Owner/Operator (2) | fr has been | EIV | En | | |
|--|--|-----------------------|----------------------------|---------|--|-------------------------|---------|---------------------|-------------|-----------|
| 09/06/2012 | | | | | Francis Miller | 2012 SED . | | hone had | | |
| Agencies Notified | Type of No | ificati | ion | | Street Address | 2012 SEP 11 | AM | 6: 46 | , | |
| X) EPA | (X) Initia | al No | tification | | 44 Pleasant St. | SHESTUR | Com | | | |
| X) NJDEP X) NJ DOL | | endn | d nent# ncy (includi | | Kearny,NJ 07032 | & LICEN | SING | ROL | | |
| X)DOH)DCA | | ficati | ion) | ig | Name of Contact Francis miller | | el. Num | ber | 3 | |
| ame of Facility Where Abateme | ent in Taking Di | 100 /3 | | ACILITY | Y INFORMATION Type of Facility (4) | | | - | | |
| esidential Property | ent is Taking Fi | ice (S | <u>u</u> | | () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bit | dgs., homes, et | c. | | | |
| treet Address 4 Pleasant St. | | | | | Sq. Feet: 5000 # of Floors | 2 | Bldg. A | ne 60 | | |
| City (5) | County (6) | | County Code (State Use C | | Current Use (prior if being demolished | | 2.ag. n | J- <u>J-</u> | | |
| Kearny | Hudson | | 101010 036 | | Contain one (prior it being derivationed | | | | | |
| Name of Monitoring Firm Hired b | by Bldg. Owner | (8) | ASCM No. N/A | | Name of Contractor (9) ISES, Inc. | | | | | |
| Street Address | | | Tomas II | i. | Street Address 3300 Hudson Avenue | a u | | | | |
| City, State, Zip Code | | | | | City State, ZipCode Union City, NJ | | | -0-0 - 530 amo -200 | | |
| Project Manager for Monitoring David Camacho | (201) | 325- | -0055 | | Telephone Number (201)325-0055 | | - | ense N 1124 | umber | |
| Scheduled Start Date (10) 09/17/2012 | Schedul 09/19/ | The State County Long | mpletion Date 2 | e (11) | Name of OSHA Monitor ISES, Inc. | | | | | |
| Occupancy Status During Abate) Facility Closed/Vacated De | uring Entire Per | iod of | Abatement | | Street Address 3300 Hudson Avenue | | | | | |
|) Abatement Performed Out X) Other - Describe: Unocc | tside of Normal | Facilit | ty Hours - | | City, State, Zip Code | | - | | | |
| | | , | | | Union City, NJ 07087 | | | | | |
|) Minor Project (< 25 S X) Small Project (>25 S Description (>25 S) Large Project (>160 S | F or < 10 LF / | <260 | 0 LF ACM) | | (X) Renovation () Full Containment with I (X) Mini-Enclosure (X) Glovebag Procedure () Non-Exempted (*) and | Non-Friable F | rocedu | | | |
| Location of Asbestos- Containing Material (ACM) | Is Location Solely by I | | | (i.e. | Description of ACM thermal systems insulation, surfacing, | Amount (Specify SF | A | bateme | nt Type | |
| To be Abated in Facility (13) | Custodi | | | | VAT, or other miscellaneous.) | or LF) | Removal | Repair | Encapsulate | Enclosure |
| Basement | | | X | TSIF | Pipe Insulation | 140 LFT | Х | | 7.5 | |
| 1 | | | | ri. | | | | | | |
| there is a second | | | | | | | 7- | To consider | | |
| Name of Reg. Waste Hauler | the second secon | JDEP 239 | Waste Haule | er ID# | Cubic Yards of Waste | Name of Reg Cumberla | | | andf | |
| Vision Transport City, State 2 Fish House Road, Ke | ente con est | | J | | Date 19/2012 | City, State Newburg, | | | Car | 1 |
| Completed by (Print or Type) | Title | 302 | | Signa | | Date | | | | - |
| Jorge Delgado | Project | G | | | To total | 09/06/201 | 2 | | | |

State of New Jersey

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

| | 17 46 | 1 | | | | | | | The control of the same of the same of | | | ST V | |
|-----------------------------------|--|-----------------------------------|-------------------------|------------------|--------------------|----------------------|-------------------------|----------------------------------|--|---------|-----------|---------|--|
| Date of Notification (1) | eptember 6, 20 | 12 | | | Name of | f Building (| | erator (2) rdo State Marina | 3 10 11 11 | 2 | Y | 18 | |
| Agencies Notified [X] EPA | TO SECURE ASSESSMENT OF THE PARTY OF THE PAR | l Notific | | | Street A | ddress | 232 B | each Avenue | | li \ | V.E | | The second secon |
| [] DEP [x] DOL [x] DOH | Ame | nded Not ndment # gency (ii | | | City, Sta | ate, ZipCod | | rdo, NJ 07737 | III SER 1 | 1 21 | 12 | | The second secon |
| [] DCA | justif | ication) ellation | | | Name of | Contact Bill W | iesberg | | Telephone Number | | 7 | | Section of Page 1 |
| | | | | FAC | ILITY I | NFORM | ATION | | 110.00 | 110 | - Farence | | ĺ |
| Name of Facility Where A | batement is Takin onardo State M | | 3) | | | | | Type of Facility (4 | School (k-12) Subchapter 8 (ot | her tha | n k12) | | 2 . 621 |
| Street Address | Beach Avenu | e | | | | | | [x] | Other (i.e., priva homes, etc.) | | | ial bui | dings, |
| City | | Count | y (6) | | County C (STATE | Code (7) USE ONLY | 7) | Square feet 1500 sf | # of Floors | Bld | g. Age | 60 | |
| Leonardo | | Moni | mouth | | | | | | if being demolished | 1) | | ¥ | |
| Name of Monitoring Firm | | Owner (| (8) | | ASCM N | O. | Name of | Abatement Contracto | | Inc | | | |
| Street Address | A | | | | | | Street Ac | idress | | mc. | N/A | | |
| City, State, Zip Code | | | | (| | | City, Sta | te, Zip Code | Route 9, Unit 61 | | | | |
| Project Manager for Monit | | Telephone | Number | | | Telephor | Toms ne Number | River, New Jers License N | | | 271 | 4 4 | |
| Scheduled Start Date (10) | | A SHEET | Scheduled | | | 11) | | 9-9932 OSHA Monitor | 00624 | | | | |
| 9/20/12 | | | 9/24/1 | | ion Date (| 11) | | E.M.S | .L. Analytical | | | | |
| Occupancy Status During A | Abatement (Check lity Closed/Vacate | | | iod of Ab | atement | | Street A | | Stelton Road | | | | |
| [] Aba | tement Performed er – Describe | | | | | | City, Sta | te, Zip Code Piscata | away, New Jerse | y 088 | 354 | | |
| Scope of Work (Check all | that apply) | | | | | | [] | Full Containmen | nt with Negative Pre | ssure | | | |
| [] | 0 . 210 | | r 1 | D | | | [] | Mini-Enclosure | done | | | | 4 |
| | f or ≥3 lf 0 sf or ≥260 lf | | [x] | Renova Demoli | | | [x] | Glovebag Proce Non-Exempted (| (*) and Non-Friable | Proced | ure | | |
| | Total (As) | | Brank is | | | | | | | Abat | tement | Туре | |
| | | | Is Locatio | | | | Description | | A | R | R | E | Е |
| Location of Asbestos-Containing M | | N | Normally u Solely by | | | | estos-Cor aterial (A | | Amount (Specify SF | E | E P | N C | N C |
| TO BE ABA | | Main | tenance/Ci | | | (i.e., | thermal | systems | or LF) | М | A | Α | L |
| in facility | y | | Staff | | 1111 | insu | lation, su | | | V | I R | P S | S |
| (13) | | | (12) | | | othe | VAT, or r miscella | | | A | K | U | U |
| | | YES | NO | N/A | | | | | | L | | L E | R E |
| Exterior | a figuresia | 4,75 | X | | | stos sidin | | | 150 sf | Х | | | |
| Exterior | * 10 10 200 | neg et e | X | 10000 | Flash | ing aroun | d chimn | ey | 4 sf | X | | aring | |
| | signification by At | 100 | A CONTRACTOR | 13.5311 | 40.45 | Jan. 19.5 | | The second second | | | - 4 | | 1 |
| Name of Registered Waste | Hauler | I | JDEP Was | te Hauler | ID No. | Cubic Yar | ds of Was | te Name of Regis | tered Landfill | L | . Masti | 3506.6 | rises in |
| Guardian Co | ntracting, Inc. | | | 0223 | | 2 | | T.R.R.F. | | | | | |
| City, State Toms River, | New Jersey | | | Dispos 9/25/ | sal Date | | City, St | ate own, Pennsylvani | ia | | | | |
| Completed by (Print or Ty | | Title | | 1 31231 | Signati | are | Lunyt | 7 / J | | Date | | | - |
| Nicholas Ferr | nicola | Proje | ct Manag | er | | N_{\parallel} | 1001 | 5-10- | | 9/6/ | 2012 | 90 F | Pac. |

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

| | | | | 2 | tate of N | lew Jersey | | | | | | |
|---------------------------------------|------------------------------|-------------|---------|-----------|--------------------------|---------------------------------------|------------------------|----------------------------|-------------|----------|-----------|-----------|
| MO#20142475727 | | NOT | | | | SBESTOS ABAT AC 8:60 and 5:1 | | Eme | rgency | Noti | ficat | ion |
| Date of Notification (1) | | 1 12- | 7 | Name | of Buildin | ng Owner/Operator | 2) | | | | | |
| 09 , | 05 , | 12 | i | | | | - | APPROV | FD | | 7 | |
| Agencies Notified | Type Notificatio | | | | e Asunci | | NJ | Dept, of Health & S | | arvina | | |
| ☐ EPA | I Initial | m | | Stres | 1 Address | | | ON CONTO | | M. 0371: | " | (1000) |
| ⊠ DOLWD | Amended | | | | helps Av | | _ | a l signature | | 10 | | |
| ⊠ oh\$s | Amendment | # | | City, | State, Zip | Code | Dat | e-905/12 T | 98 | 155 | h . | ·5 |
| DCA | ★ Emergency | - | a | Engle | wood, N | J 07631 | \ <u>-</u> | 3 | 11147 | ixti | | A0. |
| (NJAC 5:23-8) | justification) | | 3 | Name | of Conta | ct | | Telephone Nu | mber | 100 | 9 | 100 m |
| | Cancellation | 1 | | Lynle | e Asunci | ion | , | 2027 | 17. | | 4 | 1 |
| | | | | | activity with the second | NEORMATION | | - COST - | | 2- | | 24 |
| Name of Facility Where | Abatement is Tak | ing Black | 2 (2) | | CILITY | MLOKWY I JOH | 17 | <u> </u> | L., | | 113 | f. |
| Private home | Apatement is yax | my mace | 6 (3) | | | | Type of Facilit | 101 1948 1937 T | | 3/ | | 181 |
| Street Address | | - 4 | | | | The second | School (K- | 12) r 8 (Other than K-1 | 1, d > | \$ | 1000 | 1 |
| | | | | | | | Other (i.e. | private and comm | ernial b | ्यानः द | / | |
| 130 Phelps Avenue | * *** | | | | | | homes, etc | L') | ier crair p | unonn | 98. | |
| City (5) | | | | | | | Square Feet | # of Floors | 1.6 | lág. s | ide | |
| Englewood, NJ 0763 | ĺ | | | | | 14. | | e Premark | | | .9- | |
| County (6) | | | - EDE | Cau | ny Code (7) | STATE USE ONLY | Current Dea / | Prior if being demo | - | 1000 | | - 1 |
| Bergen | | | | | | . A | Our one ose (| trot a peting peting | ilisnes) | | | |
| Name of Monitoring Fin | m Hired by Building | a Owner | (8) | ASCM | No | I Nome of the h | 10 | | Jan 19 | | | - |
| | | 3 0 11101 | 107, | Macini | 140. | Name of Abatem | ent Contractor (| 9) | 1 | | | |
| Street Address | | | _ | | | Gr Tech LLC | | | | | | M 5 |
| Date (Name 23 | | 1 634 | | | | Street Address | | | | | | |
| | | | | 24 | | 576 Valley Rd | | 247 | 10.00 | | | |
| City. State, Zip Code | | -1 | | | 4 - 14 | City, State, Zip C | ode | | 1 | | | |
| | | | | | | Wayne, NJ 074 | 70 | | - | | | |
| Project Manager for Mo | nitoring Firm | | Tel | ephone | No. | Telephone No. | | License No. | | | | |
| | | | | | | 973-638-1777 | | 01127 | | | | |
| Start Date (10) | Sch | eduled (| Compl | etion Da | ite (11) | Name of OSHA N | Acnitor | 10112) | - | | | |
| 09 / 06 | / 12 | 09 | 1 0 | 7 j | 12 | | | | 100 | | | |
| Occupancy Status Duris | on Abelement (Che | | | | | Envirovision Co Street Address | insultants, Inc | | | | | |
| ▼ Facility Closed/Vace | | | | 0.00.00.0 | | | | | | | | |
| Abatement Performe | ed Outside of Norm | nat Facilia | NBOA N | re De | - ariba | 20-21 Wagaraw | Road, Bldg .# | 34A | | | | |
| Time of Abatement: | AM- | PM/ | PM | | AM | City, State, Zip C | ode | | | | | - |
| | | | | | 7 (| Fair Lawn, NJ 0 | 7410 | | | | | |
| Scope of Work (Check : | all that apply) | | | | | | | | | | 10000 | |
| ☑ >3 sf or >3 If | | No. | 800V3 | ine | | Full Con | tainment with N | egative Pressure | 1 | | | |
| >3 sf or >3 lf 2 160 sf or >260 lf | | | emaliti | | | ☐ Mini-End | g Procedure | | 100 | | | |
| | and the first | _ | | | | Non-Exe | mpled (*) and N | ion-Friable Proced | ure . | | | |
| | | 1: | s Loca | ition | | | | | - | | | |
| Locatio | n of | | Norm: | | 1000 | Description of | of | Cile - 31 di kenyi | | atem | 1 | ype |
| Asbestos-Containing TO BE AB | | | inteni | ely by | Asbe | stos Containing Ma | terial (ACM) | Απομητ | Remova | Repair | Encapsula | E |
| IN Faci | | | | Staff? | (0.5 | s., thermal systems surfacing, VAT | insulation, | (Specify | DOLL | De la | 80 | Enclosure |
| (13) | | | (12) | | | other miscellane | ons) | SIF or LF). | 19 | | SCI a | 20 |
| | | Yes | No | N/A | 100 | | | | | | ře : | |
| Basement | | in | F | 8 | Pipe ins | ulation | SECTION SECTION | 1.5. | Lav | | | |
| | A. (1) | | - | I KLX | r ipe ins | uiation | | 45 LF | X | Ш | | |
| | | JU | | ليال | | | | | | | | |
| Many to a surject to the | n in the engineering and the | | | 10 | | ********* | Control of the Control | CHICADA CANA | | | | |
| | ** 2.72 27 3 4 5 6 7 7 7 | ٦Ħ | 15 | 100 | | 1 1 1 1 1 1 | - 1003 | | | L, | | إلىا |
| Name of Days | | | | 10 | | | | Control of Control | | | | |
| Name of Registered Wa | ste Hauler | | 117 | DEP Waste | Hauter ID No. | . Cubic Yards of Wasi | Name of Regi | stered Landfill | - Automore | | | |
| Gr Tech LLC | | 1101 5. 19 | 1 | 003378 | 15 | TBD | T.R.R.F. Inc | | 4 | | | ASSET |
| City, State | | | - 1 | | | Disposel Date | City, State | | 1 | - | - | |
| Vayne, NJ 07470 | | | | with the | 1 | 5 B C | | | | | | |
| Completed By (Print or 7 | Tuket | lië. | * 3 100 | | | TBD | Tullytown, F | Α | 100 | | 4.54 | |
| | (1) | (ve: | 1 - 17- | 4 | | Signature | 1 | , 0 | ale | | -1 | |
| Jevtic | O ₃ | wner | 1 7 1 | | 100 | Ne. | the No | 00 | 05/20 | 12 | | - |
| \$8>41 | 17.4 | | 1 1000 | | | | | | | - , | | |

