State of NJ Notification of Asbestos Abatement D&S Proj. #: MS 12 - 320 APPROVED (Pursuant to N.IAC 8:80 and 12:129) = N. Doptoof Health & Senior Services Name of Bullding Owner/Operator (2) C. Horner Date of Notification (1) (signature) 10 19 1/1101/11 12 3: 52 12 SEP 14 Agencies Noutled CREGG MOORE Type Notification Street Address ☐ EPA Initial UNTROL 6000 Amended DEP PARK STREET HSING Amendment #: City, State, Zip Code  $\boxtimes$ DOL **Emergency** ROASELAND, N.J. DOH DOH 07068 (including Namo of Contact lustification) ☐ DCA Telephone Number Cancellation GREGG MOORE FACILITY INFORMATION Name of facility where abatement is taking place (3) Type of Facility (4) GREGG MOORE School (K - 12) Street Address Subchapter 8 (Other than K-12) Other (Private/Commercial 3 PARK STREET Bidgs:/Homes, etc. City (5) Square Feet # of Floors County (6) Bldg, Age County Code (7) ROSELAND ESSEX (State use only) Current Use (Prior if being demoished) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abstement Contractor (9) D & S RESTORATION, INC. Street Address Street Address City, State, Zip Code 20 California Ave. City, State, Zip Code Project Manager for Monitoring Firm Paterson, NJ 07503 Phone Number Telephone Number Lloonse Number 973-345-8020 Start Date (10) 00159 Sched. Completion Date (11) Name of OSHA Monitor D & S Restoration, Inc. 09-12-12 Occupancy Status During Abatement (Check only one) Street Address Facility dissedivacated during entire period of abatement. 20 California Avenue Abatement performed outside of normal facility hours-City, State, Zip Code Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) ≥3 sf or >3 if Full Containment w/negative pressure Renovation Mini-enclosure ☐ ≥160 sf or ≥260 N Demolition Glovebag procedure Non-Exempted (\*) and Non-friable procedure Location of is location normally used solely asbesina-containing by maintenance/custodial material (acm) to be Siaff(12) Description of asbestos-containing E abated in facility (13) Amount 0 n material (ACM) m п (Specify SF or LF) þ Yes ¢ No NIA 0 C 2 8 BASEMENT CRAWL SPACE p PIPE INSULATION-WRAP & CUT) 25 LFT X Registered Waste Hauler ALIDEP Hauler TON D& S RESTORATION, INC. Cupic Yards of Waste Name of Registered Landfill 13506 1 YD. TULLYTOWN, RESOURCE RECOVERY City, State Disposal Deta PATERSON, NJ 07503 City, State 09-14-12 Completed by (Print or Type) TULLYTOWN, PA Title Signature BOGDAN JOLDZIC PRESIDENT ASB-41 Do not use this form for asbestoe licensure exempted activibles. 09-10-12

OUP TO 2012 01-13PH TOUT/001

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

D&S Proj. #: MS 12 - 320

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Date of Notification (1)		ne of Building Ow		2)		ZSEP	14 AM :	3: 52				73
Agencies Notified   Type Notific	otion   L	REGG. MOORE			80	2-:-	14 AM ; 2 CONT EMSING					
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DOL Amendment		, State, Zip Code										
DOH Emergency (including	·	OASELAND,	NJ 0706	8								
justification	n)   Nam	e of Contact	82				Telepho	ne Numb	er			
☐ DCA ☐ Cancellation	on <u>G</u>	REGG MOORE									_	
			CILITY INFORM	IATIO	N							
Name of facility where abatement	is taking place	(3)				Ty	ype of Facility					
GREGG MOORE							=	ol (K - 12			(40)	
Street Address							☐ Subcr	napter 8 ( (Private/			(-12)	
3 PARK STREET		iğ.					Bldgs.	/Homes,	etc.			
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\$10.00 00000 \$300 0000 WELLOW		· ·		<u> </u>					.5			
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Street Address				_	D & S REST Street Address	ORATI	ON, INC.					
Olicel Addiess					20 California	0 1 110		· c				
City, State, Zip Code				=	City, State, Zip Co			A, -11-11				
*10.10000					Paterson, N.							
Project Manager for Monitoring Firm	1	Phone Numb	oer	-	Telephone Numb			License	Numl	oer		,
X.				-	973-345-80			100	0159			
Start Date (10)	Sched, Co	ompletion Date (1	1)	-	Name of OSHA	Monitor						
2		5 1 12 NOVEM			D & S Resto	ration, I	Inc.					
09-12-12 Occupancy Status During Abatemer	09-1			_	Street Address							
Facility closed/vacated during					20 California City, State, Zip Co		<u>e</u>					
Abatement performed outside					City, State, Zip Co	oue						
Describe: NORMAL H	IOURS			_	Paterson, NJ	07503						
Scope of Work (check all that apply						Full C	Containment w	/negative	press	ure		
≥3 sf or ≥3 lf	Renovation					=	enclosure					
≥160 sf or ≥260 lf	Demolition						ebag procedur Exempted (*)		friahla	nroce	dura	
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asbestos-containing	by maintenan staff(12)	ce/custodial	Descriptio	n of a	sbestos-containing	,	Amount		e m	e	n	E n
material (acm) to be abated in facility (13)		N.   N/A	material (A	(CM)			(Specify S LF)	F or	0	а	a	C
	Yes	No N/A							v e	i r	р	-
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Registered Waste Hauler	NJDEP H	culer ID# 1 Co	bic Yards of W	aste	Name of Register	red I cod	fill		Ш	Ш	Ц	
D & S RESTORATION, INC.	13506	aulei iD#	1 YD.	4316	TULLYTOW:			COVER	Y			
City, State	<del></del>	Disposal Da	ate		City, State						_	
PATERSON, NJ 07503		09-14			TULLYTOW	N, PA						
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT		Signature					Date 09	-10-	-12		



Date of Notification (1)	Name of Building Owner/Operator (2)											
	12	Street Address Street Address AM 3: 53										
Agencies Notified Type Notified	cation		Stree	t Address		OCH THE AP	3:50					
☐ EPA ☐ Initial			861	1 Sloan S	Street 6 or		. 0.00					
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☑ DHSS Amendn					J 08619 🥙 🐪	± LIUENSIN	IC LIVE					
DCA Emerge (NJAC 5:23-8) Ustificat	ncy (including	3		of Conta			Telephone Numb	er				
☐ Cancella			Jol	nn Bayai	1			1				
			FA	CILITY	NFORMATION							
Name of Facility Where Abatement is	Taking Place	(3)				Type of Facility	(4)					
Congoleum						☐ School (K-12						
Street Address							8 (Other than K-12)	ام اما	ildina			
861 Sloan Street						homes, etc.)	rivate and commerc	iai Di	unanig	js,		
City (5)						Square Feet	# of Floors	В	dg. A	ge		
Trenton, NJ 08619						300000	4		80			
County (6)		211115-375	Cour	nty Code	7)(STATE USE ONLY)	Current Use (Pr	ior if being demolish	ned)				
Mercer						Manufacturi						
Name of Monitoring Firm Hired by Bui	lding Owner	(8)	ASCM	No.	Name of Abateme	The second secon		02/07/2		-	- 1	
AET		. ,	NA			ronmental Sys						
Street Address					Street Address							
28 N. Pennell Road					550 East Uni	on Street						
City, State, Zip Code	14.00	-	276771 363		City, State, Zip Co	ode						
Media, PA 19063					West Cheste							
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No.		License No.	_		1/2017		
David Turotsey		200	10-891		610-701-9000	í	00508					
	Scheduled C	omple	etion Da	ite (11)	Name of OSHA M	lonitor						
09 / 25 / 12	09 /				AET							
Occupancy Status During Abatement					Street Address						-	
☐ Facility Closed/Vacated During Ent			ment		28 N. Pennel	Road						
				scribe	City, State, Zip Co							
Time of Abatement: 7AMP	M/ <u>3:30</u> PM		AM		Media, PA 19							
Scope of Work (Check all that apply)					<u> </u>							
≥3 sf or ≥3 lf	⊠ Re	novat	ion		☐ Full Conf	ainment with Neg	gative Pressure					
☐ ≥160 sf or ≥260 lf	☐ De				☐ Milli-Ello							
					☐ Non-Exe	mpted (*) and No	n-Friable Procedure					
		Loca						Ab	atem	ent T	ype	
Location of Asbestos-Containing Material (ACM	1 11.	Norma	ely by	Anh	Description o estos Containing Ma		Amount	Re	Re	En	E	
TO BE ABATED	Ma Ma	intena	ance/		e., thermal systems		(Specify	Removal	Repair	cap	Clos	
IN Facility	Cus	todial (12)	Staff?	1	surfacing, VAT,	or	SF or LF)	\sigma	"	Encapsulate	Enclosure	
(13)	Yes	No	N/A		other miscellane	ous)				ate		
Old Manufacturing Floor			×	air cell	pipe insulation		45 SF		П	П	П	
Old Maridiacturing 1 1001			- Indiev	an con	pipe insulation		40 01					
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							**************					
Name of Registered Waste Hauler			JDEP \	Vaste	Cubic Yards of	Name of Regis	tered Landfill	13				
N.E.T.S.		100	lauler II	O No.	Waste		erial Landfill			3		
City, State			18947		20 Disposal Date	City, State		1104	74			
Hazelton, PA					TBD	Imperial, P	Α					
	Title				Signature /	177	Date	- /		_		
Completed By (Print or Type)  John Heemer	Estima	or			Signature /	V/1	Date	1/	1	17		
John Heemer	Lauma	.01		e vij Fest				1	1	11		

ASB-41 MAY 11

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

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O DAS Proj # 170	Notificat	tion of Asbestos Abatement	,	(25-25-5-
MS 12 - 3	20 (Pursue	to A LAC Assessor Abatement		approved
0 -	(1 01008)	it to N.IAC 8:60 and 12:120)	: C NTDE	eptoof Health & Senior Services
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Date of Notification (1)	T Name of Building	Operator (2) 2012 SEP 14 AM	1	& Spinnetum's
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DOL Amendment #:_	_     5.57, 5 (416, 216 (-008	<b>(9)</b>		
DOH (including	ROASELAND. N.J.	07060	y 9	
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I LKA I			Tele	phone Number
Cancellation	GREGG MOORE		1	į
4-2	FACILITY	INFORMATION		
Name of facility where abatement is to	Sking place (3)	THE PERSON NAMED OF		
	amilia hace (a)		Type of Faci	libr (4)
GREGG MOORE			50	#1001 (K = 12)
Street Address				774 (COM)
Annar Lennings	-		∐ Su	bohapter 8 (Other than K-12)
2 2427 05			I ⊠ O⊞	er (Private/Commercial
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City (5)	County (6)		Square Feet	# of Floors Bidg. Age
DOGER LAW	Judity (8)	County Code (7)	1	" SI TIOOTO   DIOG, AGE
ROSELAND	ESSEX	(State use only)		
Marria	<u> </u>	v.uy/	Current Use	(Prior if being demaished)
Name of Monitoring Firm Hired by Bldg	. Owner (8)	M No. Neme of Absternant	1	
W.	A30	M No. Name of Abatement	Contractor (9)	
Street Address		D & S RESTOR	ATTONI THE	i
and and a second		Street Address	ATION, INC.	
		Street Address		
City, State, Zip Code		20 California A	ve.	
	:	City, State, Zip Code		1
Project Manager for Monitoring Firm	THE RESERVE THE PARTY OF THE PA	Paterson, NJ 07	503	
	Phone Number	Telephone Number	CONTRACTOR OF THE	Liconae Number
		973-345-8020		
Start Date (10)	Sched. Completion Date (11)	Name of OSHA Mont		· 00159
1	Tompleticit Date (11)			
09-12-12	09-14-12	D & S Restoration	m, Inc.	i i
Occupancy Status During Abatement (Ch	ack aniv and	Stroct Address	THE RESERVE THE PERSON NAMED IN	
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Abatement performed outside of not Describe:	rmal facility hours-	City, State, Zip Code		
Other-Describe: NORMAL HOURS				
		Paterson, NJ 075	03	
Scope of Work (check all that apply)				
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☐ ≥160 ef or >360 H		<u></u> М	ini-enclosure	
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PATERSON, NJ 07503		Gry, State	***	
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#### D&S Proj. #: MS 12- 320

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

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DOL Amendment		tate, Zip Code											
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justificatio	n) Name	of Contact					T	elepho	ne Numi	er			
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Name of facility where abatemen	t is taking place (3	)				TTT	ype of F						
GREGG MOORE									ol (K - 1 napter 8	50	than i	K-12\	
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Street Address				_	D & S RESTO	ORAT	ION, IN	VC.					
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City, State, Zip Code				=	City, State, Zip Co								
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Project Manager for Monitoring Fire	n	Phone Numb	oor	-	Paterson, NJ Telephone Number		<u> </u>		Hisaas	a Niversi			
s speet manager for monitoring r in	ш	Frione Numb	Jei		973-345-80					e Numl 00159			
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Start Date (10)	Sched. Com	oletion Date (1	1)		D & S Restor		Inc						
09-12-12	09-14-	12		-	Street Address	ration,	mc.						
Occupancy Status During Abateme				-	20 California	Avenu	ıe.						
Facility closed/vacated during	entire period of a	batement.			City, State, Zip Co						_		
Abatement performed outside	e of normal facility	hours-			O.O., O.O.O., E.P. O.O.	,,,,							
Describe: NORMAL I	HOURS			-	Paterson, NJ	07503							
Scope of Work (check all that app				Ш				mont w	/negative	- Droco			
≥3 sf or >3 lf	Renovation				ř	=	-enclosu		megauvi	s picas	uie		
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abated in facility (13)	Yes No	N/A	material (A	CIVI)			LF)	SUITY S	1 01	0	a	а	L
20.00		1100								e	r	р	
BASEMENT CRAWL SPACE			PIPE INSUL	ATI	ON-WRAP & C	UT)	5 L F	Γ		X	П		
Registered Waste Hauler	NJDEP Hau	ler ID# C	ubic Yards of Wa	ste	Name of Register								
D & S RESTORATION, INC.	13506		1 YD.		TULLYTOWN	V, RES	OURC	E RE	COVE	Υ			
City, State PATERSON, NJ 07503		Disposal D 09-14			City, State TULLYTOW	N, PA							
Completed by (Print or Type)	Title		Signature	==.		,			Date				
BOGDAN JOLDZIC	PRESIDENT		3875							-10-	-12		

Job #: 1209-1676 Check #:2839

Date of Notification (	(1)			Nam	e of	Buildir	ng O	wner / Opera	ator (	(2)		ED				
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51 Steiner Avenue								☐ Subch	apter	8 (Other	than K-	12)				
o. otellier Avellue	,							Other	(i.e. p	rivate & c	ommer	cial buildi			etc.	)
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Name of Monitoring F Tiger Environmen	irm Hired b	y Building Ow	ner (8)	)	A	SCM N	o.	Name of At	atem	ent Contr	actor (9	9)				
Street Address	lai				1_			Asbestos	and	Mold Se	rvices	, Corp.				
16 West Elizabeth	Avenue							Street Addr 3859 Sylo		rd.						
City, State & Zip Code	е				1-277			City, State 8	& Zip	Code			2000-120		-	
Project Manager for N	Monitorina E	irm	Train					Hainespoi	rt, NJ	08036						
Kelly Walton		11111	908-	hone	Nur 1301	nber I		Telephone 1 609-702-04		er		License				
Scheduled Start Date	(10)	Scheduled Cor					_	Name of OS		Monitor			008	62		
9/25/12	9	9/25/12						EMSL Ana								
Occupancy Status Du Facility Closed	ring Abaten d/Vacated D	nent (Check o Juring Entire P	nly one	e) of Abr	atom	ant		Street Addre								
Abatement Pe	rformed Ou	tside of Norm	al Hou	rs or Aba	atem	ent		107 Haddo								200
Describe:								City, State & Westmont								
Isolated Area									, 140	00100						
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Agency Notified	Type Notification			Stree 77	t Address Parl	k Street	<b>\$</b> 65-	3 CONTRO	)L			2000	
DEPA DEP EDOL	☐ Initial ☐ Amended Amendment #			City, S	State, Zip ntcla	Code air, NJ	9 4	CENSING					_
©KDCA □KDCA	☐ Emergency (inclining justification)☐ Cancellation	uaing		Name Mar	of Contacty	ct		Telephone Nun	nber				-
				FAC	ILITY INF	ORMATION			J				
1 III 15	e Abatement is Taking	Place (3)	)				Type of Facili	ty (4)					
GG Green B		******					☐ School (K-						
Street Address 108 South	Broad St.							r 8 (Other than K-12 orivate & commercia c.)		ngs,			
City (5)							Square Feet	# of Floors	Bldg	. Ag	e		
Woodbury							7500	3	+/	-1	00	)	
County (6)						) (STATE USE	Current Use (	Prior if being demoli	shed)				
Gloucester				ONLY	)		vaca	ant			6		
	rm Hired by Building Ov	vner	ASC	M No.		Name of Abaten							_
(8) Finog Env	rironmental					Pepper E	nvironme	ental Serv	rice	s,	I	no	Ξ.
Street Address 617 Stokes	Road, Suit	e 4-	318			Street Address 2251 Fr	aley St	reet					
City, State, Zip Code Medford, N	J <sub>08055</sub>			3 0000		City, State, Zip ( Philadel		A 19137					
Project Manager for M Mark Rubin			ne No. 715	-2211	Telephone No. 215-533-	5155	License No. 00848					1505	
Start Date (10) 9-17-12	Scheduled 10-31	tion Da	ate (11)		Name of OSHA Finog Er		ntal			5 1003			
Occupancy Status Dur	ing Abatement (Check	only one	)			Street Address		<u> </u>		-		-	
Facility Closed/Vaca	ated During Entire Perio	d of Aba	temen	t		617 Stok City, State, Zip C		, Suite 4	-318				_
Other – Describe:		- 3				Medford,	NJ 080.	55					
Scope of Work (Check $\square \ge 3$ sf or $\ge 3$ If $\square \ge 160$ sf or $\ge 260$ If	all that apply) *aba	teme	nt	prior to demo*    Renovation									
	***************************************	Is	Locat	ion			Exempled ( ) al	la Hon I habie i 100	oddic	A	bate		nt
Asbestos-Contain TO BE IN F	tion of ing Material (ACM) ABATED acility (3)	Use Ma	Norma ed Sole intena Custod Staff? (12)	lly ely by ince/ ial		Description of tos Containing Ma , thermal systems surfacing, VAT other miscellane	nterial (ACM) insulation, , or	Amount (Specify SF or LF)		Removal		e Encapsulate	Enclosure
		Yes	No	N/A									
roof					root	fing		6,000sf		x			
1st floor					floo	or tile		3,300sf		x			
ceiling				х	ACPI			501f		х			
					4								
Name of Registered W Service Tra		0.000000	DEP V No.	Vaste H	auler	Cubic Yards of Waste	Name of Regi						
City, State	D.7		-			Diaposal Date	City, State	011					
Morrisville, PA						a: 1	Libson,						
Completed by Jennifer Ni	ven Dir. c	f Op	era	tio:	ns (	Signature	1/2		Date 9-11	L –	12		
ASB-41	* Do n	ot use th	is form	n for asl	bestos lice	ensure exempted	activities.					-	



