#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check# 1483 (Pursuant to NJAC 8:60 and 5:16) RECEIVED Date of Notification (1) Name of Building Owner/Operator (2) 09 24 / 12 2012 SEP 27 AM 7: 49 Stuart Forgash Type Notification Agencies Notified Street Address ☐ EPA X Initial ASSESTOS CONTROL & LICENSING 368 Edgewood Avenue DOLWD. ☐ Amended City, State, Zip Code Amendment # X DHSS Teaneck, NJ 07666 ☐ Emergency (including □ DCA Name of Contact Telephone Numb (NJAC 5:23-8) justification) Cancellation Stuart Forgash **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private home Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, 368 Edgewood Avenue homes, etc.) Square Feet # of Floors City (5) Bldg. Age Teaneck, NJ 07666 County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Bergen Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 011:27 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor \_\_10\_\_/\_\_03\_\_/\_\_12 10 / 04 / 12 Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 34A Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_\_AM-\_\_\_\_PM/ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Full Containment with Negative Pressure >3 sf or >3 If 2 160 sf or 260 If Renovation Mini-Enclosure ☑ Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Used Solely by Remova Encapsulate Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A X Basement pipe insulation-wrap and cut 200 LF П

 Gr Tech LLC
 0033785
 TBD
 T.R.R.F. Inc

 City. State
 Disposal Date
 City, State

 Wayne, NJ 07470
 TBD
 Tullytown, PA

 Completed By (Print or Type)
 Title
 Signature
 Date

NUDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill

whe

09/24/2012

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Owner

N.Jevtic

Name of Registered Waste Hauler

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) September 24, 20	012		Name of Building	Owner/Ope ZEV,	IIC	ECEJY	ED)	3		
[ X ] EPA	l Notification nded Notification	f	Street Address  City, State, Zip Co		2012 S ox 110 ASBES vood, NJ 08701&	EP 27 AM	7:45	<u>;</u>		
[ X ] DOH [ ] Emer	ication)		Name of Contact		700d, NJ 08701& T	elephone Number	KUL	<u> </u>		
	ellation		Sy Fri	edman			21	3		
	DI (2)	FAC	LILITY INFORM	IATION	T					
					Type of Facility (4)	School (k-12) Subchapter 8 (ot	har tha	, l:12\		
Street Address 580 Washington A	venue				[x]	Other (i.e., priva homes, etc.)			ial buil	dings,
City	County (6)		County Code (7) (STATE USE ONL	Y)	Square feet 10,000 sf	# of Floors	Bldg	, Age	0	
Belleville	Essex				Current Use (Prior if		)			
			ASCM No.	Name of	Abatement Contractor	ent Building (9) in Contracting,	Inc			
Street Address	.mg, mc.			Street A	idress	we wan you specially				
1889 Rte. 9, Unit 6	61			City Sta	1889 Ro te, Zip Code	oute 9, Unit 61				
	3755			•	Toms R	iver, New Jers		755-12	271	
Project Manager for Monitoring Firm	Telephone			Telephor 732-34	ne Number	License N 00624	lumber			
Scheduled Start Date (10)			ion Date (11)		OSHA Monitor	00024				
10/11/12	10/12	/12		Street Ac		. Analytical	-			
	September 24, 2012			Succi Ac		elton Road				
[ ] Abatement Performed				City, Sta	te, Zip Code					
[ ] Other – Describe					Piscatav	vay, New Jerse	y 088	54		
Scope of Work (Check all that apply)				[ ]	Full Containment	with Negative Pre	ssure			
f = 1 = 2 = 2 = 2 = 2	[w]	n	<b>1</b> :000	[ ]	Mini-Enclosure					
	[ ]	Renova Demoli		[x]	Glovebag Procedu Non-Exempted (*		Procedi	ıre		
			T			ı	Δhat	ement '	Type	
	Is Location	on		Descriptio	n of		R	R	Е	Е
	Normally 1		Ast	estos-Cor	ntaining	Amount	E	Е	N	N
	Solely b Maintenance/C			Material (A		(Specify SF or LF)	M	P A	C A	C L
in facility	Staff			ulation, su	rfacing,	Salara	O V	I R	P S	O S
(13)	(12)		oth	VAT, o er miscella			A	K	U	U
	YES NO	N/A					L		L E	R E
Basement storage room #2		X	Asbestos pipe	insulatio	n	110 lf	X			
Basement storage room #2		X	Fittings			18	Х			
	200.000.000.000.000.000	20223	2	ards of Was	T.R.R.F.	red Landfill				
City, State			al Date	City, St						
Toms River, New Jersey		10/15	/12	Tullyt	øwn, Pennsylvania	1				