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

6745

| Date of Notification (1) 9-7-2012 | | | | | Building (| Owner/Opera | ator | (2) | | | | W | E | |
|---|---|--------------------|---|--------------------------------|------------------------|---|----------------------|--|----------------------------|---------------|----------------|---------------|-------------|--|
| Agencies Notified | Type Notification | | | Street Ad | ddress | ingston Av | ve. | | W SF | D 1 | 1 | 7019 | | |
| DEP DOL | Initial Amended Amendment | | | | te, Zip Co ston, NJ | | | The same | | | | 3328 | 1000 | |
| DOH DCA D | Emergency justification) Cancellation | | | Name of John | Contact | | | | Telepho | ne Nun | nber K SINC | UL & | | The state State of the State of |
| Name of Facility Where | | ig Place (3 |) | FACI | LITY INFO | RMATION | 1 | Type of Facility (4 |) | (14 y 2 y 2 | 100000 | 400 | Timos. | |
| Lalor Gardens Unit | # 109B | 10.40 | | * | | | - | School (K-12) Subchapter | 8 (Other tha | n K-12 | 2) | | | |
| Stenton Court | | | | | | | | Other (i.e. predict) | rivate & con | nmercia | al build | dings, | home | es, |
| City (5) Hamilton | | | | | | | | Square Feet | # of Floo | irs | | ldg. A 50+ | ge | |
| County (6) Mercer | | 4-12 | | County C | Code (7) ISE ONLY) | | | Current Use (Prior Apartment Ur | | emolish | ned) | | | |
| Name of Monitoring Firm | Hired by Building | Owner (8) | | ASCM n/a | l No. | | | of Abatement Con ar Contracting, | | | | | | |
| Street Address | | | | | | | | Address roy Lane | | | | | | - |
| City, State, Zip Code | | | | | | Cit | ty, S | tate, Zip Code | | + | | | | |
| n/a | | | | | | | | oln Park, NJ 07 | | | | | | |
| Project Manager for Mor n/a | nitoring Firm | | | Telephor n/a | | 9 | 73- | one No. 706-7950 | | ense N 088 | 0. | | | |
| Start Date (10) 9-20-2012 | | Schedule 9-21-2 | | npletion [| Date (11) | | | of OSHA Monitor ar Contracting, | LLC | | | | | |
| Occupancy Status Durin Facility Closed/Vac Abatement Perform Other – Describe: | ated During Entire ned Outside of Norr | Period of A | Abatem | | | 2 Cit | 2 T ty, S | Address roy Lane tate, Zip Code | 2025 | | | | | |
| Scope of Work (Check A | | | | | | | IIIC | oln Park, NJ 07 | 033 | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | Renova Demolit | | | | × | Glovebag Proc | edure | | | | е | |
| | | | Locati | | | | | | | | - | Abate | ment | |
| Asbestos-Containing TO BE AB In Faci (13) | Material (ACM) ATED lity | Use Ma | Normal d Sole intenar todial S (12) | ly by nce/ | | Descrip tos Containir thermal syst surfacing, other misce | ng M tems , VA | Material (ACM) s insulation, T, or | Amour (Speci SF or L | fy | Removal | Repair | Encapsulate | Enclosure |
| Kitche | en | 3 4 | 140 | | | VA | T | | 96 SI | = - | 1 | | | X 7 |
| Nicin | on . | | | X | | | | | 000. | | | | | |
| | | | | UDED ! | (a.e.t. | Louis | al c | | Dogleta | orden | | | | |
| Name of Registered Wa Jadar Contracting L | | | Н | IJDEP W lauler ID 033137 | No. | Cubic Yard of Waste TBD | us | | Registered l W.S. Lan | to the | | | | |
| City, State Lincoln Park, NJ 07 | 035 | ally in | | | e Septime | Disposal D | Date | | ille, PA 1 | 9067 | 6 | | | -20 |
| Completed by Lillie Lazarevich | | Title | etary | | | Signa | ature | linte | mid | Da 9- | te -7-20 | 12 | | |

| Date of Notification (1) 9/5/2012 | | | | | | perator (2) | City Assoc | iates | CE | | W | TE | Tr | 77 |
|--|--------------------|---------------|---|-------------------|---------------------------------|---|--|---------------|---------------------------|---------------|-----------|----------------------|-------------------|-----------|
| Agencies Notified Type Notification | | | Street Ad 882 Th | dress | | madotty | | | | ATTACA TACA | | - | | |
| EPA Initial DEP Amended Amendment | # | | City, Stat | | ode | | And the state of t | 1-5 | | ij i | 2.07 | 2 | Land | 4 |
| Emergency (justification) DCA Cancellation | | | Name of | | | | | Tele | phone N | umt | er | 8 | | |
| | | | FACIL | ITY INFO | ORMATIC | ON | | and the same | jahri igus | | - | District of the last | | |
| Name of Facility Where Abatement is Taking Street Address 891 Newark Avenue | Place (3 |) | | | 8 4 | Ty | School (K-1 Subchapter Other (i.e. p etc.) | 2) 8 (Othe | r than K- comme | -12) rcial | build | lings, | home | es, |
| City (5) Elizabeth | | | | | | | uare Feet 00,000 | # of | Floors | | - 1 | dg. A | | |
| County (6) Union | | | County C | |) | _ v | rrent Use (Pri acant for D | emoliti | on | ishe | d) | | | |
| Name of Monitoring Firm Hired by Building C Creative Environmental Solutions | | | ASCM | No. | P _{red} | Incinia | batement Cor Contracting | | (9) | | | | 31 31 32 33 | |
| Street Address 39 West 37th Street, 14th Floor | | | in the | .8. | | | lifton Avenu | ue, Unit | t 365 | | .17 | | 0.3 | |
| City, State, Zip Code New York, NY 10018 | | | | | , Zip Code NJ 07012 | | | | | | | | | |
| Project Manager for Monitoring Firm Charles Cortalano | | | Telephon 212-29 | ne No. 90-6326 | 6 | Telephone 973-450 | | 2 2 | License 01036 | | | | | |
| Start Date (10) 9/18/2012 | Schedule 11/18/ | | mpletion D | Date (11) | | | SHA Monitor Contracting | ı, Inc. | | | | | | |
| Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire I | | | ment | | | Street Add | lress lifton Avenu | ue, Uni | t 365 | | | | | |
| Abatement Performed Outside of Norm Other – Describe: | nal Facility | Hou | rs | | 2 | | , Zip Code NJ 07012 | | | | | | | |
| Scope of Work (Check All That Apply) | | 16.5 | | | | X | Wrap and (| Cut | | | | | 17 | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | - | Renov Demo | | | | Н | Full Containm Mini-Enclosur Glovebag Pro | ent with | Negative | e Pr | essu | e | | |
| | | | | | | × | Non-Exempte | d (*) and | Non-Fr | able | Sec. 18.5 | A. A. A. | and the same | |
| | 10000 | Loca | | | Dec | scription of | Kithry . | | | | | | emen pe | t |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Ma | inten | | | stos Conta thermal surfac | aining Mate systems ins sing, VAT, on siscellaneou | sulation, or | (S | mount pecify or LF) | | Removal | Repair | Encapsulate | Enclosure |
| Basement Tunnel | | X | | | Pipe | Insulatio | n | 57 | 5 LF | 200 | X | TOTAL . | Cgs 1 | |
| 3rd and 4th Floor - West Elevation | | X | | Ext | | indow Ca | - | | 0 SF | | Х | | | |
| Roof | 1 5 6 | X | | rear Again | Transi | te Paneli | ng | 60 | 0 SF | 1 4 4 | X | 724 | | |
| | | T) | #4 | | | | | | | | | | 7 | ATT. |
| Name of Registered Waste Hauler Atlantic Carting, LLC | | | NJDEP W Hauler ID NJ-641 | | Cubic of Was | | Name of IESI P | | | | ndfil | | pora | itior |
| City, State Wayne, NJ | | A PER | Disposal Date City, State TBD Bethlehem, PA | | | | | | -3. | | | | | |
| Completed by Sean Zoric | Title Pres | ider | nt | | S | ignature | 10 74 | | | Date 9/5 | 9 5/20 | 12 | | |

| 4145 | | | | OF ASBES to NJAC 8: | | | NT III | BAG | Kt | +1 | 11 | 66 | 2 |
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| Date of Notification (1) 9-6-2012 | | | | Building O | | rator (2) | 1/3/ | 106 | | 1 | E | m | 17. |
| Agencies Notified Type Notification EPA Initial | | | Street Ad 640 Pa | ^{ddress} alisade A | ve. | | 744 | SEP 1 | 1 201 | 2 | | | |
| DEP Amended Amendment | | _ | | te, Zip Cod wood Clif | | 7632 | [| ASBESTOS COA | Iva: | | Lan |) and | |
| Emergency justification) | | | | Contact | | | | Telephone | Numbe | er | -L | 1 | |
| DCA Cancellation | | | | d Reduce | | | | Main | 7 | AT-SPANISHED | - | 1 | |
| Name of Facility Where Abatement is Takin Former Diner for Demolition Street Address | g Place (3 | 3) | FACII | LITY INFO | RMATION | | | | | uild | lings, | home | es, |
| 574 Sylvan Ave. | | | | | | | etc.) | # of Floors | | | | | |
| City (5) Englewood Cliffs | | | | | | 3 | quare Feet ,000 | 2 | | 5 | dg. A 0+ | ge | |
| County (6) Bergen | | | County C | Code (7) ISE ONLY) | · <u>· · · · · · · · · · · · · · · · · · </u> | | urrent Use (Prid ormer Diner | A STATE OF THE PARTY OF THE PAR | olished |) | | | |
| Name of Monitoring Firm Hired by Building | Owner (8) | | ASCM | l No. | 100000 | | Abatement Con | | Major. | | | | |
| n/a Street Address | | | n/a | - 1 | NOT THE REAL PROPERTY. | treet Ad | Contracting I | LLC | | | | | |
| n/a | | | | | 100000 | | y Lane | | | | | | |
| City, State, Zip Code n/a | | | | | | | e, Zip Code Park, NJ 07 | 7035 | | | | | |
| Project Manager for Monitoring Firm n/a | | | Telephor n/a | ne No. | | elephon 973-70 | e No. 6-7950 | Licens 0108 | e No. | | | | |
| Start Date (10) 9-16-2012 | Schedul 9-18-2 | | pletion [| Date (11) | 10-101/2 | | OSHA Monitor Contracting, | ПС | | | | | |
| Occupancy Status During Abatement (Chec | L. Alexander Control | Mill Control | 7/4 | | | treet Ad | | LLC | | | | | |
| Facility Closed/Vacated During Entire | | | ent | | | | y Lane | | | | | | |
| Abatement Performed Outside of Norm Other – Describe: 9 am - 5 pm | | | | | 1000 | | e, Zip Code n Park, NJ 07 | 7035 | | | | 1 | |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | - | Renova Demoliti | | | | MM | Full Containme Mini-Enclosure Glovebag Prod Non-Exempted | ent with Negati e cedure | | | | е | |
| | | Locati | | | 5 | | | | | 19 | | ement pe | 0 |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Use Ma | ed Solel intenar todial S (12) | y by nce/ | (i.e. ti | | stems in | or | Amount (Specify SF or LF) | | Removal | Repair | Encapsulate | Enclosure |
| 2nd floor | 1 2 4 1 6 | | X | | VA | AT | | 350 SF | × × | < | | 4. | |
| Basement | Same. | 112, 3, 4 | × | Asb | estos Pi | pe Ins | ulation | 30 LF | 2.11 | < | -1 | T N | ğe: |
| Basement | | | × | | Transite | flue pi | pe | 15 LF | > | < | | 77 | |
| Name of Registered Waste Hauler Jadar Contracting, LLC City, State | | Н | JDEP W auler ID 033137 | No. | Cubic Yar of Waste TBD Disposal I | | GROW City, State | | | Y 2 1 | 1421 | | |
| Lincoln Park, NJ 07035 Completed by Lillie Lazarevich | Title Secr | etary | Year Co | | | ature | Paer | ville, PA 190 | Date 9-6- | 20 | 12 | | |