Date of Notification (1) 09/13/2012			Name of Building Owner/Operator (2) IMTT - Bayonne											
Agencies Notified	Type Notification				Address	<u> </u>								
⊠ EPA					ast 22nd Stre	et		201:	2 SEP 14	AM .	3:	31		
X DEP	Amended			12000	ate, Zip Code			25					-	
	Amendmen Emergency		-		nne, New Jers	ey 070	02	الربد	100			OL		
X DOH	justification Cancellation				of Contact by Hotard				Telephone	以中的	èr			
			1		ILITY INFORMA	TION			L	, -				
Name of Facility Where	Abatement is Takir	ng Place (3	3)				Тур	e of Facility (4	)					
IMTT - Bayonne Street Address								School (K-12						
250 East 22nd Stre	et						X	Other (i.e. pr	3 (Other than In ivate & commo	(-12) ercial t	bulle	dings	. horr	es.
City (5)							_	etc.) uare Feet	# of Floors				eriotoine.	
Bayonne, New Jers	ey 07002						Juga	Jaic i eet	# 01110015			ldg. / 0+	nge	
County (6)					Code (7)		Cur	rent Use (Prior	I if being demo	olished	l_  )			-101 (Messell)
Hudson					USE ONLY)				-51000			<u> </u>		
Name of Monitoring Firm Envirovision Consu		Owner (8)		0007	M No. 79			natement Cont	ractor (9)					
Street Address						Street								
20-21 Wagaraw Ro	ad, Bldg. 34A					1101	Ed	wards Aven	ue					
City, State, Zip Code	07440							Zip Code						
Fair Lawn, New Jer	-			- , ,		Hara								
Project Manager for Mon Guillermo Morales	Moning Film			Telepho 973-63	36-9145	Teleph 504-		No. -5033	License 01120					
Start Date (10) 11/12/2012		Schedule 12/07/2			Date (11)			SMA Monitor			_			
Occupancy Status During	Abatement (Che					Street		sion Consult	ants, inc.					
Facility Closed/Vace				ment				agaraw Roa	d, Bldg. 34	A				
Abatement Performe	ed Outside of Norr	nal Facility	Hour	rs City, State, Zip Code										
				Fair Lawn, New Jersey 07410										
Scope of Work (Check Al	i I nat Apply)						7							
≥3 sf or ≥3 lf ≥ ≥160 sf or ≥260 lf			enova emoli				F	ull Containmer lini-Enclosure	it with Negative	e Pres	sur	е		
						×	G	lovebag Proce on-Exempted (		ishla E	2-0-	oduc	_	
		Is	Locat	ion		-	. 14	OII EXCITIPIOU I	/ and reon-	apic r	-	Abate	-	
Location		N	lorma	lly	Di	escription	of			_		Ту	pe	
Asbestos-Containing TO BE ABA		Mai	ntena	CO. T. C.	Asbestos Cor (i.e. therma				Amount		_		m.	m
In Facili		Cust	odial 3 (12)	Staff?	surfa	cing, VA	T, or	1	(Specify SF or LF)	TO YOU	Name of	Repair	Sa Sa Sa Sa Sa Sa Sa Sa Sa Sa Sa Sa Sa S	Enclosure
(13)		- T		T	other	miscellan	eous	)		1 2	2	air.	Encapsulate	sure
		Yes	No	N/A									œ	
Tank 40			Х		Sun	ace Ma	stic		41,233 sf	X				
		1												
		4-4												
Name of Registered Wast	o Haular		1.0	IDECT		V								
Freehold Cartage	ie navier		Н	JDEP W	No. of Wa	Yards ste		Name of Re	gistered Land	till				
					127									
City, State Dunmore, PA						sal Date 1/2012 /	1	City, State Bethleher	m. PA					
Completed by		Title				Signature	1			Date	1	1		
Aubrey Hotard	rate	Safety	Director		U		"	4	1	3/12	2			

Do not use this form for asbestos licensure exempted activities.

1 11516 1 06114

Date of Notification (1) 9/13/2012				of Building Owne - Bayonne	r/Operato	r (2)	6 N 3 W.	ME	ED		
	Notification			Address ast 22nd Stre	et	21	112 SEP 14	AM	3: 3	1	
DEP A	nitial Imended Imendment #	-		ate, Zip Code nne, New Jers	sey 070	4.	:5FA	ON	FRO		
DOH ju	mergency (includi istification) ancellation	ng	1007	of Contact by Hotard			Telephone N	umber	·		
Name of Equiliby When Above	Table Bloom	(2)	FAC	ILITY INFORMA	TION		J <u> </u>		_		
Name of Facility Where Abateme	ent is Taking Place	(3)				Type of Facility (4					
Street Address 250 East 22nd Street						School (K-1: Subchapter Other (i.e. p	2) 8 (Other than K- rivate & commer	12) cial bu	ilding	s, hon	nes,
City (5) Bayonne, New Jersey 070	002					Square Feet	# of Floors	T	Bldg. 30+	Age	
County (6) Hudson				Code (7) USE ONLY)		Current Use (Prio	r if being demolis	shed)			
Name of Monitoring Firm Hired b Envirovision Consultants,		(8)	ASCI 0007	M No. 79	Name	of Abatement Contations, Inc.	tractor (9)				
Street Address 20-21 Wagaraw Road, Blo	lg. 34A					Address Edwards Aven	iue			-	
City, State, Zip Code Fair Lawn, New Jersey 07	410				City, S Hara	tate, Zip Code han					
Project Manager for Monitoring F Guillermo Morales	irm		Telepho 973-6	one No. 36-9145		none No. 733-5033	License t 01120	No.	<del></del>		
Start Date (10) 10/22/2012		uled Co 9/2012		Date (11)	40.000	of OSHA Monitor ovision Consul	tants, Inc.	S. 5.0115.0-5			-
Occupancy Status During Abater	nent (Check Only	One)				Address			•		
Facility Closed/Vacated Dur Abatement Performed Outsi Other – Describe: Area uno	de of Normal Facil	f Abater lity Hour	ment s		City, S	1 Wagaraw Roa tate, Zip Code	<del></del>				
Scope of Work (Check All That A					Fair	sey 07410					
≥3 sf or ≥3 if ≥ 160 sf or ≥260 if	×	Renova Demoli	17.00		×	Mini-Enclosure Glovebag Proce	nt with Negative I edure (*) and Non-Frial			re	
		ls Locat						1	Abal	emen	t
Location of Asbestos-Containing Material	(ACM) U	Norma sed Sok			escription			-	T	ype	Т
TO BE ABATED In Facility (13)	(ACIVI)	laintena stodial (12)	nce/	(i.e. therma	ntaining M il systems acing, VA miscellan		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					-		ite	60
Tank 4002		X		Surl	ace Ma	stic	41,233 sf	Х			
								+	$\vdash$		
Name of Registered Waste Haule		IN	JDEP W	aste Cubic	Yards	Name of Re	egistered Landfill				
Freehold Cartage			auler ID -2265	No. of Wa 127	ste	IESI	um mussikannikusistikatin tilisi 1860-1820				
City, State Dunmore, PA					sal Date 1/2012	City, State Bethlehe	m, PA				
Completed by Aubrey Hotard	Title Corp	oorate	Safety	Director	Signature	oblil	Da	te/12	1/12	7	
					1	- VV		1110	211	part .	

	(Pursuant to NJAC 8:60 and 12:120)  Name of Building Owner/Operator (2)											
Date of Notification (1) 9/13/2012				of Building Owner/ - Bayonne	Operato	r (2)		2012 SEP 11		E. 10	-	
Agencies Notified Type Notification			Street A				-	TOUT IL	+ Al	1 3:	31	
EPA Initial Amended		}	27 mars	ast 22nd Stree	PI			ACDEAG	-{	urn	<u> </u>	
X DOL Amendment #		_		are, 216 code ine, New Jerse	ey 0700	02		A COPPOSE	KSIN	√IG VIK	UL	
Emergency (ind justification)  DCA  Emergency (ind justification)  Cancellation	luding			of Contact by Hotard				Telephone Nu				
			FAC	ILITY INFORMAT	ION							
Name of Facility Where Abatement is Taking F IMTT - Bayonne	lace (3)	)				Туре	of Facility (					
Street Address 250 East 22nd Street						X	School (K-1 Subchapter Other (i.e. p etc.)	8 (Other than K-1 private & commerc	2) ial bui	ldings	, hom	es,
City (5) Bayonne, New Jersey 07002						Squa	are Feet	# of Floors		Bidg.	Age	
County (6) Hudson				Code (7) USE ONLY)		Curr	ent Use (Pri	or if being demolis	hed)			
Name of Monitoring Firm Hired by Building Ow Envirovision Consultants, Inc.	ner (8)		ASCA 0007				atement Cor s, Inc.	ntractor (9)				
Street Address 20-21 Wagaraw Road, Bldg. 34A			<u> </u>		1	Addre	ess vards Avei	nue				
City, State, Zip Code	-				City, S	State, 2	ip Code	····				
Fair Lawn, New Jersey 07410 Project Manager for Monitoring Firm			Telepho	no No	Hara			7				
Guillermo Morales		1.0		36-9145		hone N 733-5		01120	10,			
	hedule 0/19/2		npletion	Date (11)	1		HA Monitor	Itants, Inc.	***************************************			
Occupancy Status During Abatement (Check O	nly One	e)			Street	Addre	SS					
Facility Closed/Vacated During Entire Peri Abatement Performed Outside of Normal I Other – Describe: Area unoccupied	od of Al	baten Hours	nent i		City, S	tate, Z	ip Code	ad, Bldg. 34A				
Scope of Work (Check All That Apply)		_			Fair	Lawn	, New Jer	sey 07410				
-	2779	enova emolit			×	Min	ni-Enclosure ovebag Proc				e	5
		ocati								50000	ement	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used Main Custo	ormali Sole ntenar odial S (12)	ly by	Asbestos Cont (i.e. thermal surface		daterial s insula T, or		Amount (Specify SF or LF)	Removal	Repair	e Encapsulate	Enclosure
	Yes	No	N/A								6	
Tank 4001	X		Surfa	ace Ma	stic		41,233 sf	Х				
Name of Registered Waste Hauler		1 57	IDED 141	note   Color	Vard							
Freehold Cartage		H	JDEP Wa auler ID I 2265				IESI	legistered Landfill				
City, State Dunmore, PA				A 1000 1000 000 000 000	al Date /2012	1	City, State					
	itle Corpoi	rate	Safety	Director	gnature		W		2/1/2	2/12	7.	_



#### State of New Jersey

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

193

					- O D C C C									
Date of Notification (1) 07/26/12					Building Owner/ University	Operato	r (2)	1,1,1,2						
Month/Day/Year					3920000 A.V.		2012 SEP 14	. AM 0.	50					
Agency Notified	Type Notificat	ion		Street Add	dress		TOIT OF! I	+ HII C.	3.3					
EPA	Init	ial		P.O. box 2	2158									
DEP	No	tifica	ion	City, State	e, Zip Code		# 28ESTO	S CONTR	OL					
DCA	x Am	ended		Princeton	NJ 08543	1		HSING	****					
DOH	No	tifica	ion	Name of C	Contact	- A	0	I	nber					
	Car	icellat	ion	Robert Ot	tego				7					
				FACILI	TY INFORMAT	TION								
Name of Facility Where Abatem	ent is Taking	Place	(3)				Type of Facility	(4)						
Princeton University 87 Pros	spect		17011767					(K12)						
								pter 8 (Other		700189F				
Street Address								(i. e. Private d		ercial				
Main Campus								ings, homes, et						
Cit. (5)	Ican				County Code	(7)	Square Feet 20000	# of Floors	Bldg.	Age				
City (5) Princeton	Con	inty (	))		County Code (STATE USE ONL)		Current Use (Pr		50+	1)				
Timeton	1				(STATE USE ONL	1)	University	ioi ii being de	monsuce	1)				
Name of Monitoring Firm Hired	by Building	Owner	(8)		ASCM No.	Name	of Abatement Con	tractor (9)						
Pennoni Associates Inc	,		(-)				iated Specialty Cor							
Street Address						-	Address							
515 Grove Street Suite 1B						100000000000000000000000000000000000000	Crue Avenue							
City, State, Zip Code Haddon Heights NJ							State, Zip Code Mills, PA 19342	8.						
Project Manager of Monitoring	Firm			Telephone	Number	Telepl	phone Number Licence Number							
Alan Lloyd				856-547-05	505	610-36	-364-9622 1103							
Scheduled Start Date (10)	Sch	ed. Co	mpletion Date	(11)	Name	of OSHA Monitor								
08/08/12				09/28/12	(A 1/2)	Criter	ion Labs							
Month/Day/Year			N	Ionth/Day/Yea	ar				Don't value like					
Occupancy Status During Abate	ment (Check o	only o	1e)				Address							
Facility Closed/Vacated l	During Entire	Perio	d of A	batement			3370 Progresive Drive							
x Abatement Performed O	utside of Nori	nal Fa	cility				State, Zip Code							
Hours - Describe: 7	:00 AM - 7:00	AM				Bensal	lem PA 19020							
Other - Describe:														
Scope of work (Check all that ap	ply)					х	Full Containmen	t with Negativ	e Pressu	re				
Demolition			x	Renovation	1		Mini - Enclosure							
>3 sf or >3 if							Glovebag Proceed	lure						
x > 160  sf or  > 260  lf							Non-Friable Pro-	cedure						
		Is			*****			Al	atemen	t Type				
Location of	L	ocatio	n	Desc	ription of					E	E			
Asbestos - Containing	No	rmall	y	1000	s-Containing		Amount	1000		N	N			
Material (ACM)	1.0	Jsed			rial (ACM)		(Specify	10000	RE	C	C L			
TO BE ABATED		olely			ermal systems	.	SF or	M	P	A	0			
In Facility	100	Main			surfacing, VAT miscellaneous)	,	LF)	O V	A	S	s			
(13)	1000	nance/ stodia		or other	miscenaneous			A	I	Ū	Ū			
		ff (12						L	R	L	R			
		No	N/A	1	*		1950 612		-	ļ	E			
1st floor		x	_	fireproofing			1750 SF 70 SF	x	-	-				
1st floor	-	mastic only			540 SF	x x	-	-						
2nd floor	-	mastic only floor tile an			3680 SF	x	+	-						
2nd floor		х	NI TIN											
Name of Registered Waste Haule	EP Waste er ID No.	Cubic Yards of Waste 200		GROWS	CO DANUIN									
Horizon Disposal														
City, State Trenton NJ					Disposal Date As needed		City, State Morrisville PA							
Completed By (Print or Type) Mark Goshow	ect Manager		Signatu	ach Loh	411	Date 9-11-13								
180.44					-//	of ware			1/1/	10				

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

(Pursuant to NJAC 8:60-7 and 12:-120-7)