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

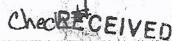
6104973632

ASSURED SERVICES

Print Form

CK 3951

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



Date of Notification (1) 09/21/2012			Name of FIRE D	Building O	Owner/0 T#2-1	Perator POWN:	(2) SHI	P OF MO	WS	TOWN,	ım .			
Agencies Notified Type Noti				idress ORTH L				A:	SAF	Tos e	177	<del>/: 4</del>	2	
DEP Ame	nded ndment#			le, Zip Co ESTOV		08057	7		&	LICENS	ING	RO	L.	
X DOH justil	rgency (including ication) callation	100	Name of LIZ						Tel	antonos Mag	grét	- 1-1	4	
Name of Facility Where Abatement LENOLA FIRE COMPANY	is Taking Place (3)		FACI	LITY INFO	PRMATE	ON	Ту	pe of Facility (			-			•
Street Address 229 NORTH LENOLA ROAL	)						×		\$ (Oth	er than K-12 L commercia	) al build	lings,	home	29,
City (5) MOORESTOWN							90	uare Feet 100	1	Floors	3	idg. A 8	ge	4
County (6) BURLINGTON			County (	Code (7) ISE ONILY)			1000	ment Use (Prid NQUET H		ng demolish	ed)			
Name of Monitoring Firm Hired by E STRATEGIC ENVIRONMEN			ASCM	No.				batement Cor ED ENVIRO		* *	RVI	CES	INC	
Street Address 1634 SOUTH DELAWARE	STREET					Street 570		Iress EMS RUN						
City, State, Zip Code PAULSBORO, NJ 08066		•		ns <del>de gras pa mei gras n</del> e en en	*			, Zip Code A HILL, NJ	0808	2				
Project Manager for Monitoring Firm ED KEEGAN	1		Telephor 856-42	ne No. 23-5711		Teleph 610-		No. -4676		License No 01145	<b>)</b> .			
Start Date (10) 09/24/2012	Scheduler 10/13/20		npletion (	Date (11)		Name		SHA Monitor		·				
Occupancy Status During Abateme					//www.	Street 200		ress 130 NORT	H					
Facility Closed/Vacated During Abatement Performed Outside Other – Describe:							100000	, Zip Code MINSON, N	J 080	77				
Scope of Work (Check All That App	3000		dia.				7 ,	Full Containm	ana with	Norwine D	mbobi s	701		
≥3 sf or ≥3 ff ≥160 sf or ≥260 ff		erora Hom				-	3 5	Mini-Endosum Glovebag Pro Non-Examples	e cedure	_			e	
		.ocati	500 C				-					Aben		t
Location of Asbestos Containing Material (/ TO BE ABATED In Facility (13)	ACM) Used Mair Custo	itenai	nce/		tos Cont thermal surfa		Mater is ins AT, o	r	(8	mount Specify For LF)	Removal	Repair	Encapaulate	Endosura
DANGUIT HALL	Yes	No	N/A			R TIL	E M		90	00 SF	x			
BANQUIT HALL		20.0011-	Х		FLOC	JK IIL	E-14		OU		<u> </u>	$\vdash$	-	-
	-++		+								$\vdash$			<del> </del>
Name of Registered Waste Hauler NETS			IJOEP W		Cubic of Wa	Yards ste				ared Landill STE IMPE	RIAL	. LAI	NDF	U.L
City, State HAZLETON, PA					Dispo	sal Date 5/2012		City, Stat		A		•••		
Completed by RON SWANSON	Title PROJ	EÇT	COOF	RDINAT		ignature	14	me	6	Da 09	121/2	2012		