| L WIN | 1 | | | | ESTOS ABAT 8:60 and 12:1 | | | ECE | | . W | Ē | | The state of the s |
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| Date of Notification (1) 9/4/12 | | | | | Owner/Operat urnpike Aut | | N | | | | | Action of the Control | Artificial and artifi |
| Agencies Notified Type Notification | | | Street Ad P.O. B | ddress ox 5042 | | | 111 | | | 7,12 | 7 | L | 7 |
| X EPA ☐ Initial X DEP X Amended X DOL Amendment | | | | te, Zip Co oridge, N | de NJ 07095-5 | 042 | | ASSESTOS LICEN | | | 8 | | maring and - 1 per |
| ☐ DOH justification) ☐ DCA ☐ Cancellation | | | | Contact d J. Kra | czynski | | THE SALE | Telephone N | - | | | The Ministry | mer! |
| | | | FACII | LITY INFO | ORMATION | | | | I | _ | | | - |
| Name of Facility Where Abatement is Takin Newark Bay Bridge (Vincent R. Ca | | | rial Bri | dge) | | | of Facility (4 School (K-12 | 2) | | | | | |
| Street Address Connection spanning Newark & Ba | ayonne | | | | | × | Subchapter Other (i.e. pi etc.) | 8 (Other than K rivate & comme | (-12) ercia | l build | lings, | home | es, |
| City (5) Jersey City | | | | | | | re Feet | # of Floors | | В | ldg. A | ge | |
| County (6) Hudson | | | County C | Code (7) JSE ONLY) | | | ent Use (Prio lic Bridge | or if being demo | lishe | ed) | | | |
| Name of Monitoring Firm Hired by Building | Owner (8) | | ASCM | 1 No. | | | tement Con ervices, L | | | | | | |
| Street Address | | | Street Address 2082 B Lucon Road | | | | | | | | | | |
| City, State, Zip Code | | | | | , State, Z ippack, | ip Code PA 1947 | 4 | T | | | | | |
| Project Manager for Monitoring Firm | | Telepho | ne No. | | ephone N 0.539.5 | | License 01077 | |). | n | | | |
| Start Date (10) 9/10/12 | Schedul 10/12/ | | ompletion Date (11) Name of OSHA Monitor Mattiola Services, LLC | | | | | | | | | | _020 |
| Occupancy Status During Abatement (Chec | ck Only Or | ne) | | | Stre | et Addre | | | r | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: Not occupied: Outsi | nal Facility | V Hours | | er water | City | , State, Z | | | r | | | | |
| Scope of Work (Check All That Apply) | | | | | | | - 100 | | H | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | process. | Renova Demoliti | | | | Mi Gl | ni-Enclosure ovebag Proc | | ŀ | | · | e | |
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| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Use | ed Sole aintenar stodial S (12) | ly by nce/ staff? | | Descript tos Containing thermal syste surfacing, other miscel | g Materia ems insul VAT, or | ation, | Amount (Specify SF or LF) | | Removal | Repair | Encapsulate | Enclosure |
| D ut / ithis side wells | No | N/A | A 1517 | Transita | Dina | | 1200LF | _ | X | | - | 200 | |
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| Name of Registered Waste Hauler | | l N | JDEP W | /aste | Cubic Yards | S | Name of I | Registered Lan | dfill | Call II | | - | |
| Rovic Trucking | | Н | auler ID W 2099 | No. | of Waste 50 CY | | A CONTRACTOR OF THE PARTY OF TH | A Bethlehen | | andf | ill | | THE ST |
| City, State Lynhurst, NJ | Section 1 | | | - 1 - N | Disposal Da | ate 7 | City, State Bethleh | | | 1950 1950 1 | | | |
| Completed by Caroline M. Harper | ect Ma | nager | | Signat | ure reli | Mar | per | Dat 9/4 | e 1/12 | | | | |

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

Name of Building Owner/Operator (2) Date of Notification (1) 9-6-12 Sarnoff Corporation Agencies Notified Type Notification Street Address 201 Washington Road **EPA** Initial City, State, Zip Code DEP Amended X DOL Amendment # Princeton, NJ 08543 Emergency (including Name of Contact Telephone Number DOH X justification) Ed Compta Cancellation П DCA **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Sarnoff Corporation School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, 201 Washington Road Square Feet # of Floors Bldg. Age City (5) 100,000 65yrs. Princeton Current Use (Prior if being demolished) County (6) County Code (7) (STATE USE ONLY) Commercial building Mercer Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. EHS Environmental, Inc. Plymouth Environmental Co., Inc. Street Address Street Address 411 Southgate Court, Suite E 923 Haws Avenue City, State, Zip Code City, State, Zip Code Mickleton, NJ Norristown, PA 19401 08056 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 856-224-0080 Jack Carney 610-239-9920 00398 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9-29-12 EHS Environmental, Inc. 9-24-12 Occupancy Status During Abatement (Check Only One) Street Address 411 Southgate Court, Suite E Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: occupied Mickleton, NJ 08056 Scope of Work (Check All That Apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure ≥160 sf or ≥260 lf Demolition П Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ Enclosure (i.e. thermal systems insulation, (Specify TO BE ABATED Remova Repair Custodial Staff? surfacing, VAT, or In Facility SF or LF) (12)other miscellaneous) (13)Yes No N/A Well House transite X 121 SF NJDEP Waste Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler Hauler ID No. of Waste Robinson Waste Disposal Tullytown Resource Recovery 17304 2 City, State Disposal Date City, State Bellmawr, NJ 9-29-12 Tullytown, PA Date Title Signature Completed by 9-6-12 James M. Kelly Project Manager

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| Date of Notification (1) | 1 Sec. 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | N | lame of B | Building Owne | 1 | | All oral. | | | | |
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| Agencies Notified Type Notification | 4 | S | treet Ad | dress 7 | VB | Mark | | 1 | H110 | 1 | Ľ |
| ☐ EPA | 100 | 50 | ity, State | e, Zip Code | -inde | 12 Marie Marie | Telephone Num | SK SB Sber | 6 | - | |
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| Name of Facility Where Abatement is Taking Single Famil Street Address 309 Range | Y | | e lli | | | Type of Facility (4 School (K-12 Subchapter (Control of the Control of the Cont | 2) 8 (Other than K-12 | | ings, | home | ıs, |
| County (6) Linden N. | | | 039 County C | ode (7) | | Square Feet Current Use (Prio | # of Floors Z or if being demolish | | dg. A | ge) 🕶 | - |
| Name of Monitoring Firm Hired by Building C | Owner (8) | 6 | ASCM | No No | Name | of Abatement Con | tractor (9) | _ • | _ | | |
| Street Address | | | A | //A | Street | Address | 70000 | 3 | 63 | 7 | |
| City, State, Zip Code | 7 6 | 983 | 53 | 3 | City S | State, Zip Code | ot No | 70 | 18 | 57 | 33 |
| Project Manager for solitoring Firm Steve Schen Ke | | 6 | elephon | 58-33 | 5609 | none No. | License N | | 3 | 14 | |
| Occupancy Status During Abatement (Chec | Schedule | -18 | 3 - 12 | | E | - D | puolog. | e 5 | | | |
| Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: | Period of A | batem | ent | | P. | O. Bak State, Zip Code W Equ | 337 TW te | 0 | 85 | 33 | 3 |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | tenovat emoliti | | | ī | ☐ Mini-Enclosure ☐ Glovebag Proc ☐ Gloveb | | | | e | |
| | 0.000 | Location | 33033 | 2 | | | - 1/2 | | Abate | ement pe | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Use Ma Cus | d Solel intenar todial S (12) | y by nce/ staff? | (i.e. ther | | Material (ACM) ns insulation, AT, or | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| Rasement | Yes | No | N/A | Pipe | Ins | ulation | 100 LF | X | | | |
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| | | I NI | JDEP W | /asta Cı | ubic Yards | Name of | Registered Landfil | | | | |
| Name of Registered Waste Hauler EPC Tech. | | | auler ID | No. of | Waste 1 sposal Dal | We: | ste Man | 100 | en | 169 | 1 |
| NE NZ | Title | | in M | EN LUA | 9 - 19 Signatu | -12 Mod | pisville | ate | 7 | 1 | 7 5 |
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State of New Jersey MOTHICATION OF ASSESTED ASATEMENT Obsession to MIAC 8:60 and 12:120)

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| Name of Monitoring Flui | and the second of the sample of the second | Owner | AS | СМ Но. | Name of Abaton | nent Contactor (| 9) | | ge . | | |
| (8) | | on other transfer | | | Ace | INSULA | Trust Co | 1 | 10 | .,,,,,,,,,, | |
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| Occupancy Status Durin | | | | entities or controductions of | Street Address | erra . Luf / | r át | | | | |
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State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

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| Name of Monitori | | | | 11 | ASCM No. | Н | Name of Abatement (| ontractor (9) | | | | | |
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| Street Address | | | | | | - | Street Address | TION, INC. | | | | | |
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| | | | | | | | Paterson, NJ 07. | 503 | | | | | |
| Project Manager fo | or Monitoring Firm | 1 | Pr | none Numb | er | | Telephone Number | 303 | License | Numb | er | | |
| | | | | | | | 973-345-8020 | | 0 | 0159 | | | |
| Start Date (10) | | IScher | d. Completio | on Date (1 | 1) | _ | Name of OSHA Monit | tor | | | | | |
| | | | | on Date (1 | , | | D & S Restoration | on, Inc. | | | | | |
| 09/17/12 | | 09/2 | | | - | | Street Address | | | - 1 | - | | 4.00 |
| Occupancy Status | | | STANTANOS CHOMOS III. | er | | | 20 California Av | enue | | 1 20 | | .11 | |
| | ed/vacated during performed outside | | | | | | City, State, Zip Code | | | | 5 | | egene v. |
| Describe: | | | radiiity ridai | | | | 711.05 | | | | | | |
| | ribe: <u>NORMAL</u> F | | | | | - | Paterson, NJ 07: | 503 | - | | d miles | | <u> </u> |
| Scope of Work (c | | | | | all Carlos and | | Learning | ull Containment w | negative/ | press | urė | | |
| $\ge 3 \text{ sf or } >3 \text{ sf or }$ | f 🛛 | Renovation | on | | | | - Contraction | dini-enclosure Glovebag procedur | | | 1. | | |
| ≥160 sf or ≥ | 260 If | Demolitio | n | Mar Jirk | | | | Non-Exempted (*) | | riable | proc | edure | Э |
| Location of | | | n normally i | | | | | | 1010 | R | R | E | E |
| asbestos-co | | staff(12) | enance/cus | todiai | | | bestos-containing | Amount | E 0. | e m | e p. | n | n |
| material (aci | | Yes | No | NIA | material (| ACM) | | (Specify S | r or | 0 | а | a | C |
| | | 163 | INO | N/A | | | | | | e | r | р | |
| BASEMENT | | Ev. 2. (V) | X | | PIPE INSU | LATI | NC | .50 L FT | | M | | | |
| BASEMENT BO | OILER | 12.54 | X | | BOILER IN | ISULA | ATION | 150 SQ FT | | X | | | |
| | | | | | His man | 100 | | | | | | | |
| | 3 75 6 | | La real | | | | | | 1 45 | | | | |
| | | | | | | THE SECOND | | | | | | | |
| Registered Waste | | | EP Hauler I | CONTRACTOR OF THE PROPERTY OF | ubic Yards of V | Vaste | Name of Registered I | | COLUMN | J. E. | 37,1-3 | -aula | 11124 |
| D & S RESTOR | CATION, INC. | 133 | 506 | | YDS | | TULLYTOWN, F | ESOURCE RE | COVER | Y | 2013 | | ay ver |
| City, State PATERSON, N | JI 07503 | | | Disposal D 09/18/1: | | | City, State TULLYTOWN, | DΑ | 1 | | | | 1 100 |
| Completed by (Prin | | Title | <u>l</u> | 02/10/1 | Signature | | TOLL HOWN, | IA | Date | | | - | |
| BOGDAN JOL | | PRESID | ENT | | o.g.lataro | | | | 09/03/ | 12 | | | |
| ASB-41 | | | | for asbesto | s licensure exe | mpted | activities. | | | | | | - |