RE02143

Date of Notification (1)			Name of B	Building Owner/	Operator	(2)	Y Las	Ç.F				
07/26/12				University			14 AM 2					
Month/Day/Year			1	2000000		20.2 021	14 AM Z	99		-		
(85) (8) (10) (10) (10) (10) (10) (10) (10) (10	Notification		P.O. box 2			ANRECT	ne cour					
EPA DEP	Initial Notificat	ion		e, Zip Code		20201	DS CONT CENSING	40F				
DCA x	20 U22-U23-U23-U23-U23-U23-U23-U23-U23-U23-		Princeton			By & LI	CEMPING					
DOH	Notificat		Name of C				Telephone No	ımber				
	Cancellat	ion	Robert Ot	ego			•					
		***************************************	FACILI	TY INFORMA	TION					03500 5110		
Name of Facility Where Abatement is	Taking Place	(3)				Type of Facility						
Princeton University - 87 Prospect							l (K12) apter 8 (Other	than k	(12)			
Street Address							(i. e. Private &					
Main Campus							lings, homes, et					
Cir. (5)	County (			County Code	(7)	Square Feet 20000	# of Floors	Bldg. 50+	Age			
City (5) Princeton	County (	"		(STATE USE ONL)		Current Use (P			d)			
						University			<u> </u>			
Name of Monitoring Firm Hired by B	uilding Owner	(8)		ASCM No.		of Abatement Co	[10] [10] [10] [10] [10] [10] [10] [10]					
Pennoni Associates Inc			1		-	ated Specialty Co	ntracting					
Street Address 515 Grove Street Suite 1B					100000000000000000000000000000000000000	Address Crue Avenue						
City, State, Zip Code Haddon Heights NJ						state, Zip Code Mills, PA 19342						
Project Manager of Monitoring Firm Alan Lloyd	(400-1)		Telephone 856-547-05		11 -	one Number 4-9622		Licen 110	ce Numl 3	ber		
Scheduled Start Date (10) 08/08/12	Sch	ed. Cor	npletion Date 09/28/12		The state of the s	of OSHA Monito ion Labs	r					
Month/Day/Year	(C) - 1 - 1 - 1		onth/Day/Yea	ar	Street	Address	SHI. 2					
Occupancy Status During Abatement Facility Closed/Vacated Durin			atement			rogresive Drive						
x Abatement Performed Outside					City, S	tate, Zip Code						
Hours - Describe: 7:00 A					Bensal	em PA 19020						
Other - Describe:												
Scope of work (Check all that apply)					х	Full Containme		e Pressu	re			
Demolition		x	Renovation	n		Mini - Enclosur						
>3 sf or >3 if						Glovebag Proce						
x >160 sf or >260 lf						Non-Friable Pro		atemen	4 Tuna			
Leastion of	Is Locatio		Desc	ription of			A	latemen	E	E		
Location of Asbestos - Containing	Normall			os-Containing		Amoun	t R		N	N		
Material (ACM)	Used	•	Mater	rial (ACM)		(Specif		R	C	C		
TO BE ABATED	Solely			ermal systems		SF or		E	A	L		
In Facility	by Mair			surfacing, VAT	,	LF)	O V	P	PS	O S		
(13)	tenance. Custodia		or other	miscellaneous)	1		A	ı	U	U		
	Staff (12						L	R	L	R		
	Yes No	N/A								E		
2nd floor	x		fireproofin	g		3660 SF	х					
3rd floor	x		fireproofin	g		5000 SF	х					
3rd floor	x		mastic only	1		350 SF	х					
3rd floor	x		floor tile ar	nd mastic	3745 SF x							
Name of Registered Waste Hauler		0.000	EP Waste	Cubic Yards		Name of Registe	red Landfill					
Horizon Disposal		Haul	Hauler ID No. of Waste 200 GROWS									
City, State Trenton NJ				Disposal Date As needed	=	City, State Morrisville PA						
Completed By (Print or Type) Mark Goshow	ect Manager		Signatu	Park Solu 9-1/12								

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

(Pursuant to NJAC 8:60-7 and 12:-120-7)

						***	31 14 17	1	(70)		
Date of Notification (1) 07/26/12	-				Building Owner/						
2004 2005000 WARRED				Princeton	University 21	112 SF1	P 14 AM 2:	50			
Month/Day/Year Agency Notified	Type Notificat	ion		Street Add	drace		17 HII C.	38			
EPA	I ype Nouncai Init			P.O. box 2		SPEC	TOO 00				
DEP		iai itificat	ion		e, Zip Code	0 1	TOS CONTR ICENSING	<del>10L - 101</del>		-	-
DCA	171.00	ended	lon.		NJ 08543	Or L	ILENSING				
DOH	***************************************	tificat	ion	Name of C		waste		Telephone Nu	mber		
		icellati	100.000	Robert Ot				1 reseptione : (a			
				FACILI	TY INFORMAT	TION					
Name of Facility Where Abatem	1,50	Place	(3)				Type of Facility				
Princeton University - 87 Pros	spect						School	(K12) pter 8 (Other	41 T	712)	
Street Address								(i. e. Private &		3.0	
Main Campus								ngs, homes, etc			
cumpus								# of Floors	Bldg.	Age	
City (5)	Cot	inty (6	)		County Code	(7)	20000	4	50+		
Princeton					(STATE USE ONL)	r)	Current Use (Pri	ior if being den	nolishe	d)	
N 634 '	II D HALL	0	(0)	-	ASCM No.	UNama	University of Abatement Con	tweeton (0)			
Name of Monitoring Firm Hired Pennoni Associates Inc	by Building	Owner	(8)		ASCM No.		of Abatement Con ated Specialty Con				
									-		
Street Address 515 Grove Street Suite 1B							Address Crue Avenue				
City, State, Zip Code Haddon Heights NJ						11	State, Zip Code Mills, PA 19342				
Project Manager of Monitoring Alan Lloyd	Firm			Telephone 856-547-05		11	ione Number 64-9622		Licen 110	ce Numl 3	ber
Scheduled Start Date (10)		Sche	d. Cor	npletion Date	(11)	Name	of OSHA Monitor				
08/08/12				09/28/12		Criter	ion Labs				
Month/Day/Year			M	onth/Day/Yea	ar						
Occupancy Status During Abate							Address				
Facility Closed/Vacated	During Entire	Perio	d of Ab	atement		-	Progresive Drive				
x Abatement Performed O			cility			11	tate, Zip Code				
Hours - Describe: 7	:00 AM - 7:00	AM				Bensal	em PA 19020				
Other - Describe:											
Scope of work (Check all that ap	ply)					x	Full Containmen		Pressu	ire	
Demolition			x	Renovation	1 -		Mini - Enclosure				
>3 sf or $>3$ if							Glovebag Proced	lure			
x >160 sf or >260 lf							Non-Friable Proc	cedure			
		Is	33					Ab	atemen	_	T =
Location of	L	ocatio	1	177	ription of		gr 10			E	E
Asbestos - Containing		rmall	y		os-Containing		Amount		R	N C	N C
Material (ACM)		Used		65,	rial (ACM)		(Specify SF or	M	E	A	L
TO BE ABATED	1	olely			ermal systems		LF)	0	P	P	0
In Facility	- 20	y Main nance/			surfacing, VAT miscellaneous)	,	L.E.J	v	Â	s	s
(13)		nance/ istodia		or other	miscenaneous			A	I	U	U
	1076	aff (12				- 1		L	R	L	R
	Yes	_	N/A							1	E
1st floor	х		outside roo	m 107 in ballwa	у	fire doors 2 (ea)	х				
in elevator car		x		fi tile			45 F	x			
Name of Registered Waste Haule	er		13570,000	EP Waste	Cubic Yards		Name of Register	ed Landfill			
Horizon Disposal			Haul	er ID No.	of Waste		GROWS				-
City, State					Disposal Date		City, State				
Trenton NJ					As needed		Morrisville PA			т. —	
Completed By (Print or Type)			Title			Signati	ure , 10 .			Date	1-12
Mark Goshow			Proje	ect Manager	1200:35-76-11 (15-50-76-76-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	111	achtsh	an		7 11	17



						ABATEMENT and 12:120)		" Chy	En				
Date of Notification (1) 3/19/12				Buildi	ng Own	er/Operator (2)	2812 000						
Agencies Notified	Notification Type		Street A	ddress	0.45	<u> </u>	2012 SEP	14 AM	3: 34				
⊠ EPA ⊠ DEP ⊠ DOL	☐ Initial ☑ Amended Amendment 4 ☐ Emergency (Includ	ina	City, Sta Deepwar	te, Zip	Code 08023	8	\$ 5555 × ×	ENSINO	TROL				
☑ DOH ☐ DCA	Justification)  Cancellation		Name of Richard				Ē	Teleph	one Nur	nber			
			FACI	LITY II	NFORM	ATION							
Name of Facility Where A Chamber Works Plant	batement is Taking Plac	e (3)					Type of Facil	ity (4)					
Street Address Rt 130 South							School (K Subchapte Other (i.e. homes, et	er 8 (other the private & co			uildi	ings	i,
City (5) Deepwater							Square Feet	# of Flo	ors	В	ldg.	Ag	е
County (6) Salem					ounty Co	ode (7) (STATE Y)	Current Use (	prior if being	g demol	ished	(k		
Name of Monitoring Firm Harvard Environmen Street Address 761 Pulaski Hwy		)	ASCM N	0.	Cour	of Contractor (9) hty Environmen Address New Churchma							
City, State, Zip Code Bear, De					City S	tate, Zip Code Castle, DE 197							
Project Manager for Monit Wesly Morrison			one No.	3	Teleph	none Number 322-8946	20	License	Numbe	r			
Scheduled Start Date (10) 4-2-12					Name	of OSHA Monitor ity Environmen	tal (	12-003A)	5				
Occupancy Status During	Abatement (Check only	one)				Address New Churchma	ins Road						
<ul> <li>☐ Facility Closed/Vacate</li> <li>☐ Abatement Performed</li> <li>☐ Other – Describe: Uno</li> </ul>	Outside of Normal Facil	f Abate ity Hour	ment rs -		City, S	state, Zip Code Castle, DE 197							
Scope of Work (Check all						1	inment with Neg	ative Press	ure				
$\boxtimes \ge 3$ sf or $\ge 3$ If $\boxtimes \ge 160$ sf or $\ge 260$ If				Rend Dem	ovation olition	<ul><li>☐ Mini-Enclo</li><li>☑ Gſovebag I</li></ul>	sure			÷			
			ls Locatio	n						A	bate Tv	eme vpe	nt
Locatio Asbestos-Containin <u>TO BE At</u> IN Facilit	ig Material (ACM) BATED		Normally sed Solely laintenand Custodial Staff? (12)	by ce/		Description of stos Containing Materials, thermal systems surfacing, VAT other miscelland	aterial (ACM) insulation, 「, or	Amou (Spec SF or I	ify	Removal		_	Enclosure
		Yes	No	N/A									
Thermal Systems Thermal Systems		-	X			nal coverings throu nal coverings throu		1500LF 400SF		X	X	X	-
Floor Tile /Mastic			x			tile and mastic thro		350SF		Х		^	
Name of Reg. Waste Haul S&J Transport.	er	ID	IDEP Was No. 217	ste Hau	uler	Cubic Yards of Waste >30	Name of Re Constoga	eg. Landfill					
City, State Woodstown, NJ						Disposal Date TBD	City, State Morgantowr	n, PA					
Completed by Evelyn Walsh	Title Office Manager					Signature 2	22	par.	Date 9-12-	-12			

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

TOVED

				(		,		20	12 000			-,-
Date of Notification (1) 1/03/2012					Name of Build E.I. duPont			Ac		14	AP	1 3: 34
Agencies Notified  (x) EPA ( ) DEP (x) DOL (x) DOH (x) DCA		Notification  ( ) Initial N (X) Amende ( ) Cancelle	otification ed Certifica	tion	Street Address Rt 130	<u>ss</u>	(	D	a L/(	CEN	OOA SIN	√TROL G
					City, State, Zi Deepwater	, NJ 0806	9	Tel N	lumber			
	50H4			FACILITY IN	FORMATION						8	
Name of Facility Where Chambers Works	Abatement is	Taking Place	(3)		Type of Facilit ( ) School (K- ( ) Subchapte (x) Other (i.e.	-12) er 8 (other th		las hom	nes. etc.			
Street Address Route 130					Sq. Feet			0 <del>-</del> 00-10-0		-		
City (5) Deepwater	County (6) Salem		County ( (State Us	se Only)	Bldg. Age Ot Current Use (					Manu	<u>factı</u>	ıre
Name of Monitoring Firm (8) Harvard Environme		g. Owner	ASCM N	0.			Name of Co County E					
Street Address 760 Pulaski Highwa	ıy		•		Street Addres 461 New C		ns Rd.					
City, State, Zip Code New Castle, DE 197	720				City State, Zip New Castle		20				7	
Project Manager for Mon Wesley Morrison	itoring Firm	Telephone (302) 326			Telephone Nu (302) 322-8			Licens 0057	e Numb 8	er		
Scheduled Start Date (10 1/03/2012	<u>D)</u>	Scheduled 0 3/31/2012		Date (11)	Name of OSH County Env		al Co.					
Occupancy Status Durin ( ) Facility Closed/Vacat ( ) Abatement Performed	ed During En	ire Period of	Abatement		Street Address 461 New C		s Rd					
		7:00 am to	3:30 pm		City, State, Zip	Codo						
Other - Describe Area		marcated		New Castle		20						
Source of Work (Check at ( ) Demolition (x) Re ( ) Large Proj. (>160 SF x) Full Containment with	enovation or >260 LF A		260 LF ACM) ovebag Procedu		oj. (<25 SF o	or <10 LF	ACM)					
Location of Asbestos- Containing Material (ACM)in Facility (13)	Is Loca UsedS	ition Normally olely by CustodialStaf NO		Description of (i.e.thermal sy- insulation,surfa othermiscell.)	ACM stems		Specify SF or	·LF)	Abater Rem.			Enclose
Thru-out plant	Thru-out plant X Thermal Sys								X		ap	
Thru-out plant	Thermal Syste	WASA	900 LF					Х				
Thru-out plant	Floor Tile / Ma	stic	1300 SF			X						
Name of Reg. Waste Had DuPont Company	uler	NJDEP Was	te Hauler I	D#	Cubic Yards of	f Waste			of Reg. ont Cha			lorks

Meck 7 9826

#### State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7) RECEIVED GAC Project # 060-12 Client Project # Date of Notification (1) Name of Building Owner/Operator (2) RUTGERS, THE STATE September 10, 2012 Agencies Notified Notification Type Street Address Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. ■ EPA 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS ■ Amended Notification #1 — D DCA City, State, Zip Code PISCATAWAY, N. 08854 & LICENSING extra quantity X DOL ■ Emergency (including ☑ DEP- No Longer REQUIRED justification) Name of Contact Telephone Number X DOH MIKE SMITH, ENV. HEALTH □ Cancelled & SAFETY FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **PUBLICATIONS BLDG# 6021** ☐ School (K-12) ☐ Subchapter 8 (other than K-12) Street Address X Other (i.e. private & commercial buildings, homes, etc.) **COOK CAMPUS** # of Floors: 3 Bldg. Age: 80+ years Sq. Feet: N/A County (6) City (5) County Code (7) **NEW BRUNSWICK** (State Use Only) **MIDDLESEX** Current Use (prior if being demolished): STRUCTURE TO BE DEMOLISHED... PRIOR USE ACADEMIC PUBLISHING Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC ASSOCIATES 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City, State, Zip Code City State, ZipCode **BURLINGTON, NJ 08016** BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09/10/12 09/12/12 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD □ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe ☑Other - Describe: Shift Hours: 8:00 AM - 5:00 AM DAILY FAIRLAWN, NJ Scope of Work (Check all that apply)

		Renovation		Mini-Er	closure				
		☑ Demolition				ıre			
			X	Non-Exe	empted (*)	and Non-	Friable	Proced	ure
				10000		Abatem	ent Type	<u>e</u>	
aff? (12)		(ACM) (i.e. thermal systems inst VAT, or other miscell.)	ılation, surfaci			Remove	Repair	Encap E	nclose
3		VAT		40	0 SF	X			
				-			-		
			of Waste:	10 CY					
1	olely by M taff? (12) /ES		Demolition  Location Normally Used olely by Maint./Custodial taff? (12)  /ES NO NA  VAT  NJDEP Waste Hauler ID # Cubic Yards	Demolition  Location Normally Used olely by Maint./Custodial taff? (12)  (ES NO NA  VAT  NJDEP Waste Hauler ID # Cubic Yards of Waste:	Demolition  Gloveba  Non-Exe  Location Normally Used olely by Maint./Custodial taff? (12)  VAT, or other miscell.)  NJDEP Waste Hauler ID #  Gloveba  Non-Exe  Non-Exe  (ACM) (i.e. thermal systems insulation, surfacing, or or other miscell.)  An  (S)  (S)  VAT  40	Demolition  Glovebag Procedum Non-Exempted (*)  Location Normally Used olely by Maint./Custodial taff? (12)  VAT ON NA  NUDEP Waste Hauler ID #  Glovebag Procedum Non-Exempted (*)  Non-Exempte	Demolition  Glovebag Procedure  Non-Exempted (*) and Non-  Location Normally Used olely by Maint./Custodial taff? (12)  VAT, or other miscell.)  NO NA  VAT  Cubic Yards of Waste: 10 CY  Name of Regist	Second Normally Used college by Maint./Custodial taff? (12)	Demolition  Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure  Non-Exempted (*) and Non-Exempted (

Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 100 New Ford Mill 09/12/12 Rd. Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ 04509

19067 NJ DEP# 4509 215-736-1700 Completed by (Print or Type) Signature Date RAYMOND C. PEDALINO SENIOR PROJECT Raymand C. Pedalino September 10, 2012