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

Date of Notification (1)			$\neg$	Name o	f Building	Owner/Operator (2	2)					
09/	20 / 12	_		Burli	ngton Co	ounty - Board o	f Chose	EP 27 AH 7	:40			
Agencies Notified	Type Notification			Street A								
⊠ EPA	Initial			49 R	ancocas	Road, PO Box	6000 ASBE	STOS CONT	ROL	4		
∠ DOLWD	☐ Amended		h	City, St	ate, Zip Co	ode	8	LICENSING				
☑ DHSS	Amendment #_	le elle e		Mou	nt Holly,	NJ 08060			-	2		
☐ DCA (NJAC 5:23-8)	☐ Emergency (including justification)	luaing		Name o	of Contact			Telephone Number	er	15		
(1837-0 3.23-0)	☐ Cancellation			Shar	on Braul	kman		-		81		
				FAC	ILITY INF	ORMATION						
Name of Facility Where A	Abatement is Taking	Place (	3)				Type of Facility (					
Residence					valority and the same of the s		School (K-12)	) (Other than K-12)				
Street Address							Other (i.e., pr	ivate and commerc	ial buil	dings	4	- 1
49 West Mill Creek	Road						homes, etc.)					
City (5)							Square Feet	# of Floors		g. Ag		
Eastampton							3000	1 + bSMT	+	/- 50		8
County (6)			-XY-8	Count	y Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demolish	ned)			
Burlington				NATION AND A			Vacant					
Name of Monitoring Firm	Hired by Building O	wner (8	) [	ASCM N	10.	Name of Abateme	ent Contractor (9)					
Environmental Tes			<b>'</b>			USA Environ	mental Manage	ement, Inc.				
Street Address	ang concurante					Street Address						
One Mall Drive, Sui	to 404					8436 Enterpr	ise Avenue					
	16 404					City, State, Zip C	11.0			T.		
City, State, Zip Code	00					Philadelphia						
Cherry Hill, NJ 0800	1.1.100		Tala	-h N	lo.	Telephone No.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	License No.				
Project Manager for Mon	itoring Firm			phone N 8-482-	1000000000	215-365-5810	١	1156				
James Madden	12		-			Name of OSHA M	\$	1100		-		
Start Date (10)				tion Dat	. B		mental Manag	ement. Inc				
10 /04 /				_ ' -	12	Street Address	- Interitar manag				-	
Occupancy Status During						8436 Enterp	rico Avonue					
☐ Facility Closed/Vacate	ed During Entire Per	Facility	Dater	nent c. Doc	oriba		THE PARTY OF THE P			-	-	
Time of Abatement: 2					STIDE	City, State, Zip C Philadelphia						
Scope of Work (Check a	Il that apply)					□ Full Cor	ntainment with Ne	native Pressure				
⊠ >3 sf or >3 lf		☐ Rer	ovati	on		☐ Mini-En		gative i receare				
≥3 st of ≥3 tr     ≥160 sf or ≥260 lf		☑ Der				Gloveba	g Procedure	Edeble Deserving				
						⊠ Non-Ex	empted (*) and No	n-Friable Procedu				
		100.00	Locat						Ab		ent Ty	/pe
Location			lorma d Sole	ely by	Ache	Description stos Containing M		Amount	Removal	Repair	Encapsulate	Enclosure
Asbestos-Containing TO BE AB		50837 78		ince/	(i.e	., thermal systems	insulation,	(Specify	Non	air	aps	los
IN Faci		Cust	odial (12)	Staff?		surfacing, VA	T, or	SF or LF)	<u>n</u>		ula	Ē
(13)		Yes	No	N/A		other miscellan	eous)				e	
Building Exterior				$\boxtimes$	Transit	е		750 SF	$\boxtimes$			
				$\boxtimes$					$\boxtimes$			
Name of Registered Wa	ste Hauler		_	NJDEP '	Waste	Cubic Yards of	Name of Reg	istered Landfill				20000
USA Environment		nc.		lauler II	D No.	Waste	Minerva L	andfill.				
				32610	U	5 Disposal Date	City, State					
City, State Philadelphia, PA						10/11/2012	Waynesb	urg, OH				
	Type) Title		-			Signaturé		D	ate			1157.117
Completed By (Print or	. 7 - 7		m M	anager		l. I	Mola	01 0	1-2	, 1 -	)	
Dilip Kumar		rogra	III IVI	anayei			e popular		1		_	