D&S Proj. #: MS 12-12-311

| State of NJ | |
|------------------------------|---------|
| Notification of Asbestos Aba | tement |
| (Pursuant to NJAC 8:60 and | 12:120) |

| D&S Proj. #: MS 12-12-31 | 1 | | (Pursu | ant to NJAC | 8:60 | and 12:120) | | pen | | | | | |
|--|------------------|-------------------------|-------------------|-------------------------|--|---|---------------------|----------------------|------------|---------|-------------|-------|--------|
| ******* | | | | | | ar we see the | | REC | :// | - 1 | | | |
| Date of Notification (1) | N | ame of Bu | ilding Own | er/Operator (2) | | | 201 | 2 SEP 11 | | 114 | | | 750 |
| 0 9 / 0 4 / 1 2 | | BRIAN | гоомеч | 7 | | | | SEP 11 | AM . | C | | | |
| Agencies Notified Type Notifica | ition St | treet Addre | ess | | | | 400 | ESTOS (LICEN | | 7.5 | ì | | |
| ☐ ☐ ☐ Amondod | | 125 EDC | GMONT I | ROAD | | | C | ELIPE. | OAT | 1201 | | | |
| Amendment # | #: C | ity, State, | Zip Code | | | | | | TNG | TOL | | | |
| DOL Emergency | , | UPPER | MONTC | LAIR, NJ 070 |)43 | | | | 41 | | 3. | -87 | |
| DOH (including justification |) Na | ame of Co | ntact . | | | | | Telephone | Number | | 4.00 | | |
| ☐ DCA ☐ Cancellation | | LIZ GR | EEN | | | | | MARKET | 94 | | | | |
| | | | FAC | ILITY INFORM | ATION | 12. | | | | | | | |
| Name of facility where abatement | is taking pla | ice (3) | | | - | I | Туре | of Facility (4) | | | | | |
| | | | | | | | | School | | | | | |
| BRIAN TOOMEY | | HT 2" | | | | | | Subchap | | | | -12) | |
| Street Address | | | | | | | | Other (P Bldgs./H | | | rciai | | |
| 125 EDGEMONT ROAD | | | | | | | Squa | are Feet # | of Floo | rs | BI | dg. A | ge. |
| City (5) | Cour | nty (6) | | | 7.00 | ity Code (7) e use only) | - | | 161 -1- | | a li a la s | -11 | |
| UPPER MONTCLAIR | ESS | SEX | | | (Glati | e use only) | Curi | ent Use (Pric | r ii bein | g dem | Olishe | eu) | |
| Name of Monitoring Firm Hired by | | | | ASCM No. | | Name of Abatemen | t Contrac | tor (9) | | | | | |
| A THE RESERVE OF STREET | | | | | | D & S RESTOR | RATION | I, INC. | | | | | |
| Street Address | | | | | | Street Address | | | | | | y de | |
| | | | | | | 20 California A | - | | _ | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Code | | | | | | | |
| | | | | | | Paterson, NJ 0 | 7503 | | License | Numb | or | | |
| Project Manager for Monitoring Fire | m | P | hone Num | ber | | Telephone Number 973-345-8020 | 0 | | | 0159 | e | | |
| | 10.1 | | in Data (1 | 11) | | Name of OSHA Mo | | | | | | | |
| Start Date (10) | Sched | i. Complet | ion Date (1 | 11) | | D & S Restora | tion, Inc | | | | | 2. | |
| 09/05/12 | 09/10 | | | | | Street Address | | | T VI | - 190 | | | |
| Occupancy Status During Abatem | | | | | | 20 California A | | | | | | | |
| Facility closed/vacated durin Abatement performed outside Describe: | de of normal | facility hou | urs- | | | City, State, Zip Cod | | | | | | | |
| Other-Describe: NORMAL | HOURS | | | | 474 | Paterson, NJ 0 | | | | | | _ | |
| Scope of Work (check all that ap | | | | | | - | Full Cor Mini-en | ntainment w/r | negative | press | ure | | |
| ≥ 3 sf or >3 lf | | | | | | × | | ag procedure | | | | | |
| ≥160 sf or ≥260 lf | Demolition | | | | | |] Non-Ex | empted (*) a | nd Non- | friable | | |) |
| Location of | | n normally enance/cu | used sole stodial | | GYA WE | | | Amount | | е | R | n | E |
| asbestos-containing material (acm) to be | staff(12) | 5. 5. T. I | | - Descripti | | sbestos-containing | | (Specify SF | or | o | . р а | c | n c |
| abated in facility (13) | Yes | No | N/A | | | | | LF) | THE R | v e | i | p | L |
| BASEMENT BOILER RM | HALLMAN | X | | PIPE INSU | JLATI | ON | 63 | LFT | | | | | |
| BASEMENT LAUNDRY RM | A . | X | THE PROPERTY. | PIPE INSU | JLATI | ON | | LFT | | | | | |
| MAIN BASEMENT | TE WAY OF ST | X | | PIPE INSU | SECTION SHOWS IN | | - | LFT | 717.01 | | | | |
| BASEMENT BOILER | of made a file | X | | BOILER II | | | | SQ FT | 1332 | | | | |
| BASEMENT | Kee Time Control | X | | CHIMNEY | A STATE OF THE PARTY OF THE PAR | Charles and the second | 1 | SQ FT | | | Ш | Ш | 11 |
| Registered Waste Hauler D & S RESTORATION, INC | | EP Hauler 506 | | Cubic Yards of 2 YDS | vvaste | Name of Registere TULLYTOWN | | | COVE | RY | | | 15 TV |
| City, State | | | Disposal | Date | 12.5 | City, State | T. | | | | | | |
| PATERSON, NJ 07503 | | | 09/06/ | | SH S | TULLYTOWN | I, PA | 11 10000 | - | | | | |
| Completed by (Print or Type) BOGDAN JOLDZIC | Title PRESID | FNT | | Signature | | | | | Date 09/04 | /12 | | | |
| ASB-41 | _ | | n for asbes | tos licensure ex | empted | activities. | -x-citiet - | | | | | | |

Sep 4 2012 11:32am P001/002

Fax: State of NJ

Notification of Asbestos Abatement

| D&S Proj. #: MS 12-12-311 | | | | | | s Abatement and 12:120) | CENZ | Gept. | APPRO d Health | | r Sen | rices | |
|---|--------------------------|----------------------------|------------------------|---------------------------------------|----------|--|--|------------------------|----------------------------|--|------------|----------------|--|
| Date of Notification (1) | | | uilding Own | er/Operator (2) | | 2012 SE | D | do der | (signal | ne) | ניו | - | ·· ····· |
| Agencles Notified Type Notificat | on 3 | treet Add | denderson diversor | | WARRES . | With the second | - 11 (| Samuel Francisco State | C | - | | ACMINIST NAMED | |
| ☐ EPA ☐ Initial ☐ Amended | - 11 | | | NO LD | | \$ 30E3 | i OS CUM ICEITOTAL | TOA | | | | | |
| DEP Amended Amendment #: | : 11 | THE PERSON NAMED IN COLUMN | GMONT F Zip Code | COAD | | 21 | ICE IS THE | IKU | | Terms 77 | | | |
| DOL Emergency | — II` | | | T A TO BIT OTO | 42 | | | 4 | 4 | | | | |
| DOM (including | IN | ame of Co | | LAIR, NJ 070 | 45 | | - | Telepho | no Numbe | | | - | - |
| DCA Justification) | | LIZ GR | | | | | i l | - Copper | - | -1 | | | |
| | | | FACI | ILITY INFORMA | ATION | | | E | | | | | ********** |
| Name of facility where abatement is | taking pla | ace (3) | - | | | | Type of | Facility | (4) | | | | |
| BRIAN TOOMEY | | | | | | | | | ool (K - 12 shapter 8 (| | nan K | -12) | |
| Street Address | 1,5 | | | | | | | | r (Private/ s./Homas. | | rclaf | | |
| 125 EDGEMONT ROAD | | | | | 10000 | | Square | Feet | # of Flox | ors | В | dg. Ag | je . |
| City (5) | Cou | nty (6) | | | Cou | inty Code (7) | | | | | | | 1200 |
| UPPER MONTCLAIR | ES | SEX | | | (Sta | te use only) | Currer | it Use (| Prior If bei | ng den | ollsh | ≟ದೆ) | |
| Name of Monitoring Firm Hired by I | sidg. Owne | or (8) | | ASCM No. | | Namo of Abetem | ent Contracto | r (9) | WY THY TO BE | | - | 100 | |
| | | | | | | D&SRESTO | ORATION, | INC. | | | | 9 | |
| Street Address | | | | W W W W W W W W W W W W W W W W W W W | | Street Address | | | to the state of | LANCE TO SERVICE TO SE | Ci ije | | |
| | | | | | | 20 California | | | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Co | ode | | | | The second | | A 1000 A |
| | | | | | | Paterson, NJ | | | | | | | |
| Project Manager for Monitoring Firm | | P | hone Numb | er | | Telephone Numb 973-345-80 | | | Licens | = Numb 00159 | er | | |
| Start Date (10) | Scher | Complet | ion Date (11 | 3 | | Name of OSHA N | | | - municipality | | | | |
| 09/05/12 | 09/1 | 0/12 | | | | D & S Resto Street Address | ration, inc. | | | | UPPS | | NAME OF THE OWNER, OWNE |
| Occupancy Status During Abatemer | | | | | - | 20 California | A | | 21 5 | | | | |
| Facility closed/vacated during Abatement performed outside Describe: Other-Describe: NORMAL H | entire parl of normal | od of abat | ement. | | | City, State, Zip Co | od e | | | | | | 184 |
| Scope of Work (check all that apply | A BOOK OF THE REST | | | | | | | | | | | July V | === |
| ≥3 sf or >3 if | Renovation | | | | | | Full Conta Mini-enclo Glovebag | sure proced | ure | | | | Englisher |
| Location of | is locatio | n normally | used solely | 1 - 10 | | | Non-Exen | nptaa (|) and Non | ATIBOLE R | Proc | E | |
| asbestos-containing | by mainte staff(12) | enance/cu | stodia! | 100 | n of a | sbestos-containing | , А | mount | in Europe | e | 8 | n | n |
| material (acm) to be abated in facility (13) | Yes | No | N/A | material (A | | | (6 | Specify F) | SFor | m | p a | 9 | C |
| A ora down now be at the | | | INIA | 1 - 10 | | | | 4 | | 6 | r | р | |
| DASEMENT DOILER RM BASEMENT LAUNDRY RM | | -X | | PIPE INSUI | - | THE RESERVE OF THE PARTY OF THE | 63 L | CHIEF CHIEF CHIEF | | X | | | |
| MAIN BASEMENT | | I X | | PIPE INSUI | | THE RESERVE OF THE PARTY OF THE | 16 L | Marie Company | 198,822 | M | | 4 | 4 |
| BASEMENT BOILER | | - | | BOILER IN | | and the second s | 16 L | CIVIL SHOW IN | | X | | | |
| ASEMENT | | | | CHIMNEY | | THE RESERVE OF THE PARTY OF THE | 4 SC | QFT | | X | | | TT |
| egistered Waste Hauler | INUDI | P Hauler | ID# I C | ibic Yards of W | - | Name of Registe | The state of the s | 5 7 7 | | | <u> </u> | | |
| D&S RESTORATION, INC. | 135 | | 2 | YDS | 17.57 | TULLYTOW | | RCER | ECOVE | RY | | Total | |
| Hy, State PATERSON, NJ 07503 | | eneman otro | Disposal D 09/06/12 | | 900 TV | City, State TULLYTOW | N, PA | 7.25 | | in contract | | A lune o | |
| BOGDAN JOLDZIC | Tibe PRESID | ENT | | Signature | | | | | Date 00/04 | /10 | | 75 | |

ASB-41

Do not use this form for asbestos licensure exempted activities.