MANAGER

	oject #				Name of Building C	wnor/Oncest	file of	
	Aug	just 31, 2	012		RUTGERS, TH	E STATE	NIVERSITY	OFNI
Agencies I	Notified		Notification		Street Address	- Z01	2 SEP 14	BH 2
□ EPA				Notification	Street Address ENVIRONMEN	TAL HEALT	H & SAFET	TY DEPT S
D DCA				ded Notification	27 ROAD 1, BL	DG 4086, L	EVINGSTON	CAMPUS
DOL.				gency (including	City, State, Zip Cod PISCATAWAY,	e 24	& LICEN	SINDRUL
DEP-1	No Longer RE	QUIRED	□ Canc	ication)	Name of Contact	NJ 08854	T-IL-	
DOH			L Caric	elled	MIKE SMITH, E	NV HEALT		- klumber
		10			& SAFETY		.	
Name of Ea	ailite (A/b Al			FACILITY	INFORMATION			
PUBLIC	cility Where At	DC# 602	aking Place (3	1	Type of Facility (4)			
		.DG# 602	1.		School (K-12)			
COOK C					Subchapter 8 (oth	ner than K-12)		
COOK	AMPUS				Sq. Feet: N/A	# of Floor	uildings, homes	s, etc.) ge: 80+ years
<u>City (5)</u>		County		County Code (7)	- Sq. 1 cod. 1474	# 01 1 1001.	s. 3 blug. A	ge. our year
NEW BR	UNSWICK	MID	DLESEX	(State Use Only)	Current Use (prior if	being demolish	ned): STRUC	TURE TO BE
					DEMOLISHED PF	RIOR USE ACA	DEMIC PUBL	ISHING
Name of Mo	nitoring Firm H	ired by Blda	Owner (8)	ASCM No.	Name of Contractor (9	1		
ATC AS	SOCIATES		177	0098				
Street Addre	acc	_			GREENWOOD A	BATEMENT	CONSULTA	ANTS, INC.
3 TERRI					Street Address			
					268 MAIN STREE	ET		
City, State,					City State, ZipCode			
BURLING	STON, NJ	08016			BUTLER, NJ 074	05		
BRIAN K	ager for Monito	ring Firm	Telephone I 609-386		Telephone Number		License Nu	ımber
			009-386	-0000	973-492-0477		00840	
	tart Date (10)			Completion Date (11)	Name of OSHA Monito	or	1 00040	+
09/10/12			09/12/12		1			
Occupancy	Status During	Abatement	(Check only o	ne)	ENVIROVISION, Street Address	INC.		
☐Facility C	losed/Vacated	<b>During Enti</b>	re Period of A	batement				
□ Abateme Describe	nt Performed (	Outside of N	ormal Facility	Hours -	20-21 WARGARA	W ROAD		
	Doscribo Shi	Haura.	0.00 AB#	5:00 AM DAILY	City, State, Zip Code			
Outer - L	bescribe. Sill	i nouis.	O.UU ANN -	5:00 AN DAILY				
					FAIRLAWN, NJ	18		
	rk (Check all th	at apply)						
Scope of Wo								egative Pressure
		216	100	■ Renovation		☐ Mini-Enc		
	□ > 3 sf or	≥ 3 If or > 260					Hennodium	
	□ ≥ 3 sf or . ▼ ≥ 160 sf o	r ≥ 260		<b>☒</b> Demolition		Glovebag		on Friehla b
Location of A	□ ≥ 3 sf or ≥ 160 sf of sbestos-Contain	r≥260 ning Is Lo	ocation Normal	Demolition  Used Description of A	sbesios Containing Materia	Non-Exem	pted (*) and N	
Location of A	□ ≥ 3 sf or . ▼ ≥ 160 sf o	ning Is Lo 3) Sole	ly by Maint./Cu	by Used Description of A (ACM) (i.e. ther	sbestos Containing Materia	Non-Exemil Amo	unt Abat	tement Type
Location of A Material (ACI	□ ≥ 3 sf or ≥ 160 sf or sbestos-Contain M) in Facility (13	ning Is Lo 3) Sole	ly by Maint./Cu ? (12)	Demolition  Used Description of A	sbestos Containing Materia	Non-Exem	unt Abat	
Location of A Material (ACI	□ ≥ 3 sf or ≥ 160 sf or sbestos-Contain M) in Facility (13	ning Is Lo Sole Staf	ly by Maint./Cu ? (12)	y Used Description of A (ACM) (i.e. ther VAT, or other m	sbestos Containing Materia	Non-Exemil Amo	npted (*) and No unt Abat cify SF	tement Type
Location of A Material (ACI	□ ≥ 3 sf or ≥ 160 sf or sbestos-Contain M) in Facility (13	ning Is Lo 3) Sole Staf YES	ly by Maint./Cu ? (12)	y Used Description of A (ACM) (i.e. ther VAT, or other m	sbestos Containing Materia mal systems insulation, sur iscell.)	Non-Exemil Amo facing, (Spe or LF	npted (*) and No unt Abat cify SF	tement Type
Location of A Material (ACI	□ ≥ 3 sf or ≥ 160 sf or sbestos-Contain M) in Facility (1: or	ning Is Lo 3) Sole Staf YES	lly by Maint./Cu f? (12) NO	y Used Description of A (ACM) (i.e. ther VAT, or other m	sbestos Containing Materia mal systems insulation, sur iscell.)	Non-Exemil Amo facing, (Spe or LF	npted (*) and No unt Abat cify SF	tement Type
Location of A Material (ACI  2 <sup>nd</sup> & 3 <sup>rd</sup> Flo  Name of Reg	□ ≥ 3 sf or ≥ 160 sf or sbestos-Contain M) in Facility (1: or	r ≥ 260  ning	ly by Maint./Cu ?? (12) S NO NO NJDEP Wast	Demolition  by Used Description of A (ACM) (i.e. ther VAT, or other m  VAT  e Hauler ID #	sbestos Containing Materia mal systems insulation, sur iscell.)	Non-Exemil Amo facing, (Spe or Le  100	npted (*) and Nount Abat Cify SF Remo	ove Repair Encap
Location of A Material (ACM  2 <sup>nd</sup> & 3 <sup>rd</sup> Flo  Name of Reg See Hauler	□ ≥ 3 sf or ▼ ≥ 160 sf or sbestos-Contain W) in Facility (1: or Waste Hauler Below #1 &	r ≥ 260  ning   Is Le   Sole   Staf   YES      X	NJDEP Wast	Demolition by Used Description of A (ACM) (i.e. there was not been made as the control of the co	sbestos Containing Materia rmal systems insulation, sur iscell.)	Non-Exemil Amo facing, (Spe or Le  100	npted (*) and Nount Abat Cify SF Remo	tement Type ove Repair Encap
Location of A Material (ACM  2 <sup>nd</sup> & 3 <sup>rd</sup> Flo  Name of Reg See Hauler Hauler #1) G	□ ≥ 3 sf or ▼ ≥ 160 sf or sbestos-Contain Why in Facility (1: or Waste Hauler Below #1 & reenwood Aba	r ≥ 260  ning Is Lo Sole Staf YES  Example 22	NJDEP Wast	Demolition  by Used Description of A (ACM) (i.e. ther VAT, or other m  VAT  e Hauler ID #	sbestos Containing Materia rmal systems insulation, sur iscell.)	Non-Exemil Amore A	npted (*) and Nount Abat Cify SF Remo	ove Repair Encap  gistered Landfill  North Land  City, State
Location of A Material (ACM  2 <sup>nd</sup> & 3 <sup>rd</sup> Flo  Name of Reg See Hauler Hauler #1) G	□ ≥ 3 sf or ≥ 160 sf or sbestos-Contain Which is a specified or Waste Hauler Below #1 & reenwood Abar NJDEP # 12561	r ≥ 260  ning Is Le Sole Staf YES	NJDEP Wast See Below	Demolition by Used Description of A (ACM) (i.e. there was not been made as the control of the co	sbestos Containing Materia rmal systems insulation, sur iscell.)	Non-Exemil Amore A	npted (*) and Nount Abat Cify SF Remo	gistered Landfill North Land City, State 100 New Ford
Location of A Material (ACM  2 <sup>nd</sup> & 3 <sup>rd</sup> Flo  Name of Reg See Hauler Hauler #1) G Hauler #2) N	□ ≥ 3 sf or ▼ ≥ 160 sf or sbestos-Contain Why in Facility (1: or Waste Hauler Below #1 & reenwood Aba	r ≥ 260  ning Is Le Sole Staf YES	NJDEP Wast See Below	Demolition by Used Description of A (ACM) (i.e. there was not been made as the control of the co	sbestos Containing Materia rmal systems insulation, sur iscell.)	Non-Exemil Amore A	npted (*) and Nount Abat Cify SF Remo	gistered Landfill S. North Land City, State 100 New Ford Rd. Morrisville 19067
Location of A Material (ACM  2 <sup>nd</sup> & 3 <sup>rd</sup> Flo  Name of Reg See Hauler Hauler #1) G  Hauler #2) No	≥ 3 sf or  ≥ 160 sf or  sbestos-Contai  M) in Facility (1:  or  Waste Hauler  Below #1 &  reenwood Aba  NJDEP # 12561  ewark Carting,  NJ DEP # 4508	r ≥ 260  ning Is Le Sole Staf YES  Ex 2  Rement Cons  Inc., Newa	NJDEP Wast See Below ultants, Inc. –	Demolition by Used Description of A (ACM) (i.e. there was not been made as the control of the co	Asbestos Containing Materia rmal systems insulation, sur iscell.)  Cubic Yards of Waste:	Non-Exemil Amore A	npted (*) and Nount Abat Cify SF Remo	gistered Landfill S. North Land City, State 100 New Ford Rd. Morrisville
Location of A Material (ACM  2 <sup>nd</sup> & 3 <sup>rd</sup> Flo  Name of Reg See Hauler Hauler #1) G Hauler #2) No	D ≥ 3 sf or x ≥ 160 sf or sbestos-Contain y) in Facility (1: or	r ≥ 260  ning Is Le Sole Staf YES  Ex 2  lement Cons  Inc., Newa	NJDEP Wast See Below ultants, Inc. –	Demolition by Used Description of A (ACM) (i.e. there was a variable of the va	Signature	Non-Exemil Amore Special Control of LF	npted (*) and Nount Abat Cify SF Remo	gistered Landfill S. North Land City, State 100 New Ford Rd. Morrisville 19067 215-736-1700
Location of A Material (ACM  2 <sup>nd</sup> & 3 <sup>rd</sup> Flo  Name of Reg See Hauler Hauler #1) G Hauler #2) No	≥ 3 sf or  ≥ 160 sf or  sbestos-Contai  M) in Facility (1:  or  Waste Hauler  Below #1 &  reenwood Aba  NJDEP # 12561  ewark Carting,  NJ DEP # 4508	r ≥ 260  ning Is Lo Sole Staf YES  Experiment Cons Inc., Newa	NJDEP Wast See Below ultants, Inc. –	Demolition  by Used Description of A (ACM) (i.e. ther VAT, or other m  NA VAT  e Hauler ID #  Butter, NJ 07405	Signature	Non-Exemil Amore Special Control of LF	npted (*) and Nount Abat Cify SF Remo	gistered Landfill S. North Land City, State 100 New Ford Rd. Morrisville 19067
Location of A Material (ACM  2 <sup>nd</sup> & 3 <sup>rd</sup> Flo  Name of Reg See Hauler Hauler #1) G Hauler #2) No	D ≥ 3 sf or x ≥ 160 sf or sbestos-Contain y) in Facility (1: or	r ≥ 260  ning Is Lo Sole Staf YES  Experiment Cons Inc., Newa	NJDEP Wast See Below ultants, Inc. –	Demolition  by Used Description of A (ACM) (i.e. ther VAT, or other m  NA VAT  e Hauler ID #  Butter, NJ 07405	Asbestos Containing Materia rmal systems insulation, sur iscell.)  Cubic Yards of Waste:	Non-Exemil Amore Special Control of LF	npted (*) and Nount Abat Cify SF Remo	gistered Landfill S. North Land City, State 100 New Ford Rd. Morrisville 19067 215-736-1700

## 4046

# Sinte of New Jersey MOTIFICATION OF ASSESTED ABATEMENT (Pursuant to KLAC 8:00 and 12:120)

Date of Notification (1)				Marrie	of Buildi	of Oncor	Operator (	(2)		10/1	-17			٦ [
9-11-12				MA	Sim	O ZAL	ietti "	BRUGUE	·		the first	1		Ì
Agendes Notified	Type Notification			Speed	Addives		2	2012	SEP 14	k M	2. 6		0000	
O EPA							BLU.0			ALTI	2: 4	9		-
	☐ Amended	_		City,	State, Zip	Code		458	Estne	000		:		i.
E DOL	Amendment  Emergency		_	Me	DNAC	HIE A	して.	0707	A TICE	LUM	I-RC	1L		
III DOH .	lutilication		ı	Name	of Conta	et i	•	P	سطاط		unber			1
D DCA	☐ Cencellation				GENT				L					4
M				FA	CLIYE	FOREA!								1
Name of Facility Where			3)					Type of Facili	p. (4)					į
MASSIMOZAN	retti bevu	MGE						School (	K-12)					1
Street Address		<b>8</b> 5			<u>.</u>			Subchar Other (iu	ter 8 (Other i	han K-		سماليات		
10 Empire	BLUD-					•		etc.)	· blues e e				9 0000	
CB(5)						74	· ].	Square Feet	9 of F	locks .	-1	Bidg.	Age	.
MOONACH	ie						. 1	30000	2:	·   •		54	YR	5
County (6)				Count	y Code (7	) .		Current Use (	Prior if being	demoli	hed)	-		Ť
BERGEN		٠		STATE	EUSE ON	LY)		WAREHO	ose					}-
Name of Monitoring Firm	Hired by Building	Duner (8	)	AS	CM No.		Name	f Abalament (				. :		Ť
	*				350 (4	22	Best	Remov	al Inc	-				
Street Address			0. 162.00		•		Street A	lddress	<del></del>	1.	-			1
1 .			*1				450	South	River	St		151		
City, State, Zip Code				•				nia, Zip Code		1.			-	+
			2000				Hac	kensacl	k .N.J.	. 0	760	)1		.
Project Manager for Mon	ilering Firm			Teleph	one No.		Telepho	ne No.		003				÷
							201-	329-744	4	003	88	*	(**)	
Start Date (10)		Schodul	ed Ca	mpletier	Date (11	1)		COSHA Monit		1.				.1
9-22-2012		9-2	23-	-12				a Envi	conment	al	Ser	AIC	es	
Occupancy Status During	Abatement (Chec	Chily On		(A)			Street A					-	-	Ţ
Pacility Closed/Acc	and During Entire P	eried of	<b>being</b>	ment .				Huyler	St.	\			•	
Cher-Describe:		al. Facility	Hous	7 AA	n . 5 A	M		ie, Zip Code	12	7			1750	ì
Scope of Wlock (Chack Al	That Annha						Sout	h Hacke	nsack	N:	J.	076	06	-
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D 2460 af or 2260 f		772200				3.00	· 2.	Full Contains	nent with Ne	gathe F	10000	EB-		
	×		•	mens.				Glovebag Pa	nendum *					1
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	# 42 P		Locat		1						I	About	ment	
Location Contributes	of Violetial (ACM)		Ottomal I Solio		-	Des	cription of				<b>-</b>	1 - 1		+
TO BEARA	TED	Mai	Menn	nce/		stos Cent themes	olning Met Systems in	ieriai (ACM)	Amou	9	-		9	(SD-
In Facility	<b>7</b> .		(12)			surfac	ing, VAT,	CT .	SFort	Ā	Romova	Reputr	Encapoulate	100
(13)		<u> </u>	1-3		1	other m	iscellanec	ius)			18	1	Ĕ.	-
		Yes	No.	NKA	l		25					· I	8	
6.ROUND FLOOR	writs.			×	VAT	-		. 1	90	SF	X	- 7		$\dagger$
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Name of Registered West	Hanler		N	DEP W	thete:	Cubic \	feeds	Name of	Registered I					$\forall$
Best Remova	1 Inc			nder ID		ofWas		•	-	. ,			•	1
City, Shale			1	1710	19	1/4		Mine	erva E	nter	pr	ise	SI	
Hackensack,	N.T			•			4-12		esburg	OF	Ι.		23	
Company .		Tillo			-	S	annihum.	1	CDDULE	, OI				-
R.Veldran		Esti	ma	tor		P	Veldre	A 44				-12	?_	
<del>- Lulan</del>						-17	12 COL	~-		1.	7-1-1			۲

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Check# 1474		:*()	(	Pursi	iant to N	SBESTOS AL	SATEMENT	3 3° 11 11 11	Emerge	enc	y No	ntific	atio
Date of Notification (1)						fing Owner/Opera	the family and the first of the		PROVE			=	7
	12	2		1	n Grzeck			AM Done . Col	Let A A		r Sei	vices	
Agencies Notified Type No	tification				eet Addres	OWICZ ZUIZ	SEP 14 A	MANAGE -	, NOV	7\2	N		L
⊠ EPA				1				1 1 6	(signature)		1	۸.	
Ø DOLWD ☐ Amer				1130	y. State, Zi	h Avenue 458	ESTOS CO	Date 9110	13 Tir	ne:	10	M	
	# Inambr	-		,	O.B.L.	b code	& LICENS	MC	( Sales			-	- 15
☐ DCA (NJAC 5:23-8)	gency (II	ncludi	ng		nville, NJ	40000							
Cano				1				Telepho	ne Numb	er			
					n Grzecko			_ ,					
Name of Facility Where Abatement	is Takin	g Pla	co (3)		ACILITY	INFORMATION					edin/a		-
Private detached garage		9 - /6	e (0)				Type of Fac	-14000000000000000000000000000000000000		85			
Street Address		_					School (	K-12) iter 5 (Other tha	n K 1 2)				
130 South 8th Avenue							Other (i.	e., private and	commen	ial	bulldi	nas.	
City (5)							nomes.	etc.)					
Manville, NJ 08835							Square Fas	t #ofFa	ore		3ldy.	Age	
County (6)		-		T Co	unfy Cade /	7) (STATE USE ON	VI Current	and the second					
Somerset						O TOTALE DISE DISE	. r) Current Use	(Prior if being	demolish	ed)			-
Name of Monitoring Firm Hired by B	uilding (	Swine	(8)	ASC	M No.	Name of Aba-							3
·			18.			AND COMPANY OF THE PARTY OF THE	ement Contracto	r (8)		181		ASSE	
Street Address						Gr Tech LLC							
						Street Address							
City, State, Zip Code						576 Valley R	d #283						
						City, State, Zip							
Project Manager for Monitoring Firm	)		iYe	ephon	a No	Wayne, NJ 07	7470						
· · · · · · · · · · · · · · · · · · ·			, ,,,	Chilon	e No	Telephone No.		License	No.	9			
Start Date (10)	Schad	HAT	Comp	etion E	ate (11)	973-638-1777		01127					
09 / 11 / 12					12	Name of OSH			Maril D				
Occupancy Status During Abatemen	+ (Charle					Envirovision (	Consultants, Inc	;					
Facility Closed/Vacated During E	ntire Der	iod o	one)			Street Address							
L. Apatement Performed Outside of	Normal	Facili	N Hou	us - De	acribe.	20-21 Wagara	w Road, Bldg	# 34A					
Time of Abatement:AM	PA	W	PN		AM	City, State, Zip	Code			_	-		
Scope of Work (Check all that apply)						Fair Lawn, NJ	07410						
						<b>⊠</b> Full Co	ontainment with i	Vanatius II.		100			
2 160 af or = 260 lf		X D	enova emoliti	ion		☐ MIDI-E	nc:osure	Andrew State	nrg				
		<u>س</u> ا بط	21110910	on		X Non-E	osg Procedure	u					
1000	1	1.	s Loce	tion	i -	KS TON-C	xempted (*) and	Non-France Pr	ocedure		t		
Location of Asbestos-Containing Material (AC			Norma		İ	Description	o F		L	Ab	atem	ent T	ура
TO BE ABATED	.M)		inten	ely by	Aste	stas Cantaining N	faterial (ACM)	Amisur	,	Œ	70	E	To
IN Facility	1	Cus	todial	Staff?	(1.6	., thermal system	s insulation.	(Specif	ÿ /	Remova	Repair	8	100
(13)	1		(12)		j	surfacing, VA other miscellar	T. of	SIF OF L	F)	e^	=	ncapsulate	Enclosure
		Yes	No	N/A		- Taranta and Cara	(0,000,000)					ale	4
arage				Ø	Transite	paneling				**	_	_	<u> </u>
utside siding				×	1			700 SF		X	Ш		
		=	-	10	Transite	Siding		150 SF	16	X.			
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lame of Registered Waste Hauter			, NJE	EP Wast	Hauler 10 No.	Cubic Yards of Was	Name of Rec	istered ( on 1911			الما	للا	ليا
Tech LLC				03378		TBD	T.R.R.F. Inc						
ity. Stare						Disposal Date	City, State					- 227	cc
ayne, NJ 07470						V660 1860 - 670 - 0.							
ompleted By (Print or Type)	Title					TBD	Tullytown, I	'A -					
Jevtic						Signature	1	7	Date	(SQUE III)			
8-41	Owne	r				The state of	when Ne	mad	09/10/	20	12		
Y 11	* D	o not	use ih	is form	for asher	os licensure exemi			1		_		

9/10/2012

### State of New Jersey

		NC	TIFI	CA	TION	OF ASI	BESTOS ABAT	TEMENT		-	-00		-	
			(Pt	ırsı	uant to	NJAC	8:60 and 12-1	120)						
Date of Notification (1)					Name	of Buildin	ng Owner/Operator		- W1. 1 V F 11					_
September 10, 201	12				Emil	ly Muhl	hausen	2012 01	TD 11					
Agency Notified	Type N	lotification			and the same of	Address		2012 30	EP 14 AM 2:4:	3			_	
□ EPA	⊠ Initia	al			289	Main A	ve	8000	0700 000					
Not required per State Reg. 10:2004	☐ Ame			Ì	City, S	State, Zip	Code	#35E	STOS CONTRO		8	Alexander.		
<b>⊠</b> DOL		endment #			Stirl	ing, NJ	07980		LICENSING					
<b>⊠</b> DOH		ergency (including ification)			Name	of Conta	ct		Telephone Number					
□ DCA	☐ Can	cellation			Emil	ly Muhl	hausen		-					
					FACI	ILITY INF	ORMATION		_					
Name of Facility Where	Abateme	nt is Taking Place	(3)					Type of Facility	y (4)				-	
Emily Muhlhausen	1							☐ School (K-1	2)					
Street Address								☐ Subchapter	8 (Other than K-1 2)					
289 Main Ave								Other (i.e. p homes, etc.	private & commercial bu	iildin	gs,			
City (5)								Square Feet		Bldg.	Aa	e		_
Stirling, NJ 07980								1600		50 +	_			
County (6)				Т	County	v Code (7	) (STATE USE	2.50-10/30/2020	Prior if being demolishe	- S	1-			
Morris				1	ONLY)		, (01,11,12,002	Residentia	353	u,				
Name of Monitoring Firm	Hired by	Building Owner	T A	SCN	l No.		Name of Abatem	nent Contractor (						_
McCabe Environmen				18			10000-0001-0000000000-000000	toration Co.						
Street Address	reet Address						Street Address	itoration co.	, 1110.					
ve ave an installation ex	164 Valley Brook Avenue						223 Randolp	nh Avenue						
City, State, Zip Code							City, State, Zip C							
Lyndhurst, NJ 070	71-199	8					Clifton, NJ 0							
Project Manager for Moni			Tele	pho	ne No.		Telephone No.		License No.		-			
John H. Chiaviello					38-483	39	973-478-468	1	00120					
Start Date (10)		Scheduled Com					Name of OSHA	Monitor	1	1000		_		
September 22, 201	2	September	30, 2	01:	2		McCabe Env	vironmental :	Services, L.L.C.					
Occupancy Status During	Abatem					****	Street Address							- 8
☑ Facility Closed/Vacate	d During	Entire Period of A	haton	anni	6.		464 Valley B	rook Avenue	e					
☐ Abatement Performed							City, State, Zip C	ode	97777					_
Other - Describe:							Lyndhurst, I	NJ 07071-199	98					
Scope of Work (Check all	that app	oly)					M F	24-1	. N P. B					_
≥ 3 sf or ≥ 3 If						ovation		Containment with Enclosure	n Negative Pressure					
□ ≥ 160 sf or ≥ 260 If					☐ Dem	olition	☐ Glove	ebag Procedure	J.N F L.I. D J.	201				
							☐ Mon-	Exempted (*) and	d Non-Friable Procedu	re	Α	bate	me	nf
			Is Lo	mal								200 UK 193	ре	
Locatio		1 (4 (34)	Used :	Sole	ly by		Description of							
Asbestos-Containing TO BE AB		ii (ACM)	Maint				stos Containing Ma , thermal systems		Amount (Specify		æ		Enc	E
IN Faci	lity		7.77	aff?		,	surfacing, VAT	, or	SF or LF)		emo	Repair	aps	nclos
(13)			(	12)			other miscellane	ous)			Removal	air	Encapsulate	ure
				No	N/A								Ф	
Crawl Space					Ÿ	Thermal	Systems Insulation (de	ebris on ground)	84 se	ı ft	$\overline{X}$			-
									0400	1	$\sim$	-		
		<u> </u>	+							$\dashv$				
	15072		-	-									$\vdash$	
Name of Registered Wast	e Haulei		NJDF	Pν	Vaste H	auler	Cubic Yards of	Name of Regis	tered Landfill					
ID No							Waste	MARINO A. CONTRACTOR C						
B&N&K Restoration Co., Inc. 1269							1	Minerva Er	nterprises, Inc.					
ity, State							Disposal Date	City, State						_
Clifton, NJ 07011							09/24/12	Waynesbu	rg, OH					
Completed by		Title	***************************************				Signature	1/11	Dat	9				

Aleksandar Kuridza

Vice - President

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

NOTIFICATION OF ASBESTOS ABATEMENT Name of Building Owner/Operator (2) Date of Notification (1) S. ScHERL Type Notification Street Address 232 LY DECLER STISBESTUS CONTROL Agency Notified ☐ Initial O EPA City, State, Zip Code D DEP ☐ Amended ENGLEWOOD, NJ. 07634 LICENSIA Amendment # ☑ Emergency (including Telephone Number Name of Contact iustification) E DOH J. MCGUIRE D DCA ☐ Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) S. SCHERL School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Tother (i.e. private & commercial buildings, 232 LY DECLER ST homes, etc.) Square Feet # of Floors Bldg. Age 87 YRS 200WSUDVA 6000 Current Use (Prior if being demolished) County Code (7) (STATE USE County (6) ONLY RESIDEN CE BERGEN Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. Best Removal Inc Street Address Street Address 450 S.River St City, State, Zip Code City, State, Zip Code Hackensack, N.J. 07601 Telephone No. License No. Project Manager for Monitoring Firm Telephone No. 00388 201-329-7444 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Omega Environmental Inc 9/24 25 12 Street Address Occupancy Status During Abatement (Check only one) 280 Huyler St D Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code ☐ Abatement Performed Outside of Normal Facility Hours South Hackensack, N.J. 07606 27 Other - Describe: 764 TO SPM Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure A Renovation #23 stor ≥ 3 lf A Mini-Enclosure □ ≥ 160 sf or ≥ 260 lf ☐ Demolition 2 Glovebag Procedure ☐ Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally . Location of Used Solely by Description of tos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Remova Custodial surfacing, VAT, or SF or LF) IN Facility Staff?\_\_\_\_ other miscellaneous) (13)(12)Yes No NVA THERMACIN SULATION 120 UF 17 Looe CF 2 FLOOR THERMAL IN SULATION 120 Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Hauler Cubic Yards of ID No. Best Removal Inc Minerva Enterprises 17109 ICL

Disposal Date City, State City, State Waynesburg , Oh Hackensack, N.J. 07601 Date 9 Completed by an rouse Estimator J. Maiorano

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

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

RECEIVED

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Date of Notification (1)  09 / 1	4 ,	12						mer/Operator ( Granato	NO.00					
		12					nua	Granato	2012 S	EP 14 AM	2: 34	•		
	pe Notifica	ition				t Address	2							
	] Initial ] Amended	ı				Lincoln			8.5dE	STOS CONT	ROL			77
□ DHSS	Amendme				1000	State, Zip (			₹ &	LICENSING	ì			
	Emergend		luding	1		llingswo		NJ	51.9°					
(NJAC 5:23-8)	justification	C-2000CC				of Contac				Telephone Num	ber			
	] Cancellati	ion			Jea	an and Li	nda	Granato						
					FA	CILITY IN	IFO	RMATION	WC-440001-7-11-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1					
Name of Facility Where Abat	tement is T	aking	Place	(3)					Type of Facility	(4)				
Residence									School (K-12					
Street Address										3 (Other than K-12 rivate and comme		uildin	25	
206 Lincoln Ave.									homes, etc.)		TOIGI D	anamı	<b>3</b> 0,	
City (5)		=======							Square Feet	# of Floors	В	ldg. A	ge	
Collongswood									2,500sf	3		100y	rs.	
County (6)	Microscopered Commission			1000000	Cou	nty Code (7	)(STA	ATE USE ONLY)	Current Use (Pr	ior if being demoli	shed)			
Camden									Resident					
Name of Monitoring Firm Him	ed by Build	ling Ov	wner (	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)					
Environmental Manag	ement Int	ter, In	ıc				(	Graham-Tech	n Environment	al Service, LLC				
Street Address							Str	eet Address	V					
34 E. Germantown Pik	e #204						1	4 Read Driv	е					
City, State, Zip Code							Cit	y, State, Zip Co	ode					
East Norriton, PA 1940					5	Sicklerville, M	NJ 08081							
Project Manager for Monitori	ng Firm			Tele	phone	No.	Tel	ephone No.		License No.				
Raymond J. Giordano				1	-610-2	77-0405	8	56-318-1341		01158				
Start Date (10)	S	chedu	iled C	omple	tion Da	ite (11)	Na	me of OSHA M	lonitor					
09/14/1	12	09	_ /	10	5_/	12	0	Graham-Tech	n Environment	al Service, LLC				
Occupancy Status During Ab	patement (C	Check	only o	ne)			Str	eet Address						-
☐ Facility Closed/Vacated D	Ouring Entire	e Perio	od of	Abate	ment		1	4 Read Drive	е					
Abatement Performed Ou						cribe	City	y, State, Zip Co	ode					
Time of Abatement: 7AM-	- <u>4</u> PM/	PM-		_AM			S	Sicklerville, N	J 08081					
Scope of Work (Check all tha	at apply)						_							
☐ ≥3 sf or ≥3 lf		г	□Re	novat	ion			☐ Full Cont ☑ Mini-Enc	ainment with Neg	ative Pressure				
□ ≥160 sf or ≥260 lf			De					⊠ Glovebag						
	- the							☐ Non-Exe	mpted (*) and No	n-Friable Procedu	re		100-20-	
				Loca		1					Ab	atem	ent T	уре
Location of Asbestos-Containing Mat	erial (ACM)	,		lorma d Sol	ely by	Acho	ctoc	Description o Containing Ma		Amount	Re	Re	m	m
TO BE ABATE		'	Ma	intena	ince/			emal systems i		(Specify	Removal	Repair	cap	Enclosure
IN Facility			Cust	(12)	Staff?			surfacing, VAT,		SF or LF)	<u>a</u>	'	Encapsulate	ure
(13)		-	Yes	No	N/A	1	ot	her miscellane	ous)				ě	
		-+			-	l						-		
Crawl Space/ Basement	Ø		Pipe in:	sula	tion		40LF							
	275 60			П	10						+	П	П	П
Name of Registered Waste H	lauler				JDEP \	Naste	Cut	oic Yards of	Name of Regis	tered I andfill		П	П	Ш
Graham-Tech Environ		ervice	e, LLO	1.	lauler II	O No.	Wa		JEG.,	lorth Landfill &	Tully	towi	1	
City, State					40070		Dis	posal Date	City, State		W 11			
14 Read Drive Sicklery	ville, NJ 0	8081							1513 Brode	entown Rd, Mo	rrisvil	le, P	Α	
Completed By (Print or Type)					Signature	1/1	Da	ate_ /		1				
Willis Graham	ner					111	14/_		9/	1//	12	-		

### 40 x

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

				50000		MEN.				
Date of Notification (1) September 11, 20	12		Name of Building	Owner/Ope Trento	n Department of P	whlic Works	1	50		
[ ] DEP [ x ] Amen	Notificated Not adment #	ification	Street Address . City, State, Zip Co	319 E	at State Street on, NJ 08608	BESTOS C & LICENS	AM ONT	l: 5; Roi	3	
[x] DOH [] Emerging	gency (in cation) ellation	ncluding	Name of Contact Harol		Te	elephone Number	ING	-		
		FA	CILITY INFORM	ATION	T STATE OF THE STA					
Name of Facility Where Abatement is Taking Trenton Water Wo		3)			Type of Facility (4)  [ ]  [ x ]	School (k-12) Subchapter 8 (oth	ner thar	ı k-12)		
Street Address 669 Pennington Av			A 9/3	t.)	[ ]	Other (i.e., priva homes, etc.)			ial buil	dings,
City	Count	y (6)	County Code (7) (STATE USE ONL	Y)	Square feet 3,375	# of Floors	Bldg	, Age 5	4	
Trenton	Merc	er			Current Use (Prior if Central	Pumping Station				
Name of Monitoring Firm Hired by Building			ASCM No. 00030	Name of	Abatement Contractor	(9) n Contracting,	Inc			
Environmental Con Street Address 120 North Warren		on, mc.	00030	Street A	idress	oute 9, Unit 61	me.			
City, State, Zip Code				City, Sta	te, Zip Code		000	755 10	271	
Trenton, NJ 08609 Project Manager for Monitoring Firm	Т	Telephone Numbe	r	Telephor	Toms R.	iver, New Jerse License N		/33-1.	2/1	
Brian Holbig		609-392-4200	1	732-34		00624				
Scheduled Start Date (10)		Scheduled Comple	etion Date (11)	Name of	OSHA Monitor	. Analytical				
9/12/12 Occupancy Status During Abatement (Check	only on	10/19/12 e)	***	Street A		. Analytical				
[ X ] Facility Closed/Vacate	d During	g Enite Period of Ab			1056 Ste	elton Road				
Abatement Performed ( Other – Describe		of Normal Facility	Hours	City, Sta	te, Zip Code Piscataw	vay, New Jerse	y 088	54		
Scope of Work (Check allthat apply)				[x]	Full Containment	with Negative Pre	ssure			
[ ] >3 sf or ≥3 lf		[x] Renov		[ ]	Glovebag Procedu					
[ x ] ≥160 sf or ≥260 lf		[ ] Demo	lition	l J	Non-Exempted (*)	and Non-Friable	rocedu	re		
							Abat	ement '	Гуре	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)	N	Is Location Normally used Solely by tenance/Custodial Staff (12) NO N/A	Asl N (i.e ins	Description Destos-Cor Material (A , thermal Ilation, su VAT, c er miscella	ntaining (CM) systems rfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
First floor	X	T	Skim coat pla	ster		4,000 sf	X			
This floor										
Name of Registered Waste Hauler Guardian Contracting, Inc.	N	JDEP Waste Haule 20223	60	rds of Was	T.R.R.F.	red Landfill				
City, State Toms River, New Jersey			osal Date 2/12	City, St Tullyt	ate owm Penn≰ylvania			CERETIFE C		
Completed by (Print or Type) Nicholas Fernicola	Title Proje	ct Manager	Signature	cho	11/2	1	Date 9/11	/2012	2	