CK 004358

| State of NJ | |
|------------------------------|---------|
| Notification of Asbestos Aba | tement |
| (Pursuant to NJAC 8:60 and | 12:120) |
| | , |

| D&S Proj. #: | MS 12-312 | | | | | | Abatement and 12:120) | | RECE | IVE | · F. | | | |
|---------------------------------------|------------------------------|--|---|----------------|-----------------|---|-----------------------------|---------------------------------------|--|-------------------------|---------|----------|-------|---------|
| Date of Notification (1 | | | Name of Bui | lding Own | er/Operator (2) |) | | 201 | 2 SEP 11 | - Jua | 11 | | | |
| 10 19 1/10 14 | | | DEBRA Y | VOGEL, | ADMINIST | RATO | R | A . | - 11 | AM 5. | ^_ | | | |
| | Type Notificat Initial | ion S | treet Addre | ss | | | | - E | 55//10 . | | 0/ | | | |
| | Amended | y* 1 | 102 DIA | MOND B | RIDGE AV | ENUE | | d | ELICENS | WIR | | | | |
| L DEP - | Amendment #: | | ity, State, Z | ip Code | | | | | 70, | NG THE | 4 | | | |
| M DOI I- | Emergency | - C- | HAWTH | ORNE 1 | VI 07506 | | | - | | | | ٠., | | |
| ☑ DOH | (including | l N | ame of Con | | | - | - | | Telephor | e Numbe | er | | | - |
| ☐ DCA ☐ | justification) Cancellation | - 11 | ANTHO | NY J. CA | ALI | | | | / DASSARE | | | | | |
| | | | | FACI | LITY INFORM | NOITAN | | | | | | | | |
| Name of facility when | re abatement i | s taking pla | ace (3) | | | 1.00 | | T | ype of Facility | | | | | |
| THE ESTATE O | F FLORENC | CE GEOR | .GE | | | ja ja | | | = | ol (K - 12 apter 8 (| | nan K | -12) | |
| Street Address | | | | | | | | | | (Private/ | | rcial | | |
| 102 DIAMOND | BRIDGE A | VENUE | | | 1 1 1 1 1 1 1 | | | | Bldgs. Square Feet | /Homes, # of Floo | | ВІ | dg. A | ge |
| City (5) | | Cour | nty (6) | 7 | 1 | 1 5000000000000000000000000000000000000 | ity Code (7) e use only) | - | Current Use (P | rior if hei | na dem | olieh | od) | |
| HAWTHORNE | | PA | SSAIC | | | | | , , | ourient ose (i | iioi ii bei | ng den | IOIISIII | su) | |
| Name of Monitoring | Firm Hired by | Bldg. Owne | er (8) | | ASCM No. | | Name of Abater | nent Cor | tractor (9) | _ | | | | |
| | | | | 12 = 1 | | | D & S REST | ORAT | ION, INC. | | | | | |
| Street Address | | | | 8-2 () | No. | | Street Address | THE W | | | | | | |
| | | | | | | | 20 Californ | ia Ave. | V-1745 | | | | | |
| City, State, Zip Code | | | | | | | City, State, Zip C | ode | | | | | | |
| | | | | | | | Paterson, N | | 3 | | | | Test. | |
| Project Manager for N | Monitoring Firm | 1 | Ph | one Numb | er | | Telephone Num | | | | e Numb | er | | |
| | | | 100 | | | | 973-345-8 | | | | 00159 | | | _ |
| Start Date (10) | | Sched | . Completio | n Date (11 | 1) | | Name of OSHA | | T _m a | | | | | |
| 09/14/12 | | 09/2 | 4/12 | | | | D & S Rest | oration, | IIIC. | - | | - | | |
| Occupancy Status Du | ring Abatemer | | | - | | | 20 Californi | a Aveni | 10 | | | | | |
| Facility closed/\ | 1 | 000000000000000000000000000000000000000 | 44 | ment. | | | City, State, Zip C | | | | | - | | |
| Abatement perf | | | | | | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | | |
| Describe: Other-Describe | NORMAL F | HOURS | 1 | A Life A popul | | | Paterson, N | J 0750 | 3 | | | | | |
| Scope of Work (chec | | | | A EUR II | Fall Controlle | dinger. | | Full | Containment v | v/negativ | e press | ure | | |
| ≥ 3 sf or >3 If | × | Renovation | on | | | K. 80 | | | i-enclosure | | | | | |
| ≥160 sf or ≥260 | | Demolitio | | | | | | | vebag procedu | | friable | 2522 | adura | |
| | | service acames | n normally i | ised solely | / | - | | Nor | n-Exempted (*) | and Noi | R | R | E | 1111 10 |
| Location of asbestos-conta | inina | by mainte | enance/cus | | | ion of as | bestos-containir | na | Amount | 1 | e | е | 'n. | E |
| material (acm) | to be | staff(12) | - 1:10 ich | | material | | DOSIOS-COITIAITIII | 9 | (Specify S | SF or | m o | p | c | - c |
| abated in facilit | ly (13) | Yes | No | N/A | 173 | | | 174 | LF) | i | V | i | p | L |
| BASEMENT | | | | 1 | PIPE INSU | JLATIC | ON | THE K | 160 L FT | | e | ŕ | П | m |
| THE PERSON | AND WATE | | | | | | | 976 | No. of the last of | THE PERSON | TH | T | ī | T |
| 1364 11864 | | | | 1 | | | 100 | | 10 C C C C C C C C C C C C C C C C C C C | - | TH | П | П | |
| | | | | | | - | | | | 7 | 市 | | F | I |
| | | | | | | | | 1500 NOV. | armania, mi | | H | Ħ | Ħ | n |
| Registered Waste Hai | uler | IL JUJD | EP Hauler I | D# C | ubic Yards of | Waste | Name of Regist | tered Lar | ndfill | | | | | |
| D & S RESTORA | | 135 | 506 | 2 | YDS | | TULLYTOV | | | ECOVE | RY | 136 | | 11.5 |
| City, State | 05500 | | | Disposal D | | | City, State | 10. | | | | | | 1 |
| PATERSON, NJ | | | 14.51.41.4 | 09/15/1 | | - | TULLYTO | WN, PA | 1 92 5 | To | | | | |
| Completed by (Print o BOGDAN JOLD) | | Title PRESID | ENT | | Signature | | | 100 | | Date 09/04 | /12 | | | |
| ASB-41 | | | 2012/06/19 20 20 20 20 20 20 20 20 20 20 20 20 20 | for asbesto | s licensure ex | empted | activities. | | | 1 | | | | |



| () | | N | | | | AC 8:60 and 5:16 | | | RI | | Par 1 | 8 | |
|---|--|-----------------|-----------------|----------------------------|--|--|---|------------------------------------|--------|---|--------------------|-------------|------------|
| Date of Notification (1) 09 / | 06 / | 12 | | 1 | | ng Owner/Operator (Engineer District | (2) | 2012 4 Sage | SEF | ,, | to s | | D |
| Agencies Notified ⊠ EPA | Type Notific | ation | | | t Address Dr. Mart i | in Luthet King Pl | . (P.O. Box59) | A Sept | 51, | | AM | 5: | 36 |
| ☐ DEP ☑ DØÅ (NJAC 5:16) ☑ DHSS | Amender Amendm Emerger | ent# | a | | State, Zip usville, | Code KY 40202 | | Ç | Lic | ENS | | TRO | |
| DCA (NJAC 5:23-8) | justificati Cancella | ion) | | The state of the state of | of Contac | | | Telephone N | lumb | er | | | 1.15 |
| | | | | FA | CILITY II | NFORMATION | 9. | | | | | | |
| Name of Facility Where FFR - Caven Point Street Address Corner Caven Point | USARC | | e (3) | | | | Type of Facility ☐ School (K-12 ☐ Subchapter 8 ☐ Other (i.e., pr | t) 3 (Other than Frivate & comm | | l build | lings, | | |
| City (5) Jersey City, NJ | | 90171101 | | | | | homes, etc.) Square Feet 40,000 | # of Floors | | | dg. A Unkr | | n |
| County (6) Hudson | | | | Cour | nty Code (| 7)(STATE USE ONLY) | Current Use (Pri | ior if being der | nolish | | | | |
| Name of Monitoring Firm | | | | ASCM 0009 | | Name of Abateme | ent Contractor (9) | | | | | | |
| Street Address | | IIVIIOIIIIE | illai | 0003 | 99 | Street Address | | To the manager | - | | | | e at |
| 619 River Drive Ce | nter 1 sor | | | | | 27 EAST 33 ^R | | | | | | | |
| City, State, Zip Code Elmwood Park, NJ | 07407 | | | | | City, State, Zip C | | | | | | | |
| Project Manager for Mon Vijay Patel | nitoring Firm | | | ephone 01-398 | | Telephone No. 973-345-4055 | 5 | License No 01110 |). | | | | |
| Start Date (10) | | Scheduled (| | etion Da | | Name of OSHA M | | | | | | | |
| Occupancy Status Durin | A THE RESIDENCE AND A STREET OF THE PARTY OF | | | ement | | Street Address | ON AVE | | | | | | |
| Abatement Performe Time of Abatement: | d Outside of N | ormal Facili | ty Hou | ırs - Des | | City, State, Zip Co | ode | | | | | | |
| Scope of Work (Check a □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf | ill that apply) | - | enova emolit | | | | tainment with Neg | | | | v - | | |
| | | | s Loca | | | | | - o hard to a selection | | Ab | atem | ent T | уре |
| Location Asbestos-Containing TO BE AB IN Faci (13) | Material (ACN ATED | 1) Us M | ainten | lely by ance/ Staff? | | Description of estos Containing Ma ermal systems insula VAT, or other miscellane | eterial (ACM) ation, surfacing, | Amount (Specify SF or LF) | | Removal | Repair | Encapsulate | Enclosure |
| See Attached | | Yes | N₀ | N/A | 1111 | | | | | | | | П |
| | | | | | | | | | · . | | | | |
| e je po den provincia de la como d | Section of the section | 100 F | | | his pole | · | Gran Satisfie | ti stanova to | 40.00 | | | | |
| - he start in the | 3 | e-12-27 | | | 10 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | THE STREET, ST | 9.15 (1.70 p.) (1.00 f.) (1.00 f.) | | | | Ū° | | |
| Name of Registered Wa | ste Hauler | ranger en soer. | 1.43 | NJDEP N Hauler III | No. | Cubic Yards of Waste 80 Yards | Name of Regis Grows Lan | | W SE | 21 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - | Outside Outside | gov - k | 0,0210 |
| City, State 27 E 33rd Street, P | aterson, NJ | - 07514 | | 10000 | | Disposal Date 11/02/2012 | City, State Morrisville, | , PA | | | OH 4 | | |
| Completed By (Print or 1 | and the party of the last | Title | A. MART | | 1 V | Signature | | guit to his and the | Date | e , | | / | ercum/esta |
| Borce Gjorsoski | · Address | Presid | ent | | | Bop | Goe. | | 6 | 4/1 | 261 | 12 | |

ASB-41 JUL 01

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

| Location of Asbestos-Containing Material(ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACN (i.e. thermal systems insulation, surfaci VAT, or other miscellaneous) | Amount (Specify L/SFor LF) | AM | Typ | 7 4 |
|--|---|---------|-------|---|----------------------------|-----|---------|-------|
| | Yes | No | N/A | | | | #Y | ulate |
| BUILDING 115 | W | | 71 8 | | - | | 75% | V |
| Throughout, associated with the | | | Х | | | TI | T | |
| 1 heating systems | | | ^ | Pipe Fitting Insulation | 95LF | Х | X | - |
| 2 Throughout | | | X | Floor Tile Mastic | 6,000 SF | Х | X | X |
| 3 2nd Floor, Stairs (south) | | | X | Window Caulking | 60 LF | X | \perp | |
| BUILDING 115A | of a | | | Ann | | | | |
| 1 Raised Cafeteria Corridor (2nd layer) | | | Х | Floor Tile | 3,690 SF | X | X | × |
| First Floor Classrooms and Hallway, | | | See 1 | | | + | | 8 |
| 2 Policy Academy Office (2nd layer) | | | X | Floor Tile | 3,600SF | . X | X | K |
| 3 2nd Floor, Stair "D" | | | Х | Floor Tile | 56 SF | X | X | < |
| 4 1st Floor stairs, rear, left | | | Х | Floor Tile | 56 SF | X | X | < |
| 5 Raised Cafeteria Corridor (2nd layer) | | | Х | Floor Tile Mastic | 3,690 SF | Х | X | < |
| First Floor Classrooms and Hallway, | | | V | | | | | |
| 6 Policy Academy Office (2nd layer) | | | X | Floor Tile Mastic | 3,600 SF | X | X | (|
| 7 2nd Floor, open area | | | Χ | Floor Tile Mastic | 10,800 SF | X | X | < |
| 8 2nd floor offices | | | Х | Floor Tile Mastic | 2,100 SF | X | X | < |
| BUILDING 198 | | | | | - 15. | | | |
| 1 Above Offices | | | X | Pipe Insulation | 310 LF | X | Τx | , |
| 2 Boiler Room | | | X | Pipe Insulation | 5 LF | X | X | |
| 3 Room 121B | | - 100 m | X | Pipe Insulation | 10 LF | X | - | |
| 4 Police Starage (South) | | | X | Pipe Insulation | | X | X | ÷ |
| 5 Roof | | | X | Core Flashing | 2 LF 480 SF | ++ | X | |
| 6 Office Area (2nd layer) | | | X | Floor Tile | 1,000 SF | X | X | , |
| 7 Room 121B | | | X | Transite Panel | 1,000 SF | X | 1^ | |
| the state of the s | | | | I ransite raties | 14031 | 1/1 | | |
| BUILDING 204 1 Open Area | i Total I | | V | Discound Fitting Insulation | IFFOLE | TVI | Tv | |
| Above the ceiling in the south side | | de t | X | Pipe and Fitting Insulation | 550 LF | X | X | 1 |
| 2 corner office/ bathroom space | | 1100 | X | Pipe and Fitting Insulation | 50 LF | X | X | (|
| 3 Main Boiler Room | at at 1 | | X | Pipe and Fitting Insulation | 75 LF | X | X | (|
| 4 Main Boiler Room | | | X | Breeching Insulation | 40 SF | X | X | |
| 5 Corner Office, Wall | | | | Joint Compound | 420 SF | X | X | |
| 6 Arms Boiler Room | | | Х | Vibration Damper Cloth | | X | X | |
| 7 Main Roof | 20,280 | 1 1 1 | X | Core Flashing | | X | | 1 |
| 8 Bathroom Walls | | 14.25 | | Wall Panel | | X | X | (|
| 9 Throughout | | | - | Wall Caulking | | X | X | - |



NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to <u>N.J.A.C.</u> 8:60 and 12:120)

RECEIVED

| Date of Notification (1) | 9.00 | | | | Name of Build FRICK JOINT | ing Owner/Operator VENTURE | SEP 1 | | | | 10 |
|---|---|---------------------------------------|---------------------------|---|--------------------------------|--------------------------------|-----------------|----------------|-----------|--------------------|---------|
| | 7/30/20 | 12 | | | 4 / | | • | HIT! | 5: 51 | | |
| Agencies Notified | | Notification | Type | | Street Address | s .5 5, | JESTile | | 44 | | |
| (X) EPA (X) DEP (X) DOL (X) DOH | | | ed Notificati nent#_1_ | ion ng justification) | 1150 W CHES | | ESTUS & LICE | GUNT GING | ROL | | |
| () DCA | | () Cancella | ition | ig jaatatta, | UNION, I | act | Tel. N | lumber | | | |
| | | | | EACILITY IN | TOM FRAEHI FORMATION | VIKE | | M. D. | 1446 | | |
| Name of Facility Where Ab | atomont in T | aking Place (| 3/ | FACILITIN | Type of Facilit | v (4) | | | | | |
| FORMER PATHMARK AN | ID RAINBOV | V SPACES | <u> </u> | | () School (K- | | Ibidaa bar | nos oto | | | |
| Street Address | | | | | | | | | | | |
| 2401 ROUTE 22 WEST | County (6) | | County C | ode (7) | Sq. Feet | 250,000 | # of Floo | rs_3 | | | |
| City (5) UNION | County (6) UNION | | (State Us | | Bldg. Age; Current Use (| 50+ prior if being demolisi | ned) | _RETAIL_ | | | |
| Name of Monitoring Firm PENNONI ASSOCIATES | Ottion | | ASCM No | <u>).</u> | Name of Cont | | 2.3 | | | | |
| Street Address 515 GROVE ST, SUITE 18 | 3 | 1 72 | | | Street Addres 550 East Unio | S | | | | | |
| City, State, Zip Code HADDON HEGHTS, NJ 08 | 7 | | | | City State, Zip | | | | 10000 | | |
| Project Manager for Monitor ALAN LOYD | | Telephone 856 547 05 | | | Telephone Nu 610-701-9000 | mber | Licen 00508 | se Numbe | <u>er</u> | | |
| Scheduled Start Date (10) 8/13/2012 | Scheduled Start Date (10) Scheduled Complet | | | | Name of OSH VERTEX, INC | | The F | | | | |
| Occupancy Status During (X) Facility Closed/Vacate | d During Enti | re Period of A | batement | | Street Addres 700 TURNER | S WAY, SUITE 105 | | | 9 | - | |
| () Abatement Performed | Outside of No | ormal Facility | Hours - | | City, State, Zi | | | | | | |
| Describe | | | | | ASTON, PA 1 | 19014 | | 2. | | | |
| Other - | | | | | I | | | _ | | | |
| Source of Work (Check all () Demolition (X) Ren (X) Large Proj. (>160 SF of (X) Negative Pressure En | ovation (x) or >260 LF A | CM) () SM P | roj. (>25<16 ure () (| 60 SF or >10 <2 Glovebag Proce | | ()Minor Proj. (<25: | SF or <10 LF | FACM) | | | |
| Location of Asbestos- Containing Material (ACM Facility (13) |) in Solely Staff? | ation Normall by Maint./Cu (12) | y Used stodial | Description of thermal system surfacing, VA | ACM (i.e. ms insulation, | Amount (Specify S | SF or LF) | Abater Rem. | nent Ty | <u>pe</u> Encap | Enclose |
| FORMER PATHMARK FORMER PATHMARK | YES | X X | NA NA | miscell.) VAT & MAST FIREPROOFI | | 38,700 SF 600 SF | | X | | | |
| ELECTRIC ROOM | | | | | No. | | 1. | X | - | | 10/3 |
| FORR RAINBOW SPACE | | X | - 20 | VAT & MAST | IC . | 4,800SF | 41.51 | ^ | | | |
| | | and the second | | | 200 | A CARL | | | | The state of | |
| Name of Reg. Waste Hau | ler | NJDEP Wa 17235 | iste Hauler | ID# | Cubic Yards of 100 | of Waste | | of Reg. | | | |
| NETS/MINERS | | | | | | Disp. E | | | City, Sta | te | |
| City, State | | in the lies | | | | TBD | | | MPERIA | | |
| HAZELTON PA | | Tiale | | | Qianatura. | \wedge | Date | | 17-925 | - | |
| Completed by (Print or Ty DEVIN BLOM | pe) | Title Estimator | | | Signature | 30 | 9/6/2 | | | | |
| | | | mean and | As we see that | 100 | | | | - | | |

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS 9/18/00

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

RECEIVED

| Date of Notification (1) | | Total Control | | 51 | Name of Buil FRICK JOIN | ding Owner | Operator (2) | 2012 | 000 | | | | |
|--|------------------|--------------------------------|----------------------|-------------------------------|---|---|----------------|------------------------|------------|----------|--------------|----------|--|
| | 7/30/2 | 012 . | | | FRICK JOIN | IVENIUR | = | 2012 | SEP 11 | AH | 5: 3 | il | |
| Agencies Notified | 15 | Notification | Туре | | Street Addres | <u>ss</u> | | Aball | C Linn | | | • | |
| (X) EPA () DEP | | (X) Initial N | d Notificat | | 1150 W CHE City. State, Z | D. H. D. S. | | E | LICE | VS/N | G RO | <u>L</u> | |
| (X) DOL (X) DOH | | | ncy (includ | ling justification) | UNION, NJ 0 | 7083 | | | | | | 11.5 | |
| () DCA | | () Cancell | ation | | Name of Con TOM FRAEH | | | Tel. N | lumber | 7 | nettolinino. | | |
| | | | | FACILITY IN | NFORMATION | | | | | | | | |
| Name of Facility Where Att FORMER PATHMARK At | | | 3) | | Type of Facil () School (K () Subchapt | (-12) er 8 (other t | | | | K#X | | | |
| Street Address | | | | | (X) Other (i.e | . private & c | commercial bld | gs., hon | nes, etc. | | | | |
| 2401 ROUTE 22 WEST | - | 0. | | | Sq. Feet | 250,0 | 000# | of Floo | rs_3 | | | | |
| City (5) UNION | County (6) UNION | * | County ((State U | | Bldg. Age | | g demolished) | | RETAIL | | | | |
| Name of Monitoring Firm | ONION | | ASCM N | lo. | Name of Con | tractor (9) | | | | | | | |
| PENNONI ASSOCIATES Street Address | | | L | | ALLIANCE ENVIRONMENTAL SYSTEMS, INC. Street Address | | | | | | | | |
| 515 GROVE ST, SUITE 1 | 3 | | | | 550 EAST U | NION STRE | ET | | 2. | | | | |
| City, State, Zip Code HADDON HEGHTS, NJ 08 | 3035 | | | | City State, Zig WEST CHES | | 382 | | self. | | | | |
| Project Manager for Monitor ALAN LOYD | oring Firm | Telephone 856 547 05 | | | Telephone No 610-701-9000 | | | <u>Licens</u> 00508 | se Numbe | ŗ | 14 | | |
| Scheduled Start Date (10) 8/13/2012 | | Scheduled 9/21/2012 | Completion | n Date (11) | Name of OSH VERTEX, INC | | | | | | | | |
| Occupancy Status During (X) Facility Closed/Vacated () Abatement Performed (| During Enti | re Period of A | batement | | Street Addres | | TE 105 | | | | | | |
| Describe | | | | | City, State, Zi | | | | | | | | |
| Other - | | | | | | | | | | | | | |
| Source of Work (Check all | that apply) | | | | | | | | | | | | |
| () Demolition (X) Reno (X) Large Proj. (>160 SF of (X) Negative Pressure End | r >260 LF ÁC | | | 60 SF or >10 <2 | | () Minor Pr | oj. (<25 SF or | <10 LF | ACM) | | | | |
| Location of Asbestos- Containing Material (ACM) | in Solely | tion Normally by Maint./Cus | Used | Description of thermal system | ns insulation, | Amount (| Specify SF or | LF) | Abatem | ent Typ | <u>)e</u> | | |
| Facility (13) | Staff? YES | (12) NO | - NA | surfacing, VAT miscell.) | r, or other | | | | Rem. | Ren | Encan | Enclose | |
| FORMER PATHMARK | 1-100 | X | 10/3 | VAT & MASTI | C | 38,700 S | F | | X | | Подр | 1 | |
| | | | | | | | | | x | - 65 | | 100 | |
| FORR RAINBOW SPACE | | Х | | VAT & MASTI | С | 4,800SF | | 17,111 | X | | 1 1 2 | | |
| | | | | | CONTRACTOR OF | | | 7.7 | | | | | |
| Name of Reg. Waste Haule | <u>er</u> | NJDEP Was | te Hauler I | ID# | Cubic Yards o | of Waste | | Name | of Reg. La | ındfill | 1. 1. | | |
| NETS/MINERS | | 17235 | | 100 | 100 | | More Com. | ALLIE | D WASTI | EIMPE | RIAL | | |
| City, State | i i | | | | | | Disp. Date | 1 | Cit | y, State | 3 | | |
| HAZELTO N PA | | | | | | - Syn elk a | TBD | | IMI | PERIA | L PA | | |
| Completed by (Print or Type | <u>e)</u> | <u>Title</u> | | at Corner | Signature | / |) , [| Date | | 15 | | | |
| DEVIN BLOM | | Estimator | | | the | ~ 19 | 1 | 7/30/20 |)12 | | | | |

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414 Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS 9/18/00

Job #: 1208-1669 Check #: 2829

| Date of Notification 8/21/12 | (1) | | N 5 | lame | of Bui | lding O | wner / Operator d Methodist C | (2) | 1 | Ì | | | |
|--|---------------------------|--------------------------|---------|--|----------|--|----------------------------------|----------------------------|------------------------------|--|----------|-------------|-----------|
| Agencies Notified EPA | Type Notifica | ation | | | | ss ighth | | | 1111 1 | 3 3 | | | |
| □ DEP | ☐ Initia | | | | | Zip Co | | "3BEST | OS CUNTRO CENSIN G | - | | | |
| ☑ DOL | ⊠ Ame | nded #1 | | | | , NJ 0 | | & L11 | SENSUMIRO | DL | | | |
| □ DOH | ☐ Eme | rgency | | | of Cor | | | V | - INDING | Teleph | one N | lumb | er |
| DCA | ☐ Cano | ellation | n | /lr. B | ill Ba | teson | (Trustee, Pres | sident) | | Det. | 3 | 18 | |
| | | 1100 | | FAC | CILITY | YINFO | RMATION | | | | | | |
| Name of Facility Wh | nere Abatem | ent is Taking Pl | ace (3 | | | | Type of Facilit | | | | Bartin . | | |
| St. Peter's United | d Methodis | t Church | 100 | ñ | | | School (K | | | | | | |
| Street Address | | | | | | | | ter 8 (Other th | | | | (c) ¥ | |
| 501 East Eighth | Street | | | | | | | | mmercial build | | | etc.) | |
| | | | | | | | Square Feet | # of Fl | oors | Bldg. A | 76 h | | |
| City (5) | | County (6) | Co | unty (| Code (| 7) | 41,161 | 3 | | 1908, la | ist ac | lditio | nc |
| Occan City | | Cape May | | | | | Current Use (| Prior if being | demolished) | 1973 | | | |
| Ocean City | | Cape Iviay | | | | | Church | . Hor in boiling | aomonoay | | | | |
| Name of Monitoring | Firm Hired b | y Building Owr | ner (8) | Sylvania de la compansión de la compansi | ASC | M No. | Name of Abat | tement Contra | actor (9) | | | | - 1 |
| Horizon Environ | | | | | | | Asbestos ai | nd Mold Se | rvices, Corp. | | | | |
| Street Address | | | | | | | Street Addres | V-7000 | | | | | |
| PO Box 316 | | | | | | | 3859 Sylon City, State & 2 | | | | | | |
| City, State & Zip Co Thorofare, NJ 08 | | | | | | | Hainesport, | | | | | | |
| Project Manager fo | | Firm | Telep | hone | Numb | per | Telephone Nu | | License | Number | | | 1 427. |
| Dave or Steve Fl | | | 856- | 848-0 | 0800 | | 609-702-040 | (80%) | | 008 | 62 | | |
| Scheduled Start Da 9/4/12 | ate (10) | Scheduled Cor 9/10/12 | npletio | n Da | te (11) | | Name of OSH EMSL Analy | | | | | | |
| Occupancy Status | During Abate | | nly one | e) | | | Street Addres | | | | | | |
| Facility Clo | sed/Vacated | During Entire F | eriod | of Ab | ateme | nt | 107 Haddor | | | | | | 2: 40 |
| Abatement | Performed C | outside of Norm | al Hou | irs | | | City, State & 2 | 70 | | | | | |
| Describe: | | | | | | | Westmont, | NJ 08108 | | | | | |
| Isolated Ar | 3370 | -13 | | | | 124 | | | | | | | |
| Scope of Work (Ch | eck all that a | ірріу) | | | | | | ☐ Full Co | ontainment with | Negativ | e Pre | ssur | e |
| ≥3 sf or ≥3 | lf | | | Rer | novatio | on | | | nclosure | | | | |
| ≥160 sf ≥26 | | | П | Der | molitio | n | | Glove | Bag Procedure | s | | | |
| | | | | | | | | | xempted and N | on-Friab | le Pr | oced | ure |
| | ocation of | | | Locat | | | Description | n of | Amount | | oaten | nent | Type |
| | tos-Containi | ng | | | Used | | Asbestos-Con Material (A | | (Specify SF or LF | | | | |
| | terial (ACM) BE ABATED | | | olely | nce or | | (i.e., thermal s | | SF ULL | 7 3 | 7 | inc | En |
| | in Facility | | | | Staff? | i | nsulation, surface | | 27 | , ciliova | Repair | sde | Enclsoure |
| Elevery and | (13) | | F . F | (12) | | | or other miscell | | | 2 | = | Encapsulate | ure |
| | | | Yes | No | N/A | | Maria . | | | 1,000 | | 0 | |
| 1 st Floor | | | | | | - | Tile & Mastic | | 700 SF | | | | |
| 1 st Floor | or the second | - 10 - 10 71-171 | | | | | Insulation | 111-201-2010 | 85 LF | | | L | |
| 3 rd Floor | | 4,554,685 | | Ц | X | | Tile & Mastic | The sections: | 408 SF | X | | L | |
| 3 rd Floor | | | Щ | Ц | | - | ng Plaster | . Hace | 160 SF | X | | 4 | |
| 1 st Floor | une i Village | | H | H | | - | er Ceiling | ur Tibar. | 180 SF 7 LF | | | + | |
| (2) Hallways 2 nd Floor | | ***** | H | H | | | Insulation er Ceiling | 1000 | 92 SF | X | | ╬ | HH |
| Name of Registere | d Waste Hau | ıler | علا | IN. | | | Cubic Yards | Name of Re | gistered Landf | and the same of th | 4] [| | |
| Traine of registere | a vvaoto riac | | | | auler II | A STATE OF THE STA | of Waste | 1 0 H 1 H 1 | 9, | | | | |
| Horizon Dispos | al | No. 2015 Sept. 1 | | | 226 | 12 | 10 | GROWS | PRODUCE OF THE | Service 1 | Wg. | | 1 |
| City, State Trenton, NJ | - 117 11 | THE WAY | | | | | Disposal Date 9/12/12 | City, State Morrisville | e, PA | | | | |
| Completed By (Pri | nt or Type) | 10 to 10 diver | - | Ti | tle | | Signature (| | | Date | е | | |
| Kim Trumbet | | | | 1.1 | dmir | ١. | CHU.V. | | | 8/3 | 1/12 | 2 | |