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

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

								<b>57</b> \$	u ja ja	137	a j		
Date of Notification (1) Se	eptember 11, 2	012			Name of Buildin		erator (2) s Dougherty		47				
Agencies Notified	Type of Notific	ation			Street Address			- 2012 St	14	AM	1:	33	
[X] EPA	1 100		fication Notification				Central Avenue	ASBE:	STAS	COL	unc	) (I	
[x] DOL	Ame	endmen			City, State, Zip (		ey Beach, NJ 07	•	LICE	MSI	₹G	(UL	01
[ ] DCA	justi	fication cellation	1)		Name of Contact	s Doughe	rtv	TelephoneN	Number				
				EA	CILITY INFOR		11.5						
Name of Facility Where A		g Place	: (3)	FA	CILII I INFOR	VIATION	Type of Facility (	(4)					
Res	idence						[ ]	School (I					
Street Address 506	Central Aven	ue						Other (i.e homes, e	e., private				ildings,
City		Cou	nty (6)		County Code (7) (STATE USE ON	V)	Square feet 1800 sf	# of Flo	oors	Bldg	_	co.	
Bradley Bead	ch	Mo	nmouth		(BITTER CITE ON	,	Current Use (Prio				•	50	
Name of Monitoring Firm	Hired by Building	Owne	r (8)		ASCM No.	Name of	Resid						
N/A	A CONTRACTOR OF THE PROPERTY O		. (0)		7.557.1110.		Guard	dian Contra	cting, I	nc.			
Street Address						Street A		Route 9, U	nit 61				
City, State, Zip Code						City, Sta	te, Zip Code	River, Nev	/ <del></del>	, 097	55 1	271	
Project Manager for Monit	oring Firm		Telephon	e Number			ne Number	Lie	cense Nu		33-1	2/1	
Scheduled Start Date (10)			The second of th		tion Date (11)		9-9932 OSHA Monitor		0624				
9/11/12 Occupancy Status During A	Abatement (Check	only o	9/12/ one)	/12		Street Ac		S.L. Analyt	ical				
2 2	ity Closed/Vacate						1056	Stelton Roa	ad	10			
	ement Performed( r – Describe	Jutside	of Normal	Facility H	lours	City, Sta	te, Zip Code Piscat	away, New	Tersev	0885	4		
Scope of Work (Check all t	hat apply)					[ ]	Full Containme				-		
Scope of Work (Oncer and	ac appry)					[ ]	Mini-Enclosure		ve Piessu	ire			
[ X ] >3 sf [ ] ≥160	or ≥3 lf		[ ] [x]	Renova		[ ]	Glovebag Proce						
[ ] ≥100	SI 01 2200 II		[x]	Demol	ition	[x]	Non-Exempted	(*) and Non-F	riable Pro	ocedur	e 		
			Is Locati	on		Description	n of		L	Abater	nent '	Гуре	Т
Location of			Normally 1			pestos-Con		Amou		2000	R E	E N	E N
Asbestos-Containing Ma			Solely b			Material (A		(Specify	y SF		P	C	C
TO BE ABAT in facility	ED	Maii	ntenance/C Staff	ustodial		., thermal s		or LI	5)	0	A I	A P	L
(13)			(12)		IIIS	VAT, or				2020	R	S	S
					oth	er miscella				A		U	U
					1	L		L E	R E				
Exterior			X		Transite flue	ipe		16 lf		X			
			-					-					
Name of Registered Waste H		1	NJDEP Was	te Hauler	ID No.   Cubic Ya	rds of Waste	e Name of Regist	tered Landfill					L
Guardian Con				20223	1		T.R.R.F.						
City, State Toms River, N	New Jersev			Dispos 9/13/	al Date 12	City, Sta	te wn, ⊅ <b>∉</b> nnsylvani	а					
Completed by (Print or Type	:)	Title		•	Signature	/ Lunyio	, ii, yiiiisyivaiii		1,553	Date			
Nicholas Ferni	cola	Proje	ct Manag	er	1 VI.	Chit	12	-/	9	9/11/2	2012		1



\* Emergency \*

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

CKC (21734

Date of Notification (1) 9/11/12		7	Name	of Buildin	g Own	er/Operato	r (2)						-	
Agencies Notified Type Notification				O Del Mo	onte /	Kress W	/ines	2012 SI	EP 14	AM	1:3			
EPA Initial				rlin Road	b			10			250 111 2450			
DEP Amended Amendment		_		tate, Zip ( ry Hill N		34		ASBE	<del>stos</del> Lice,	HSIN HISM	TRO G			
DOH justification)  DCA Cancellation		Ī	Name Mario	of Contac					Tel	enhone	Numbe	r		
N. (5 m)				CILITY IN	ORM	ATION			1-		-			
Name of Facility Where Abatement is Takin Mario Del Monte / Kress Wines	g Place (3)						Тур	e of Facility	(4)					
Street Address 1 Berlin Road							×	School (K- Subchapte Other (i.e. etc.)	r 8 (Othe	er than I	K-12) ercial bi	uilding	s, hor	nes,
City (5) Cherry Hill NJ 08034								are Feet	# of	Floors		Bldg.	Age	
County (6) Camden	-		County (STATE	Code (7)	n		Curi	rent Use (Pr	ior if beir	ng demo	olished)			
Name of Monitoring Firm Hired by Building (N/A	Owner (8)		ASC	M No.		Name Pern		atement Co	ntractor	(9)				
Street Address			L			Street PO E	Addre	ess		14				
City, State, Zip Code			-			City, S	tate,	Zip Code lin NJ 080	191					
Project Manager for Monitoring Firm	T	Telepho	one No.	<u> </u>	Teleph 856-7	one N	10.		License				1100000	
Start Date (10) 9/11/12	Scheduled	Com	pletion	Date (11)			of OS	HA Monitor		00121				<u></u>
Occupancy Status During Abatement (Check		)	-		X	Street								
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	eriod of Ah	atem	ent			PO B	ox 3	29	16				2000	
Other - Describe: night 9pm	ar r acility r	iours						ip Code Iin NJ 080	91					
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 if  ≥160 sf or ≥260 if	Personal Contract of the Contr	novat moliti				×	Mi Gl	II Containme ni-Enclosure ovebag Prod n-Exempted	e cedure				re	
		ocation rmally										Abat	emen	
Location of Asbestos-Containing Material (ACM)	Used	Solely	/ by`	Asbes		escription ntaining Ma		L(ACM)	Δm	ount	-	T	/ре	
TO BE ABATED In Facility (13)	Maint Custoo (	dial St	ce/ aff?		therm: surf	al systems acing, VAT miscellane	insula , or		(Sp	ecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A								-		ite	O)
front of store		х		floo	r tile mas	stic		30	SF	x				
Name of Registered Waste Hauler			DEP W		Cubic	Yards		Name of F	Registere	d Landf	ill .			
United Containers			uler ID 459	No.	of Wa	aste		G.R.O.V		2 20/10/				
City, State Elm NJ		1			Dispo 9/12/	sal Date /12		City, State Morrisvil		19067			2-10370	
Completed by Anthony T Perna	mpleted by Title								———		ate 9/11/12			$\dashv$

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

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Date of Notification (1)	11/12		"		ng Owner/Operator		MH7 CED	1.4.16.	
Agencies Nouned	T Type Notifica	hon		veel Address	KTK TEC		2012 51 1	HE TH	1:31
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	☐ Emergenc		L=			0,015.	Telephone h		
□ 00n	justification Cancellation		12	ame of Conta	A		1002000	(G) DE	-
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·	:			FACILITY IN	FORMATION				
riame of Facility Where	Abatement is Ta	iking Place (	(3)			Type of Facility	(4)		
PES.	DENCE	128 				School (K-12	?)		
Sireer Address		<del></del>				Subarapter	8 (Order than	K-12)	
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Ciry (5)						Square Feel	OF Floors	81	go yòs
OC EAR	UCITY					1000_	1 . 2		400
	/ - /			county Code (	T) ISTATE	Current Use (Pr	or if being der	notsned)	
County (6)	MAT			ISE CYLY)	.,		CONT		0.8
					Name of Abatem				
Name of Morvioning Firm	Hired by Buildir	of Owner	130	CM No. ::	L.Com	co ZN	c,		
(8)	//								
Street Address					769 9	SPRU	CE AVE	,	
					City, State, Zip C		<u> </u>		
Cit, State Zp Code					Cry. Suite. Dp C	LO SHAI	OF NO.	080	5 L
1 PS 10 10 10 10 10 10 10 10 10 10 10 10 10					10177	CC SAN	Limes	,000,	
Pracci Manager la Mor	vioning Firm		Telepho	ine No.	Telephone No.	00 0477	000	444	
		<u>'''</u> '			-	19-0472	1 _00		
Sian Daie (10)		heduled Cor	naisian	Dale (11)	Harrie of OSHA A	Honing /	4.0		
9/24/1	2	10/2	1/2		JOSET	OKALEM	<i>M</i>		
Occupancy Status Dunn	o Abalameni IC		ne)			7.17			
Facility Closed Vacale	A Oudon Force	Period of Al	hatemer	)(	3695	SPILUCE	= 11 00 -		
Abatement Performed	ed builds of blog	nal Facility I	Hours		Con Cinia Pio C	Me			
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One - Descripe.					TVIBE				
Scope of Work (Check a	ii wai apply)					nainment with Ne	gative Piessu	e	
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2160 51 01 2260 11		Ø 0ew	dition		Non-Ex	embred (,) and No	on-Friable Pro	œ0U(e	
		Is Lo	calion						abalemer ,1 rse
		Non	maly .		Description of			-	· / · · · · ·
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TO BE ABAT		100	aĦ?		TAV generation	01	Sr a Cri	1 8	17 1
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Name of Registered Was	sie Hauler	**		er D No.	01 Masie	OM	, C, M	.U.S	,
Kiémco	INC.		17	907	5	-			
Cin State			1.1		Osposal Date	Ciry State	_	C.W.	<i>.</i>
MAPLE SHA	DE N.	J.08	052			Woot	BINE	, 1010	
		ide		<del></del>	Signature	, 10 ,	0	ale /	/
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JOSEPH KLE	MM.				<del></del>				
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Date of Notification (1)	11/1-		Name		o Owner Operator	. 000		. *
9/	11/12		1	(-s)	L PH TEC	14 (138 10 E	MICTING	
Agencies Notified	Type Notification		Stree	Address	_ 4 -		- 14 AM 1:	31
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	Amended		City, S	State, Zip		- POC.	JUS CONTO	
□ 00r	Amendment in Emergency (i			an	C-EN 1-15	LD: N. 7501	98730 TR	01
Поон	justification)	1200119	Name	of Contai			Telephone Number	
□ ∞ <sub>4</sub>	Cancellation				BREUN	16		
	• • • •			או צדשו	ORMATION			
riame of Facility Where	Abatement is Takin	g Place (3)				Type of Facility (		3
P.ESI	DENCE					School (K-12	)   (O)	
Sireel Address			7.			Subanapier e	(Other than K-12) ivate & commercial	buildings :
	7 CENT	ns.C)	Ave.			homes, etc.)		
Ciry (5)						Square Feet	# of Floors	BIDO AGE
City (3)	NC174					1000	· L	40+
			I Cour	ry Code (	1) (STATE	Current Use (Pri	or I being demolish	ed)
County (6)	Mir			ONLY	• • • • • • • • • • • • • • • • • • •		CONT	
	MAR		TASCH	No.	Name of Abatem	eni Convedor (9)		
Name of Monitoring Firm	Hired by Building	Owner	1 DUM	NO	KLEM	co IN	CI	
(8)	//		L===				<del></del>	
Street Address /					769	SPRUC	LE AUC.	79
	`\				Cia Ciata Pia C	ode		
City State Zip Code					Cry. State, Dp 0	13 CHAT	of NJO	805
FE 180						CC SARA	T License No.	
Project Manager for Mor	nitoning Firm	1.9	elephone	No.	Telephone No.	19-0472		4
	5.000							
Sian Date (10)	Sche	duled Com	delion Da	le (11)	Name of OSHA	Montal / En	M	
: 9/24/1	2 /	2/2	1/2		JUSEI	OKALEM	7.1	
Occupancy Status Duni			3)		Sueel Address		- 1 . = .	
Facility Closed Vacal	Out Out on Entre P	and of Ab	tement		3695	SPILUCE	= 11 00 1	
Facility Closed Vacal	ed burning chure ?	I Facility H	ours			1.4.		
Abalement Performe	d Ougles of North	s r south r			MARIE	E SHAD	E, N. J. C	18052_
Order - Describe: _								
Scape of Work (Check	all that apply)				Full Co	ntainment with Ne	gabve Pressure	
11 E 2 10 12 6 4		Reno			Mini-En	Descarding		
2160 51 01 2260 11		Ø 0emc	lition		Non-E	embred (.) and Mo	on-Friable Procedur	e
		Is Loc	ation					Abatemer.
		Nom	usty		Description (	of.		
Location	01	Used So	olely by	Ache	eine Containing Ma	sterial (ACM)	Amount	1 - 1 -
Aspesios Containing	Material (ACM)	Mainte		(i.e	Unantral systems	insulation.	(Specity SF & LF)	Removal
TO BE ABA	TED	Sta	н?	,	surfacing. VAT	. 01	3. 2,	Q E
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			ANALT	Maria	Cubic Yards	Name of Re	gistered Landill	1
Name of Registered W	asie Hauler	•	NOEP Hauler	D No.	Ol Masie	OM	, C, M.U	, 10 '
KLEMCO	2 INC.	- 100 kg 5000 00000 mm	179	07	5			
					Deposal Date	City, State	- a = 1	J.J.
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	ADE, TOI			<del></del>	Signature	14	Date	[].
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JOSEPH CL	EMM	00			-1-			

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

PROCEVED

Date of Notification (1) 9/10/12					of Building Port Auth				2012 9	SEP I	4 A	H	: 31	)		
Agencies Notified	Type Notification				Address		200									
EPA DEP	Initial Amended				rie St. Fate, Zip C				ASB	ESTO	15 C	UN	RU	L_		
Ĭ DOL	Amendment		_		y City, N		10		46. C	K LIC	LNJ	list	2			
DOH DCA	justification) Cancellation		1		of Contact Campio			#EJ=45.000		Te	ephone	e Nur	nher			
				FAC	ILITY INF	ORMAT	ION							-		
Name of Facility Where A Teterboro Airport	Abatement is Taking	g Place (3	)					Туре	of Facility							
Street Address					***************************************			H	School (K- Subchapter		er than	K-12	2)			
Teterboro Airport								×	Other (i.e. ) etc.)					dings	, hom	ies,
City (5)	- I - I - I - I - I - I - I - I - I - I							7.00	are Feet		f Floors	s	- 1	Bldg.	Age	-
Teterboro				<u> </u>	~ : :=:			132		1			1 ~	5+		
County (6) Bergen				(STATE	Code (7) USE ONLY	)		Adn	ent Use (Pri ninistratio	or if bei n	ng den	nolish	ed)			
Name of Monitoring Firm Port Authority of NY		Owner (8)		ASC	M No.		1777		struction			. Inc				
Street Address							Street					,				
241 Erie St. Room 2	236				34		1		h Avenue							
City, State, Zip Code Jersey City, NJ 0731	10								ip Code Y 11105			5425				
Project Manager for Monit Ralph Campione	toring Firm		Telepho 973-96	ne No. 61-6352		Teleph 718-7				Licen 0115		0.	14			
Start Date (10) 9/21/12				npletion	Date (11)				HA Monitor			-11				
Occupancy Status During	Abatement (Check	10/30/1					Street		Environm	ental						
			0.50	aont					ss Brd Street							
Abatement Performe	d Outside of Norm	al Facility	Hours	S			11 12 12 12 12 12 12 12 12 12 12 12 12 1		ip Code							
	Th-1 A1 \					_	Long	Islar	nd City, N	Y 111	05					
Scope of Work (Check All ≥3 sf or ≥3 lf	rnat Apply)	I⊽I o		lia-				1 -					5050000 C TO			
≥160 sf or ≥260 lf			enova emolit				×	Mir Glo	II Containme ni-Enclosure ovebag Proc n-Exempted	e cedure					0	
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Location	of	N	ormal	ly		Des	scription	of	l					Ту	ре	$\square$
Asbestos-Containing N TO BE ABA		Mair	l Sole ntena	nce/			aining M systems				mount		20		g	
In Facility (13)		Custo	odial 8 (12)	Staff?	(1.0.	surfac	cing, VA	T, or	1		or LF)		Remova	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A		omer n	niscellani	eous)					Val	Ħ.	ulate	ure
Bldg 72 Unoccupied	Office Space-															
-Fire Backflow F		X		Pipe	Insulat	ion		2	LF		Х					
Bldg 72 Boiler		X		Pipe	Insulat	tion		1:	2 LF		Х					
Name of Registered Waste	LN	JDEP W	lasto	Cubic	Varda		Name of I	Dogisto	rod I on	AGII						
ABC Construction Co	Н	auler ID		of Was			Name of F		eu Lar	iuiiii						
City, State	122	2280		2 Dienos	al Date	1	City, State							_		
Astoria, NY 11105				9/30/1			Tullytow	in/PA	1,900	7						
Completed by Title							ignature/			//	7, 1	Date			-	
Stanko Koronsovac	ent			N	M	lu	·	ed/	4	9/1	0/12					