| | Job #:1108-1585 |
|----|-----------------|
| En | Check #: NA |

| Date of Notification (1) | | | Nai | me of | Buildin | g Owner / Oper | ator -(2-) | 1 - may 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | 11/15 | - 1 | | |
|---|----------------------------|----------|-------------|------------------------|----------------------------|---|------------------|---|-------------|----------------|-----------|-----------|
| 7/17/12 | | | Mo | unta | inside | 2012 000 | | | | | | |
| Agencies Notified Type Notific | ation | | 17970000000 | | dress | | | JIL SEP 11 | AM 5. | ^^ | | |
| DEP Initia | al . | | | | venue | | | 2012 SEP 11 | .,, 0. | 33 | | |
| DOL Ame | nded #1 Start o V PHASE | f | | | e & Zip i ir, NJ | 07042 | | & LICENS | UNTRO | DL. | | |
| | rgency | | Nar | ne of | Contac | t | | | Tolon | hand | . NI. | -1 |
| ☐ DCA ☐ Cand | cellation | - 1 | Mr. | Barr | у Моц | ısa | | | Telep | none | Nur | nber |
| | | - | F | ACII | ITV IA | FORMATION | | | | | - 4 | |
| Name of Facility Where Abatem | ent is Taking Pl | ace | (3) | AOIL | | Type of Fa | | | | | | |
| Wountainside Hospital | | | • | | | School | ol (K-12) | | | | | |
| Street Address | | | 47 | | | | apter 8 (Othe | than K-12) | | | | |
| 1 Bay Avenue | | | | | | ○ Other | (i.e. private & | commercial build | dinas ho | mes | etc | 1 |
| City (E) | | | | | | Square Fe | et # of | Floors | Bldg. A | | , 010. | , |
| City (5) | County (6) | C | ounty | / Code | e (7) | 963,743 | 6 | | 1914 | ·9c | | |
| Montclair | Essex | | | | | 0 111 | | | 2000 (la | ist a | ditio | n) |
| | LSSEA | | | | | | e (Prior if bein | g demolished) | | | | |
| Name of Monitoring Firm Hired b | v Building Own | or (8 | \ | IAC | SCM N | Hospital | | | | | | |
| Hillman Environmental Grou | up. LLC | 0) 15 | , | AS | SCIVIN | tractor (9) | | | N/ TE | | | |
| Street Address | | | | | | Street Addr | ervices, Corp. | | | | | |
| 1600 Route 22 East | | | | | | 3859 Sylo | | | | | | |
| City, State & Zip Code | | | | | City, State | & Zip Code | | | | | | |
| Union, NJ 07083 | | _ = | | | | Hainespo | rt, NJ 08036 | | | | | |
| Project Manager for Monitoring F Kristen Sleys | 10000000 | | | e Nun | | Telephone | Number | License | Numbe | | | |
| | | | | -7800 | | 609-702-0 | 400 | 2.001.00 | 008 | | | |
| DI #= | Scheduled Comp 10/1/12 | pleti | on D | ate (1 | 1) | | SHA Monitor | | | | | |
| Occupancy Status During Abaten | | | , | | | EMSL Ana | | | | | | |
| Facility Closed/Vacated D | Juring Entire Pe | y on | e) of Al | antom | ont | Street Addr | | | | | - | |
| Abatement Performed Ou | itside of Normal | Ho | or Ar | Jaleiii | ent | 107 Haddo | on Ave. | | | | | |
| Describe: PHASE WORK- | Will put on hold bet | ween | Dhae | es. Wee | ekend w | City, State 8 | | | | in sign = 10 g | | |
| MAY be perform Three Phases Le | led & some 2" shift | t worl | k will l | be perfe | ormed. | vestmon | t, NJ 08108 | | | | | |
| | | | | | | 1 | | FEW I | | | | |
| Scope of Work (Check all that apply) | | | | | | 1 | | | | | | |
| M 22-5 201515 | | | | | | | ☐ Full Co | ontainment with Ne | native Dr | accu. | | |
| ≥3 sf or ≥3 lf (Per Phase) ≥160 sf ≥260 lf | | | | novatio | | 3 to 12 | | nclosure | gative | cssu | ь | |
| | | Ц | Der | molition | n | | | Bag Procedures | | | | |
| Location of | | lo I | oca | 41 | | | ☐ Non-E | xempted and Non- | Friable Pr | oced | ure | (Text) |
| Asbestos-Containing | 1 | | | Used | | Description Asbestos-Co | on of | Amount | Ab | aten | ent | Гуре |
| Material (ACM) | | S | olely | by | | Material (A | ACM) | (Specify SF or LF) | | | Τ_ | T |
| TO BE ABATED in Facility | | | | nce or | 0.00 | (i.e., thermal : | systems | Si di Li | R | 7 | Encapsula | Ш |
| (13) | C | usto | | Staff? | | insulation, surfa | cing, VAT | | Remova | Repair | aps | Enclosure |
| | Y | es | (12) No | N/A | 1 | or other miscel | llaneous) | | Va Va | = | ulat | sure |
| Ground Floor Various Locations ph | | □ □ | ₩ | | | on Unction 2 11 | | | | | , O | |
| Fround Floor Various Locations Ph. | | 3 | M | | | on Heating Coil | | 21 SF | | | | |
| Fround Floor Various Locations Pho | | 5 | | | - | nsulation | | 83 LF | | 100 | | |
| Fround Floor Various Locations Pha | | 5+ | M | | | on Heating Coil | | 6 SF | | | | |
| I a la l | | = | × | H | Lihe II | nsulation | entre o comment | 35 LF | | | | |
| La company of the second | | = | X | Н | | | 457 4 | | | | | |
| lame of Registered Waste Hauler | S | | - | DEP W | Jasta | Cubic Yards of | INI | | | | | |
| lorizon Disposal | | | 10.1373 | uler ID | No. | Waste | Name of Regi | stered Landfill | 1.2 | | | |
| ity, State | and a foreign on the | | | 2261 | 12 | 15 | GROWS | | 27. | | | |
| renton, NJ | | | 7 11 | PART OF | | Disposal Date | City, State | | | | - | - |
| Completed By (Print or Type) | | | | Male . | | TBD 7 | Morrisville, P | A | e 191 (201) | | | |
| IM Trumbetti | | | | Title Stopature Admin. | | | | | Date | | | |
| im Trumbetti | | | | | 2011 | VAAV | | ez | 0/5/12 | | | 1 |

State of NJ Notification of Asbestos Abatement

| D&S Proj. #: MS 12-3 | 14 | | (Pursi | uant to NJAC | 8:60 | and 12:120) | | RED | Ely | 151 | ry | | |
|---------------------------------------|-----------------|-------------|----------------|-----------------------|-----------------|---|----------|-----------------------------|-------------|-------------|-----------|--|-----------|
| Date of Notification (1) | | Name of | Building Owr | ner/Operator (2) | 7 | - | | 2012 SEP 11 | , | | est. | - | |
| 0 9 / 0 5 / 1 2 | | L. BAI | RLO & LY | NN HIGGS | | | a | 221 11 | AH | 5: | ÷2 | | |
| Agencies Notified Type Noti | ification | Street Ad | | | | | - 28 | & LICEN | 15 4 | | 3/ | | |
| DEP Amende | ed | 1207 F | KELLY ST | REET | | | | & LICEN | LON | TRO | 1 | | |
| Amendme | nt#: | City, State | e, Zip Code | | | | | - 519 | 3146 | | | | |
| DOL Emerge | ency | UNIO | N, NJ 070 | 083 | | | | | | | | | |
| DOH (includir | ng It | Name of 0 | | | | | | Telephone I | Numbe | r | - | | |
| ☐ DCA ☐ justifica | | LVND | N HIGGS | | | | | | | | | | |
| Cancell | ation | LIM | | ILITY INFORM | ATION | 1 | | -1 | | | - | | _ |
| Name of facility where abotem | ant in taldes a | 1=== (2) | TAC | ALIT I INFORM | ATION | | 1 1= | | | | | | |
| Name of facility where abatem | ent is taking p | lace (3) | | | | | Ту | pe of Facility (4) School (| | | | | |
| LYNN HIGGS | | | | | | | | Subchap | | | han I | (10) | |
| Street Address | | | | | | | | Other (Pr | | | | | À |
| 1207 KELLY CEREE | | | | - | 7 | | | Bldgs./Ho | mes, e | tc. | oi oidi | | |
| 1207 KELLY STREET | | (0) | | | 1 12 | | Sc | quare Feet # | of Floo | rs | E | ldg. A | Age |
| City (5) | Co | unty (6) | | | | nty Code (7) | _ | | | | | | |
| UNION | In | NOIN | | | (Sta | te use only) | . C | urrent Use (Prior | r if bein | g den | nolish | ed) | |
| Name of Monitoring Firm Hired | | | | ASCM No. | | Name of Abatemer | at Contr | ractor (Q) | | | | - | |
| 9 10 100 100 100 | ., -,-3, -, | (0) | | AGGIVI NO. | | | | 424 | | | | | |
| Street Address | | | | | _ | D & S RESTO | RATIO | ON, INC. | | | | | 28 117 |
| Offeet Address | | | | | | () () () () () () () () () () | A | | | | | | |
| City, State, Zip Code | | | | | - | 20 California 2 City, State, Zip Cod | | | | | | | |
| | | | | | | | | | | | | | |
| Project Manager for Monitoring | Firm | | Phone Numb | NOT. | - | Paterson, NJ (Telephone Number | | | 1 | Ni | | | |
| r rojost Managor for Monttering | | | THORE INGITIE |)ei | | 973-345-802 | | - 1 | icense 0 | 0159 | | | |
| Ct- + D - + (40) | 10.1 | | . 5 | 43 | | Name of OSHA Mo | (5) | - | | | | | |
| Start Date (10) | Sche | d. Comple | etion Date (1 | 1) | | D & S Restora | | nc. | | | | | |
| 09/17/12 | 09/2 | 28/12 | | W. | | Street Address | Tron, 1 | iie, | | | _ | - 7 | |
| Occupancy Status During Abate | ement (Check | only one) | | | | 20 California A | venue | and the same | | | | | |
| Facility closed/vacated du | | | | | 1/24 | City, State, Zip Cod | | | | | - | | |
| Abatement performed out: Describe: | side of norma | facility ho | ours- | | | | | | | | | | |
| Other-Describe: NORMA | AL HOURS | 1 10 10 10 | | Section . | | Paterson, NJ (| 7503 | | | etimen ter | | | |
| Scope of Work (check all that a | apply) | | | and the second second | | | Full C | ontainment w/ne | gative | press | ure | ************************************** | 026-24-15 |
| \boxtimes >3 sf or >3 if | □ Renovati | on | | | | | | enclosure | | in s | | | |
| ≥160 sf or ≥260 lf | ☐ Demolition | on | | | | | | bag procedure | T. D. | | | | |
| | Is location | n normali | ly used solely | / | - | <u> </u> |] Non-E | Exempted (*) and | INON-I | riable R | R | Edure | 1 |
| Location of asbestos-containing | by main | enance/ci | | | n of as | sbestos-containing | | Amount | | е | е | n | E |
| material (acm) to be | staff(12) | 1 | | material (A | | | Maria 4 | (Specify SF | or | o | p. a | C | -n |
| abated in facility (13) | Yes | No | N/A | | | | | LF) | | ٧ | i | p | L |
| BASEMENT | | | | PIPE INSUI | LATIO | ON | ter 1 | 32 L FT | - | e | F | П | 十一 |
| BASEMENT | E DE LEGION | | | BARE HEA | | | | 8 L FT | | X | \exists | H | 十一 |
| | | | | | | -1 | | 7.27.2.22 | | | H | 븜 | 十二 |
| | | | | | of the later of | | - | | | | | 片 | H |
| | | | = | | - | | | | 200 | | | | 님 |
| Registered Waste Hauler | IL | EP Haule | rID# C | ubic Yards of W | aste | Name of Registere | d Landi | FIII | Our Holes | Ш | Ц. | بلا | Щ |
| D & S RESTORATION, IN | | 506 | | YDS | Mag. | TULLYTOWN | | | VER | Y | | 11 | |
| City, State | 1,211,111 | 1,5174,3 | Disposal D | | | City, State | | | | | - | | J. Ling |
| PATERSON, NJ 07503 | r juganiru | SA TIME | 09/17/1 | | 140 | TULLYTOWN | , PA | | | | - 1 | | |
| Completed by (Print or Type) | Title | ENTE | - Waster - The | Signature | | | | | ate | | | 7 | |
| BOGDAN JOLDZIC | PRESID | | | | | 2.46.46 | | 10 | 9/05/1 | 2 | | | |
| ASB-41 | Do not us | e this forr | n for asbesto | s licensure exer | mpted | activities. | | | | | | | |

0043 D&S Proj. #: MS 12-315

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

| | | | | | | | (AC) | SEIVI | ~ f7 | | | |
|--|----------------|----------------|-------------------------|------------------|---------------------------------------|---|--------------------|---|--------|---------|------------|--|
| Date of Notification (1) | | Name of | Building O | wner/Operator (2 | 2) | 7. | 2012 000 | . * 4 | . II.3 | | | |
| 10 19 1/10 15 1/11 12 | | AFFO | RDABLE | HOUSING C | ORP. | | 2012 SEP | II AM I | | | | |
| Agencies Notified Type No | tification | Street Ac | | | | | A OHIELO | |): 1 | | | |
| DEP Amend | - 1 | 19-21 | SOUTH 2 | ND AVENU | Е | | & LICE | SUGAT | Rni | | | |
| DOL Amendm | | City, Stat | te, Zip Code | | | | 2707 | ASING. | TUL | | | |
| DOH Emerg | | | ILAND PA | ARK, NJ | | | | | 1. | V | × | |
| justifica | | Name of | Contact | | 4 | | Teleph | one Number | r | | | |
| DCA Cance | llation | JIM Z | ZARRA | | | | | 1030 | | | | |
| | (4) | | FA | CILITY INFORM | NOITAN | | | | | | | |
| Name of facility where abaten | nent is taking | place (3) | | | | 100000000000000000000000000000000000000 | Type of Facility | | | | | |
| JIM ZARRZ | | | | | | | | ool (K - 12) | | | | |
| Street Address | | | | | | | | chapter 8 (O | | | 12) | |
| 180 REDMOND STREE | т | | | | | | Othe Bldgs | Other (Private/Commercial Bldgs./Homes, etc. | | | | |
| City (5) | | ounty (6) | | | I Count O | 1 (7) | Square Feet | # of Floor: | S | Bld | g. Age | |
| | | , (-) | | | County Co (State use | | | _ | | | | |
| NEW BRUNSWICK | <u>N</u> | IIDDLES | EX | | 100 m | 0, | Current Use (| Prior if being | g demo | olished | d) | |
| Name of Monitoring Firm Hired | by Bldg. Ow | ner (8) | F (42 CHARLES | ASCM No. | Name | of Abatemer | nt Contractor (9) | | | - | | |
| Street Address | 100 | | N | Landau a Car | | | RATION, INC. | . 10280.00 | 1 | | | |
| Street Address | | | | | 1 1 222 | Address | | | | | | |
| City, State, Zip Code | | | | | | California A | | | | | | |
| | | | | | | tate, Zip Cod | | | | | | |
| Project Manager for Monitoring | Firm | 7 | Phone Numi | ber | | terson, NJ (| I I I CONTRACT | Tri | | | | |
| | | | | | | 73-345-802 | | License N | Numbe | er | | |
| Start Date (10) | Sche | ed. Comple | tion Date (1 | 1) | Name | of OSHA Mo | nitor | 1 | | - | | |
| 09/18/12 | | 28/12 | , | | | & S Restora | tion, Inc. | | | | | |
| Occupancy Status During Abate | | | | | | Address | | | 17703 | 15 | | |
| Facility closed/vacated du | ring entire pe | riod of abat | tement. | | | California A | | | | | | |
| Abatement performed outs Describe: | side of norma | I facility ho | urs- | | City, Si | tate, Zip Code | | al utilities a | | * | | |
| Other-Describe: NORMA | L HOURS | niche (logg) | | | - Pat | erson, NJ 0 | 7503 | | | | | |
| Scope of Work (check all that a | ipply) | 4 | | | | | Full Containment v | ulpopoti ve a | | | | |
| ≥3 sf or ≥3 lf | Renovat | ion | | | erskrive, er e | | Mini-enclosure | megative p | ressur | е | | |
| ≥160 sf or ≥260 lf | Demolition | on | | | | | Glovebag procedu | | 4.5 | | | |
| Location of | Is location | on normally | used solely | 1 - 4 - 1 - 1 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | Non-Exempted (*) | and Non-fria | D | D 1 | | |
| asbestos-containing material (acm) to be | staff(12) | tenance/cu | stodial | Description | n of asbestos | -containing | Amount | 100000000000000000000000000000000000000 | e | e le | E | |
| abated in facility (13) | Yes | No | N/A | material (A | | | (Specify S | FOR | 0 | p c | 10 | |
| BASEMENT . | | 1 | IV/A | - postallar | | | | | v i | p | | |
| DASEMENT | J. P. C. A. | X | | PIPE INSUI | LATION(W | RAP & CU | T) 43 L FT | | X L | JE | | |
| | Manager A | | | | | | | |][| JE | | |
| Children Committee Control of | | | | 011 | | A - I - Marie Marie | | | | | | |
| 200 2 3 15 0 10 10 10 10 10 10 10 10 10 10 10 10 1 | | | | | The best of the same | | | | | | | |
| egistered Waste Hauler | NJD | EP Hauler | ID# Cu | ubic Yards of W | aste IName | of Registered | Londell | | | J E | | |
| O & S RESTORATION, INC | C. 13: | 506 | 1 | YD | | | RESOURCE RE | COVERY | 1 | | | |
| ity, State PATERSON, NJ 07503 | | 144 S 5 7 14 S | Disposal Da 09/19/12 | | City, S | State | | | | | ASSEMBLE S | |
| ompleted by (Print or Type) | TULLYTOWN, PA | | | | | 4.1.4. | 15.57 | | | | | |
| BOGDAN JOLDZIC | Title PRESID | ENT | | Jignature | | | | Date | 527 | | | |
| SR-41 | for coboots | | 15 | | | 09/05/12 | 2 | | | | | |

Ck# 234+1

| Date of Notification (1) | 2 | N | lame o | of Building | Owner / Operato | or (2) | an Services // | | * 0, | <u>.}</u> | |
|--|--|-------------------------|------------------|--|---|---|--|------------------------|--------------|-------------|-----------|
| Agencies Notified Type N | | S | Street A | Address | 222 South War | 1.5 | dayren | HIT | 5: ; | | |
| □ DOL □ | Amended Emergency | T N | rento | ate & Zip on, NJ 08 of Contact a Harlan | 625 | | & LICEM | SING SING elepho | (RO | - | er |
| | Solutified Type Notification | | FAC | ILITY IN | FORMATION | | | | | | |
| | pital – Main Hos | | | | Type of Faci | (K-12) pter 8 (Other t | han K-12) ommercial building | s hom | nes e | etc) | |
| our opring caraon roa | | | | | Square Feet | | | dg. Ag | | 10.7 | - |
| City (5) Hammonton | 1997,1909 | Cou | inty Co | ode (7) | 8000 Current Use | (Prior if being | 2 | | 40+ | | |
| | | ner (8) | | ASCM No | | atement Contra | , , | | TO CO | 73. | |
| Street Address | ion | | | - | Street Addre | /ironmental, | inc. | | | Take 1 | |
| 120 North Warren Stree City, State & Zip Code | <u>t</u> | | | | City, State & | er Street Zip Code | | | | | |
| Trenton, NJ 08608 | in a Firm | T-1 | | | Bristol, PA | | Tr. | | | | |
| Ryan Broadwater | ing rimi | 609-3 | | lumber 200 | Telephone N (215)788-60 | | License No 00509 | ımber | | | |
| Scheduled Start Date (10) 9/17/12 | Scheduled Co | | n Date | | Name of OS | | | | | | |
| Facility Closed/Vaca Abatement Perform Describe: | ated During Entire F ed Outside of Norm | Period of nal Hour | f Abate | | Street Addre 1123 Beave City, State & Bristol, PA | Zip Code | | | | | |
| Scope of Work (Check all the second | at apply) | - | Reno | vation olition | | Mini-E | ontainment with Ne nclosure Bag Procedures xempted and Non- | | | | |
| Location of | f www.castala | Is Lo | ocatio | n | Descriptio | | Amount | | | | |
| Material (AC TO BE ABAT in Facility | M) ED | Sol Mainte Custod | dial Sta (12) | e or | Asbestos-Cor Material (A (i.e., thermal s insulation, surfa- or other miscell | ntaining CM) systems cing, VAT | (Specify SF or LF) | Removal | Repair | Encapsulate | Enclsoure |
| RM M-8 | 100175763 | H | | | Floor Tile and | Mastic | 1,020 SF | | R | | |
| | | H | Н | П | | | | H | H | H | H |
| | | | | | | | - Kalender A. C. | T | | 百 | 愩 |
| | | | | | | utrajaja kira | | | | П | |
| Name of Registered Waste Service Transport Inc. | Hauler | | | er ID No. | Cubic Yards of Waste 2 Cu yd | Maria . | gistered Landfill | | 242 | Ц | |
| City, State New Castle, DE | (176569u/D8 | | 4 4 16 | | Disposal Date 9/19/12 | City, State | in the second | | 2001 1007 | 1 1 | |
| New Castle, DE Completed By (Print or Type) Gino Pizzigoni Title Project Manager Waynesburg, Ohio Title Project Manager | | | | | | | | | | | 7 |

STEVENS ENVIRONMENTAL
SERVICES INC
CHECK # 24914
MENT RECEIVED

| Date of Notification (1) | 9/6/12 | | - ^ | lame of Buildin | g Owner/Operato | or (2) Mr. Ron Kubi | 2012 SEP nski | 11 | AH | 5. | ~/ |
|---|----------------------------------|-----------------------|-----------------------------|-----------------------------|--|---|--------------------------------------|-----------------|-------------|----------------------|---------------|
| Agencies Notified | Type Notification | n | S | Street Address | 10 | 021 Chestnut S | 59 × p.F | ÚS r | 1741 | 210 | 10 |
| DEP DOL | Amended Amendment Emergency | | | City, State, Zip (| Code | Γrenton, NJ 08 | 716 | ENS | THE | |)[|
| DOH DCA | justification) Cancellation | | N | lame of Contac Mr | | | Telephone Nun | nber | | 91 | - 4 |
| | 1 | | | FACILITY INF | ORMATION | | | | | | |
| Name of Facility Where | | ng Place (sidence | | | | Type of Facility | **** | | | Ţ, | |
| Street Address | 1021 Ch | | 3 4 | | | Subchapter | 3 (Other than K- rivate & commerc | 2) cial buil | dings | | |
| City (5) | | renton | | # 12 | | Square Feet | # of Floors | В | ldg. A | ge | |
| County (6) | Mercer | CITION | | County Code (USE ONLY) | 7) (STATE | Current Use (Pr | ior if being demo residence | | | | |
| Name of Monitoring Fir | | Owner | - I | SCM No. | A STATE OF THE PARTY OF THE PAR | | | | 20 | | _ |
| Street Address | MECS | | | | Street Address | | ilental Scivic | | 10. | | |
| | PO Box 34 | 11 | | | | PO B | ox 322 | | | | |
| | Crosswicks, NJ | 08515 | | | City, State, Zip (| | n, NJ 08501 | | | | |
| Project Manager for M William V | onitoring Firm Veisgarber Jr. | | 100 | none No.) 298-4070 | Telephone No. (609) 2 | 59-9688 | License No. | 0049 | 3 | | |
| Start Date (10) 9/17/12 | Sch | | mpletio | n Date (11) | Name of OSHA | | ECS | | | 44 | |
| Occupancy Status Dur | | eck only o | ne) | | Street Address | | ox 341 | | | | |
| ☐ Abatement Perform Consider the constant of | ed Outside of Norm | al Facility | | | City, State, Zip (| Code | s, NJ 08515 | | | | |
| Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | all that apply) | | ovation | | Mini-En | entainment with Neg aclosure ag Procedure kempted (*) and No | | ire | | | |
| | | | cation | | T THOIR LA | complete () and No | I-I Habie I Toccu | 1 | Abate | | |
| L'ocatior Asbestos-Containing <u>TO BE AB</u> IN Facil (13) | Material (ACM) ATED | Cus | Solely benance stodial aff? | / Asbes | Description o tos Containing Ma thermal systems surfacing, VAT other miscellane | iterial (ACM) insulation, , or | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| | | Yes | | Ñ/A | | | | | | te | |
| crawls | pace | - | ** | × | pipe insulat | tion | 40 LF | × | 4. 6 | | Y - |
| | | | | | | e e e e e e e e e e e e e e e e e e e | ava, 3,7), 18a | (4 e.b. (| and a trace | | |
| Name of Registered W Stevens Environ | | es, Inc. | | DEP Waste left ID No. 18292 | Cubic Yards of Waste 1 CU | Name of Regis | tered Landfill R.R.F., Inc. I | _l _andf | ill | . 9V | |
| City, State | Allentown, | NJ | D. Hall | | Disposal Date 9/18/12 | City State | Tullytown, | PA | | | |
| Completed By Mahlon E. St | tevens | | ject N | Manager | Signature | | Date | 9/7 | /12 | 1 | 7. |
| ASB-41 | | | | | s licensure exem | | | | | | |