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4	11/12			Name of But	iding Owner/Oper	alox (?)	*****	THEN
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₹ <b>3</b> € 5.	Amenda	en n	Ì	Chy. State. 2	p Code			
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NESID	ENC E	BAILTY PE	cs (1)			Type of Fac	ility (4)	
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E SEC. IN AUSTRI TO MOU	loring film		Telepho	one No	Telephone No.		LICENSE VO	
r in Careary	16.					4-0472	CO.7	-11
9/24/12	300	10/2	ompreison	Date (11)	Hamed. OSHA			
Cant, Status During	Abatement (Ch	ock only	one)	-	Sueel Address	13 Kir	<u> </u>	
Living Closed Vacale	Dunng Enere F	enod of	Abatemen	N	369 5	5. 500 v	1-8 Av5	8
. Garanger Penamen.	Uniside of Norm	al Facility	Hours	ì	Cay. State. Lp C			<del></del>
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	(Val SIXIIA)				D Eult Con	Hainnitini wilh Ni		<del></del>
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Y Facility	₽	Si	2K7	(1.0.	hermal systems in surfacing, VAI.	or lion.	SFOCI.	1513
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#### State of Now Jersey NOTE-ICATION OF ASSESTOS AUATEMENT (Pursuant to MIAC 8:60 and 12:120)

2012 SEP 14 AM 1: 16

I Data of Name	( )	2017 SEP 14 AM 1: i &
Date of Molification (1)	12-12	Name of Duilding Owner/Operator (2)
Agoncies Motified Type is	lotification	PHILLIP ALTO BELL, ASBESTOS CONTROL
Maria Initia		706 MAGIS AVE
Ana	anded endment#	City, State, Zip Code
1/DOH   L Dine	gication) sidency (including	ELIZABETH NJ 07208
LT DCA LT Gan	ellation	Name of Contact
the second second		PALL
Name of Facility Where Abatemen	Lis Taking Place (3)	FACILITY INFORMATION
Street Address	O BOLL	Type of Facility (4)
	& AVE	1   Spichapter II (Other than to see
City (5)	///	Homes, etc.)
ElizaBeTL /	J 3	Square Feet / V of Floors / Bldg. Age
County (6) UNION		1/800 1- 150
Name of Monitoring Firm Hired by Br (8)		USE ONLY) Girent Use (Prior if being demolished)
2000	ilding Owner	ASCM No.   Name of Abatement Contractor (9)
Street Address		ACE INSCHOOL
		Street Address
ity, State, Zip Code		95 MONTROSE RIA
roject Manager for Monitoring Pirm	and the second s	COURTS ALCOHO ALT MATERIA
THE SECOND STATE OF THE SE	Teleph	1 Liver was 11
Date (10)	Scheduled Completion	121214 1757 400039
1 1 0 1 1 - 1		name of OSHA Monitor
compancy status During Abatement (	Check only one)	Street Address
Facility Closed/Vacated During Enformation of No.	e Period of Abatemer	ent 95 Marstonie 00
Imm.	7 PM	Giy, Sinte, Zip Code
ope of Work (Check all that apply)	11	Levits Neak NJ 677722
3 stor 23 #	Renovation	L Half Containment with Mossica Live
160 sf or ≥260 #	Demotition	Mor Enclosure Glovebay Procedure
	ls Location	Mon-Exampled (*) and Non-Erinble Procedure
Location of	Nomally	Abaleacent
bestos-Containing Material (ACM)  FO BE ABATED	Used Solely by Maintenance/	Description of
IM Facility	Custodial Staff?	Asbestos Containing Material (ACM) (i.e., thermal systems insulation, (Specify 1)
(13)	(12)	1 Cultivina 1782 ( 1717277) 1 311 1 2 1 1111
7 8 1 4 4 5 5	Yes No N/A	officer miscellaneous)  SF or LF)  Grant G
Λ		
1SASE MENT		FILE ISLIEV
of Registered Waste Hauler	[ NUDER W	
INSULATION CO	IN Challer ID I	No. of Waste
1	- 30-	St Disposal Date City Str.
LYS NEOLIC NIC	inal	Usposal Date Bistille INAMPA
rebi ball line	DIPLE INC.	Shippaturo Company Company
No. of the second secon	110 41	1 Jack (natt 9-12-12
*Dai	ot use this form for e	ashestos ticonsuro exempled activities.

#### Diane of Frent sersey NOTIFICATION OF ASBESTOS ABATEMENT

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

			(Pursu	ant to NJAC	8:60	and 12:1	20)	Part Care				
Date of Notification (1) September 10, 2	012			Name of B	uilding	Owner/Op	erator (2)			Li		
Agencies Notified Type of Notified				Street Add		Lynx	Waste & Recy	ESEP IL C	14	200	53	2
[X] EPA [] Initi	ial Noti	fication Jotification					sox 188 45;	BESTOS CO	#1  : ***	65		
[x] DOL Am	endmen			City, State,	, Zip C		g Lake, NJ 07762	& LICENSI	NG	OL		
[ ] DCA justi	ification	1)		Name of Co	ontact	1 (		Telephone Numb				
[ ] Can	cellatio	n			Richa	rd Hyde				,		
Name of Facility Where Abatement is Takin	ag Diago	(2)	FA	CILITY INI	FORM	MATION	l m en w					
Residence	ig Flace	; (3)					Type of Facility (4	School (k-12)				
Street Address 30 North Main St	reet						[ ] [x]	Subchapter 8 ( Other (i.e., prin				ildings,
City	Cou	nty (6)		County Code	e (7)		Square feet	homes, etc.) # of Floors	Тві	dg. Ag	,	
Manasquan	Mo	nmouth		(STATE USI	E ONL	Y)	2000sf Current Use (Prior	2		~B. • • B	60	
•							Reside	nce	:a)			M. P. COLOR
Name of Monitoring Firm Hired by Building $N/A$	g Owne	r (8)		ASCM No.		Name of	Abatement Contracto Guardi	r (9) an Contracting	. Inc.			
Street Address						Street Ad	ldress					
City, State, Zip Code						City, Stat	te, Zip Code	Loute 9, Unit 6	10000			
Project Manager for Monitoring Firm		Telephon	e Number			Telephon	Toms I e Number	River, New Jer License			1271	
Scheduled Start Date (10)		Schedule	d Complet	tion Date (11)		732-349		00624				
9/10/12		9/11/		non Date (11)		1	E.M.S.	L. Analytical				
Occupancy Status During Abatement (Check  [ X ] Facility Closed/Vacate			riod of Al	patement		Street Ad		telton Road				
Abatement Performed Other – Describe	Outside	of Normal	Facility I-	Iours		City, State	e, Zip Code					
					_		Piscata	way, New Jers	ey 08	854		
Scope of Work (Check all that apply)						[ ]	Full Containment Mini-Enclosure	with Negative Pr	essure		W	
[ ] >3 sf or ≥3 lf		[ ]	Renova			[ ]	Glovebag Proced	ure				
[ X ] ≥160 sf or ≥260 lf		[x]	Demoli	tion		[x]	Non-Exempted (*	) and Non-Friable	Procee	lure		
e .		Is Location	265				0		Aba	tement	Туре	
Location of	1	Normally t	ised		Asb	Description estos-Cont	aining	Amount	R E	R E	E N	E N
Asbestos-Containing Material (ACM)  TO BE ABATED	Main	Solely by tenance/C				aterial (AC thermal sy		(Specify SF	M	P	C	C
in facility	( Idii)	Staff	astourar			lation, surf		or LF)	0	A I	A P	L
(13)		(12)				VAT, or			V	R	S	S
	YES	NO	N/A		otne	r miscellar	ieous)		A L		U L	U R
Exterior	T	Asbestos	siding	,	-	2000 sf	X		E	Е		
	X				,		2000 51	1				
Name of Registered Waste Hauler	JDEP Was	te Hauler	ID No.   Cub	ic Var	ds of Waste	Name of Register	ad Landfill					
Guardian Contracting, Inc.	Guardian Contracting, Inc. 20223							Cu Lailuilli				
City, State Toms River, New Jersey			Disposa 9/12/1			City, State Tullytov	e vn, Pønnsylvania					
Completed by (Print or Type) Nicholas Fernicola	Title Proje	ct Manag		Signature	1:	dost	0/1,	1	Date			
1,1010tto i cimedia	110]0	er ivialiagi		1	100	10	11		9/10	)/2012		

Date of Notification (1) 09/10/12 Ck#: 2256 \$200		T		f Building				of Treas	ury &	Se Si	PI			70
Agencies Notified Type Notification			Street A	ddress	<u>.</u>			(		€ //S		A	1:	51
EPA Initial  DEP Amended  Amendment		_		ite, Zip Co n, New		0862	5				ENS,	NG	ROI	,
□ DOH justification)     □ DCA    □ Cancellation				f Contact e Schwa	arz				Tel	ephone Nu	mber			
Name of Facility Where Abatement is Takin NJDOT Fernwood Complex Buildir Street Address			FACI	LITY INFO	ORMAT	ION		of Facility (4 School (K-1) Subchapter	2)	or than K-1	2)			
999 Parkway Avenue			- 11				×	Other (i.e. petc.)	rivate &	k commerc	ial bui			es,
City (5) Trenton, New Jersey 08618							20,0		2	Floors		3ldg. <i>1</i> 55+	∖ge	
County (6) Mercer			County (	Code (7) USE ONLY	·	_		nt Use (Prio			hed)			
Name of Monitoring Firm Hired by Building The Whitman Companies	Owner (8)		ASCN	1 No.				tement Con oration	tractor	(9)				
Street Address 7 Pleasantville Hill Road							Addres McBri	ss de Avenu	e					
City, State, Zip Code Cranbury, New Jersey 08512								ip Code Park, Ne	w Jer	sey 0742	24			
Project Manager for Monitoring Firm Kevin Lovely	5000-1100-100-103		Telephor 732-64	ne No. 4-5418		200000000000000000000000000000000000000	none No 225-8			License N 01104	10.			
Start Date (10) 10/08/12	Scheduled 01/08/12		npletion I	Date (11)				HA Monitor onmental	Labs					
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire & Abatement Performed Outside of Norm Other – Describe: 7am-5pm	Period of Ab	atem				2333 City, S	tate, Zi	e 22 Wes p Code w Jersey		3				
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If	-	nova molit				×	Full Min Glo	I Containme ii-Enclosure vebag Proc n-Exempted	nt with	Negative F		cedur	and the trans	
Location of	No	ocati rmal	ly		De	scription	of						ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	tenar	nce/		thermal surfa	taining M systems cing, VA niscellar	s insula T, or		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Entire Exterior Building	X		win	dows,	caulk d	& glaz	ring	308	Each	Х				
Name of Registered Waste Hauler		ACC	JDEP W		Cubic	Yards		Name of R	Registe	red Landfill	L			
Lilich Corporation			auler ID 3724	No.	of Was	ste		G.R.O.V	V.S La	andfill				
City, State Woodland Park, New Jersey 07424					Dispos 01/08	sal Date 1/12		City, State Morrisvil		ennaylvai	nia			
Completed by Tatiana Kalenikova	resid	dent		S	ignature		ella	al		ite 9/10/	12			

Date of Notification (1) 08/08/12 Ck: 2207 \$200		N S	ame of B State of	uilding Ov New Je	wner/Op rsey D	erator (2	2) n <mark>g[iP</mark> o	Tream	ry :	54				
Agencies Notified Type Notification		S	treet Add	lress 034			FOT	00.00	UTR					
EPA   X   Initial   Amended   Amendment #		0	city, State Frenton	, Zip Code , New Je	e ersey (	08625	& LI	CENSI	NG					
Emergency (in justification)  DCA  Emergency (in justification)  Cancellation	cluding	1 15	lame or C	Contact Schwar					Tele	anhono Niumi				
J DCA Carrottation			FACILI	TY INFO	RMATIO	N		= 101 /4				-		
Name of Facility Where Abatement is Taking NJDOT Fernwood Complex Building Street Address	Place (3) 1 & 1A						Sc Sc Sc	her (i.e. pr	!) B (Othe	er than K-12) commercia	l buildi	ngs, h	omes	,
999 Parkway Avenue  City (5)  Trenton, New Jersey 08618		Ces 265					Square 20,00	Feet	# of 2	Floors	55	lg. Ag +	е	
County (6) Mercer		(	County Co	ode (7) SE ONLY)		-	Gara	ge & wor	ksho		ed)			
Name of Monitoring Firm Hired by Building O The Whitman Companies	wner (8)		ASCM	No.				ment Conforation	tractor	(9)				
Street Address 7 Pleasant Hill Road						606 N		e Avenu	е					
City, State, Zip Code Cranbury, New Jersey 08512						Wood		Park, Ne	w Jei	rsey 07424				_
Project Manager for Monitoring Firm Kevin Lovely			Telephon 732-64	4-5418		973-2	one No 225-84	00		License No 01104	).			_
09/10/12	Scheduled 12/10/12	2	npletion C	Date (11)		J&S	Enviro	A Monitor nmental	Labs	LLC				
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: 7am-5pm	eriod of Al	oatem	nent			2333 City, S	tate, Zij	e 22 Wes		33				
Scope of Work (Check All That Apply)	<b>□</b> 5.									h Negative F	ressur	e		
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		enova emolit				×	Min	i-Enclosure	e cedure				e	
	T						1101	LAGINES	- 17			Abate	ement	
	200703	Locat orma			D-	scription	of				-	Ту	pe	_
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	d Sole ntena odial (12)	ely by ince/ Staff?	Asbes (i.e.	tos Con thermal surfa	taining M I system icing, VA miscella	Material s insula T, or	(ACM) tion,		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Lisciosuic
	Yes	No	N/A				0 .1-	ina	2/	18 each	Х		-	
Entire Exterior Building		X	-	wir	ndows,	caulk	& glaz	ring	30	08 each	ļ^			
											+			-
Name of Registered Waste Hauler			NJDEP V		Cubic	Yards				tered Landfi	1	4.		
Lilich Corporation			Hauler ID 18724		of Wa 120					Landfill				
City, State Woodland Park, New Jersey 07424	1				12/1	01 1		L	ville,	Pennsylva	nia			
Completed by Tatiana Kalenikova	Title Vice	Pres	sident		2	Signatur	Fea	16	la		8/08/	12		_

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



85~1			FICATIO	N OF AS	lew Jerse BESTOS C 8:60 ar	ABATE		г	7	O.C.		(	- 1 may	
Date of Notification (1) 9/10/12					g Owner/ thority o				20175	EP	,,		1 50	<del>5</del>
Agencies Notified Type Notification	n			Address	anonty C	71 14 1 OC	140	-	4.55~		14	AM	7	
EPA Initial			241 E	Erie St.	Room 2	236		4	Telephone	10	? ^		1.5	7
DEP Amended Amendme	nt#			tate, Zip	Code NJ 073	10			ELI	CE	NS	1117	Rn	
Emergence	y (includir	ıg		of Contac		10			Tolophon	n M	-07	MG	101	
DOH justificatio				n Camp					Telephone	e Nur	nber			
Name of Facility Where Abatement is Tak	iaa Diaaa	(2)	FAC	CILITY IN	FORMAT	ION								
Newark Liberty International Airp		(3)					-	e of Facility						
Street Address		***					H	School (K- Subchapte	r 8 (Other than	K-12	2)			
Newark Liberty International Airp	ort						×	Other (i.e. etc.)	private & comm	nercia	al bui	ilding	s, hon	nes,
City (5) Newark							Squa 240	are Feet	# of Floors	\$		Bldg. 50+	Age	
County (6) Essex			County (STATE	Code (7)	n			ent Use (Pr	ior if being den	nolish	ned)			
Name of Monitoring Firm Hired by Building	g Owner (8	3)	ASC	M No.			of Aba	atement Co	ntractor (9)					
Port Authority of NY & NJ Street Address	.mer								Contracting,	, Inc				
241 Erie St. Room 236						36-16		ss h Avenue	1					
City, State, Zip Code							1200	ip Code	, 					
Jersey City, NJ 07310								Y 11105						
Project Manager for Monitoring Firm Ralph Campione			Telepho	one No. 61-6352	?	Teleph 718-7			Licen: 0115		).			
Start Date (10)				Date (11		V-1110 B	1014 AD YELVE	HA Monitor	10113					-
9/24/12 Occupancy Status During Abatement (Che	12/23			School Section		Precis		Environm	nental					
Facility Closed/Vacated During Entire	3,700	20	nent					ss 3rd Street						
Abatement Performed Outside of Nor Other – Describe:	mal Facili	ty Hours	S					ip Code nd City, N	Y 11105	,				
Scope of Work (Check All That Apply)					200				•					
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	H	Renova Demolit	tion ion			×	Mir	ni-Enclosure vebag Proc	cedure					
	1	s Locati	on	Π			1401	n-Exempled	d (*) and Non-F	паріє	Pro		ement	t
Location of		Normal	ly		Des	scription o	of						ре	
Asbestos-Containing Material (ACM)  TO BE ABATED	Ma	ed Sole aintenar	nce/		stos Conta	aining Ma	aterial		Amount (Specify		271		m	Е
In Facility (13)	Cus	stodial S (12)	Staff?	(	surfac	cing, VAT	, ог		SF or LF)		Remova	Repair	Encapsulate	Enclosure
(4.57	Yes	No	N/A	1	Other ii	iiscellarie	ousj				val	🖺	ulate	üre
Terminal B B1 Connector North-	100	110	10//							$\dashv$				$\vdash$
-Phase Between Columns 7 to 14		X		Fire	proofin	g		3200 %	F	X				
										-				
Name of Registered Waste Hauler		IN	JDEP W	aste	Cubic \	Varde		Name of F	Registered Land	4611				
ABC Construction Contracting Inc.		H	auler ID		of Was			Tullytow		uiiii		.00		
City, State Astoria, NY 11105					Disposi		1	City, State	rn, PA 1900	7				$\neg$
Completed by	Title					gnature /	-1	Tullytow	//	Date	6 -			$\dashv$
Stanko Koronsovac	Presi	dent				M	le	c X	eer/4		) 0/12			
ASB-41 (R-06-08)						* Do not	use th	nis form for a	asbestos licens	sure e	exem	pted a	activit	ies.

SATTERWHITE

MONTCLAIR, N.J.

R. SATTERWHITE.

ASCM No. .

9-10-2012

WILLOWDALE AVENUE

R. SATTERWHITE

MONTCL41R

SSEX

20/2 SEP 14 89 WILLOWDALE AVENUE Type of Facility (4) 1800 81 YRS RESIDAUCE Best Removal Inc

Ciby, State, Zip Code		•						River	St		39		
	•	•					b, 29 Cod		1				
Project through for Manhates Floor			Talan	hone No.		Hac	tensac	k , N.J.	. (	76	01	•	٠
						7 Telephon 201 – 3	329-74	44	003	88		:	
9-19-12	Stined	taked Co		n Dajle (1	1)	Name of	DSHAM	tor	+	11		_	
Occupancy Status During Abahamasi (Char	7	-21	-12		-			ronment	al	Se	EVĪ	ces	3
D Facility Glassed Vession During Entire						280	Huyle:	- C4	1.	II		•	1
C Promise Principle Company of the		I A Comm					, Zip Code	I DE.	노_	ij			_
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Scape of Wask (Chack All That Apply)						SOULE	. Back	ensack	400	J.	07	506	-
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. 2400 of or 2200 E		Dissol	Men.				Mini-Enclos	mest with May ste	730				3
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		s Local	lice:					T	1		A-12.		+
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TO REARATED	M	od Soli		Asbo	stes Cente	ining Male	er (ACH)	Amous			ľ	100	П
in Facility	Cu	(12)		9	thomal a surfact	M. W.T. or	moon,	SFORE	1	3	3	B.	1
1.00		(~)		1	other mi	scellaneou	<b>B</b>			5			E
	Yes	Mo.	MA	<u> </u>						-		8	.8
BASEMENT	-		X	VA	T	8.00	)	475	KE	V	7		
Brisement			X	CE	LING	THE	; := -	475		<b>\( \)</b>		-	1 -
BASEMEUT			K		em Al 1		trial		_	4			4
-				1110	CM (IT)	MOCOL	1020	. 60	4	~		_	+
Magaz of Registered Wests Harder		M	DEP W		Cubic Ye	ndo .	1 Marso of						· ·
Best Removal Inc.		H	mir D	No.	of Wests	<b>:</b>	1 manage	Registrated L					
Co.			1710	9	21/2		1.Mine	erva En	ter	Dr	ise	SIT	
Hackensack, NJ					Disposal		Contract of	D ·	i				
Company	100				Sin	1-12		esburg;	OH	17			
R. Veldran	Est	ima	tor	. •	PI	Peldra			.0		0-	12	Table and
					17		1		1	1.	<i>U</i>	1-6	لن

Date of Notification (1) 09/10/12 Ck#: 2253 \$20	00		Name of Ned G	Building (	Owner/C	perator	(2)	3010 0		7.5	1.27 1			
Agencies Notified Type Notificat			Street Ad					ZUIZ SE	PH	4 AM I	: 46	)		
☐ EPA ☑ Initial				on Cou				Acare	<del></del>			-		
DEP Amended Amended	ent #	_		te, Zip Co ank, Nev		ey 077	701	13 & 1	ICE	NSING	ROL			
DOH justificati			Name of Ned G	Contact aunt					Tele	phone Nun	ber			
			FACII	LITY INFO	RMATI	ÓN								
Name of Facility Where Abatement is Ta Residence	king Place (3)		\$10W-0 11X-12				Тур	e of Facility (4						
Street Address 15 Alston Court	-				•		×	School (K-12 Subchapter 8 Other (i.e. pr etc.)	(Othe	er than K-12 commercia	) al build	dings,	home	es,
City (5) Red Bank, New Jersey 07701								uare Feet ,000	# of	Floors	11 53	ldg. A 5+	ge	
County (6) Bergen			County C	Code (7) JSE ONLY)			1 93773	rrent Use (Prio	r if beir	ng demolish	ed)			
Name of Monitoring Firm Hired by Build AHERA Consultants Inc.	ng Owner (8)		ASCM	1 No.				batement Cont prporation	ractor	(9)				
Street Address PO Box 385						Street	Add		е				2000	
City, State, Zip Code Oceanville, New Jersey 08231								Zip Code	w Jer	sev 0742	4			
Project Manager for Monitoring Firm John Smoyer			Telephor	ne No. 52-1833		Teleph	hone			License N 01104	<u> </u>			
Start Date (10)	Scheduled	Con				Name	of O	SHA Monitor	1					
09/21/12	09/22/12					J&S Street		rironmental	Labs					
Occupancy Status During Abatement (C Facility Closed/Vacated During Ent			nent					ute 22 Wes	t					
Abatement Performed Outside of N  Other – Describe: 8AM Start	lormal Facility F	Hours	S	-				Zip Code New Jersey	0708:	3				
Scope of Work (Check All That Apply)		-						•				*******		-
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf		nova molit				> >	X	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure				e	
	ls l	ocat	ion					Ton Exempted	17011	1101111100	T	Abate	ement	t
Location of		rma	lly			scription					-	1)	pe -	
Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)	Main Custo	tena dial ( (12)	nce/ Staff?		thermal surfa		ns ins AT, o		(S	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			cu::		lation	21	10 LF	Х	-		
Basement	X	-	pip	e and	fitting i	ınsu	lation		IU LF	X	-			
						2	£				+-	-		
			-								-	-		
Name of Registered Waste Hauler		11	JDEP W	/aste	Cubic	Yards		Name of F	Registe	red Landfill	1			
Lilich Corporation		1	lauler ID 8724		of Wa	ste		G.R.O.V	V.S L					
City, State Woodland Park, New Jersey 074	-24				Dispo 09/27	sal Date 7/12	9	City, State Morrisvi		ennsylva	nia			
Completed by Tatiana Kalenikova	resi	ident	\	5	Signatur	e To	ong (e)	0,1	Da 09	ite 9/10/	12			

5	8			N			o NJAC 8					17	COS	11/2	" I's		٠
	of Notification (1) 0/12			4			Building C arofolo /			(2)	21	112 SF	P 11		1.,-		
- 254	ncies Notified	Type Notifi			- 035	Street Ac 217 Ta	Idress ylor Ave	)			A.	REC	* 14	AM	: 40	)	
×	DEP DOL		ided idment #_	10			e, Zip Coo Haven I		800	3	S <sub>D</sub>	& L	PIL TOS U ICENS	TANG	ROL		
×	DOH DCA	justific	gency (inc cation) ellation	luding	1133	lame of Vick	Contact					Tele	phone N	umber	***		
Essenti						FACIL	ITY INFO	RMAT	ION								
	ne of Facility Where A ck Garofolo / Res		s Taking P	Place (3)	)	-					of Facility ( School (K-1						
	et Address 7 Taylor Ave									×	Subchapter Other (i.e. p etc.)	8 (Othe rivate 8	r than K- commer	12) cial build	dings,	home	s,
City	(5) ach Haven NJ 08	3008									e Feet	# of	Floors		ldg. A 5+	ge	
_	inty (6)					County C	ode (7) ISE ONLY)			Curre	nt Use (Pri	or if beir	ng demoli	ished)			
	ne of Monitoring Firm	Hired by Bu	uilding Ow	ner (8)	_	ASCM	No.			of Aba	tement Cor	ntractor	(9)				
	eet Address		221-211-12-2		<u> </u>				Street	Addres	ss .		4				
City	, State, Zip Code								City, S	State, Z	ip Code n NJ 080	91					
Pro	ject Manager for Mor	nitoring Firm				Telephor	ne No.		Telepi	hone N	0.		License 00727	No.			
	rt Date (10) 21/12		- 688	chedule		pletion (	) Date (11)		Name		A Monitor						
37.57	cupancy Status Durin	a Abatemen								Addres							
×	Facility Closed/Vac Abatement Perform	ated During	Entire Per	riod of A	Abatem	ent			PO	Box 32							
	Other – Describe:	- Cultilac	or reorman	- domity				_	11		in NJ 080	91					
Sco	pe of Work (Check A	II That Apply	y)	-			185		_	-							
×	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				Renovat Demoliti					Mir	II Containm ni-Enclosur ovebag Pro	e cedure					
_		**-	— Т						E	No	n-Exempte	d (*) an	d Non-Fri	able Pro	1955 Co. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e ement	
					Locații Normali			_								ре	
	Location Asbestos-Containing	Material (A	CM)	Use	d Solel	y by		tos Co	escription ntaining l	Materia		97.5	mount	_		m	m
	TO BE AB In Faci				todial S	555500000000000000000000000000000000000	(i.e.	surf	al system acing, V	AT, or	ation,		Specify or LF)	Remova	Repair	caps	Enclosure
	(13)				(12)			other	miscella	neous)		ζ.		oval	ai.	Encapsulate	sure
		Yes	No	N/A									_	(0)			
	Exterior			X		Ext	erior Si	iding		23	00 SF	×	-				
Mar	me of Registered Wa	ste Hauler			l N	JDEP W	/aste	Cub	c Yards		Name of	Registe	ered Land	ifili			
100000 PH	ited Containers	ste i ladiei			H	auler ID 2459		of W			G.R.O.	70 CHES 10 10 10 10 10 10 10 10 10 10 10 10 10					
	y, State n NJ		1					Disp 9/27	osal Date 7/12	е	City, Sta Morris		19067	7			4,0,0
	mpleted by thony T Perna			Title Pres	ident				Signatur	(E)				Date 9/10/1	2		

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Date of Notification (1)				Name of Building Owner/Operator (2)											
Agencies Notified Type Notification			·	CONTATECH CONTRACTING											
Agencies Notified	Sv	Sveel Address 155 Rt, 50													
D BPA :	∑ Jordal .		_			5 Rt, 5	<u> </u>				11 1.	4.9			
	Amended  Amendment				le. Zip C			÷ ÷	82430	S.Ec	TEFF				
□ ∞r	Emergency (in		-	- ::	inc	-EN1-150	-D, N.	24				01			
□ 00H	justification)	- 8	Nai		Contac	A		- 1	Telephone N	umber	MG	_			
□ œ4 ·	Cancellation		Bruce Breunic												
<del></del>	<del></del>		F	ACI	TY INF	ORMATION									
		Diage /31		Type of Facility (4)											
Name of Facility Where			☐ School I					500 Miles (1)							
	DENCE	==	==			Subchapter 8 (Other than K-12)									
Street Address	1in	_			Other (i.e., private & commercial buildings, homes, etc.)										
433	4 CENTI	W.C.	-	_			Square For	1	V OF PICOFF		Bido				
CITISI OCEAN CITY, NIJ.						1000 -2						40+			
UCE	IN CITY,	1013			Code 17	) (STATE	Current Use (Prior II being demolished				ed)				
County (6)	40.11		1 1/3	ounly SE Q	NLYT	) lainie		CANT							
	MAY					Name of Abatem					624000		<b>─</b> 1.		
Name of Monitoring Firm	n Hired by Building	)wner	ASC	M No	D	Name of Adales	co I	こん	21						
(8)	1/1														
Street Aggress						Sveel Address	SPA	LUC	E AVE						
311661 2001630	4										-				
- Court To Code						Ciry. State. Zip C	000	40D	: NJ	50	805	_			
City, State, Zip Code						MAP	100	4/1 /	License N	0.					
Project Manager for Mo	noitoina Firm	1.1	elepho	ne No	).	Yelephone No.	10 04	77	100	44	4				
Project Manager to me	711100.114	_ \!\ _													
	Sche	duled Com	pletion	Date	(11)	Name of OSHA	Monto	< n4	M						
Stan Date (10)		127	117			JOSEI	WKW 1-0	=-1				==	<u> </u>		
1 1.201						Sueel Address		A	1.=						
Occupancy Status Dur	ing Abalameni (Cire	ca of the	alemer	M		3695	SPIL	UCE	AUE.			÷			
Facility Closed Vaca															
Abatement Perform	ed Outside of Norma	MAPLE SHADE, N. J. 08052													
Other - Describe:															
Scope of Work (Check	all that apply)					Full Co	ntainment w	ith Ne	gabre Pressu	11.6					
		Reno	vation				ag Procedu	10	72	12 15	10				
23 51 01 23 11 2160 51 01 2260 11						HON-E	(,) perduex	x-Friable Pri	000	A.C	a.em	er.			
Is Loca			cation	T								1 150			
North			nally			Description	ol			ě			<u> </u>		
Location of Used So Mainten				y	Asbe	eine Containing M	)	(Specify SF & LF)		E	r	Prisober 343			
A spesios Containing Material (ACM)  TO BE ABATED  IN Facility  (13)			lodial	.	· (i.e	. thermal systems insulation. sudacing, VAT, or				Remova	Rapu	9 .			
						other miscellan	eous)			2	E	1 1			
			2)									- 1	3		
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			The	SEP V	Made .	Cubic Yards	Name	of Re	pistered Lan	5 ()	1 1		-		
Name of Registered	Waste Hauter		Hau	Jer I	No.	of Waste		, M	, C , ~						
KLÉMO	O INC.			79	27_	Disposal Date	City.	Siale		_	17				
City State	J,	- 10	11	7			lu	00	DBINE	/			<u>·</u>		
1 MAPLE SI	1DDE, N.	2,08	, 0 )	_		- Signali ve		4	T	Date	1.	1	2		
Completed By Time											<u> </u>				
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					10 900		vemoled ac	แพแอร							
AS8-11		Do not us	se this	10rm	101 830	sios licensure es	. viiipivo uv								

Name of Building Owner/Operator (2) 9-10-R. KUDER 2017 SEP 14 AM 1:48 71 REA AVENUE City, State, Zip Code HAWTHORNE, NJ 07500 R. KUDER FACILITY DEFORMATION Type of Facility (4) R. KUDER School (K-12) REA AVENUE HAWTHORNE 834RS County Code (7) (STATE USE CHELY) PASSAIC RESIDENCE ie of Monitoring Firm Hired by Building Owner (8) ASCM No. . Best Removal Inc Street Address 450 South River St City, State, Zip Code · City, State, Zip Code Hackensack , N.J. 07601 Project Manager for Manifeston Flore 00388 201-329-7444 Name of OSHA Monitor d Completion Date (11) 9-19-2012 Omega Environmental Services bended During Entire Period of Abatament
amed Gutaids of Normal Feichly House g Am 5 Pm 280 Huyler St. City, State, Zip Code South Hackensack JN. J. 07606 20 af ar 20 ff . . . · E . Full Containment with Ne E Mini-Exclosure
E Gipushing Procedu

U Non-Exercises (\*\*) 100% a 500 kg

Location of		is Location Normally			Description of				Alabamat Typo			
Antonino-Containing Material (ACM) TO REASATED In Finding (13)	Used Scinly by Maintenance/ Custodial Staff? (12)			Asbestes Centaining Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscalianeous)			Amount Special SF or LF)		Remov	Repair	Magazina	- Gradoou
	Yes	No.	N/A		·	1			2	-	8	
BASEMENT			1	THEE	FRMAL INSULATION	210	LF	X				
				•		• •; •••		•				IT-
							·					a) page 1
Name of Rechanged Wants Healer		IN		-	Total Year	4.55						
Best Removal Inc.			DEPW MAD 171(	No.	Cubic Years of Waste 2 105	1	Arva En	1		iaa	. a. T	- [

Hackensack, NJ

Estimator

9-10-20-12

Veldran

DEP

DOH

County (6)

Street Address

Chief 9-20-Zol2 Waynesburg, OH,