				(Pursua	nt to N	JAC 8:60	and 12	2:120)		Check#	07	6		
Date of Notification (1)	tember 25, 2	012				ng Owner / Core Church	perator (	(2)	- 77	Check#/	E	)		
Agencies Notified	Type Notifica			Street	Address				20125	FD a=	855			
□EPA □DEP				186 G	ordon's	Corner Roa	d <sub>v</sub>		ASBES	EP 27 AM	7: 4	9		
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⊠рон	Amer Amer	nded ndment#		Manal	apan, N	J 07726		7	*	.orusiM(	3	٠. د		
⊠DCA		ellation	-		of Conta Morelli	ct				Tel	ephor	Julu	mbe	r
				FA	CILITY	INFORMA	ATION							
Name of Facility When		is Taking F	Place (3)			Тур	e of Facil							
St. Thomas More Chi	urch					닏	School (	å						
Street Address	Bd								er than K-12)	مستامان کا ا	500		٠- ١	
186 Gordon's Corner	Road					پا	A THE PARTY OF THE		te & commer	rcial buildings			ic.)	
City (5)						Squ	are Feet 20.00		or Floors	Biog	g. Age	60		
Manalapan							ent Use	(Prior if be	ing demolishe	d)				
County (6)		Co	ounty Cod	le (7)		Chu	irch and	Classrooi	m		-			
Monmouth		US	SE ÓNLY					-						
Name of Monitoring Fit Birdsall Services Gro		uilding Ow	ner (8)		ASCM		ne of Aba atech, In		entractor (9)					
Street Address				-		Stre	et Addres	ss						
65 Jackson Drive City, State & Zip Code							Radio Re	Zip Code						
Cranford, NJ 07016				Service 2		0.000		arbor, NJ	08087					
Project Manager for Me Kevin Burns	onitoring Firm		100000	elephone N			phone No.			License Num	ber 0081	7		
Scheduled Start Date ( October 5, 2		Scheduled	Complet	-	11)	Nan	-	HA Monitor			0001	<u> </u>		
Occupancy Status Dur Facility Close	ing Abatemen	it (Check o	nly one)		WK	Stre	et Addres	ss						
Abatement Pe	erformed Outs	ide of Norr	mal Hour	s		City	State &	Zip Code						
Other – Descr						Littl	e Egg Ha	arbor, NJ	08087					
Facility Occup														
Scope of Work (Check  ≥3 sf or ≥ 50 lf ≥160 sf or ≥260		)		Renovation Demolition				Mini-Encl		legative Press	ure			
Samuel Association and Company of the Company of th			**							Non-Friable Pr	ocedu	re		
Asbestos-Contain	tion of ing Material (/	ACM)	Solely b	ion Norma by Mainten	ance or	As	Descripti bestos-Co	tion of ontaining		ount (Specify	Ab	atem	ent T	уре
	ABATED acility		Custo	odial Staff	? (12)		Material ( ., thermal	(ACM) I systems	1 3	SF or LF)	$\vdash$			
(1	13)		1			insula	ition, surf	facing, VA			اي	70	Enc	m m
						or or	ner misce	ellaneous)			Removal	Repair	aps	Enclosure
			Yes	No	N/A						<u>\a_{\a}</u>	Ŧ	Encapsulate	ure
Basement					х	Fit	ie Pipe In	nsulation		8 LF	X		Н	
Basement					X		Pipe Insu			36 LF	1 1			
											1			
Name of Registered W	aste Hauler		NJDEP \		Cubic \	ards of Was	te	Name of	Registered La	andfill				
Synatech, Inc.			5074	429	2			Grows L	andfill					
City, State				20// 5	Dispos	al Date		City, Sta	te					
Little Egg Harbor, NJ	08087	100			Octobe	er 9, 2012		Morrisvi	lle, PA			11		
Completed By		Title			Signatu	ire	1 11		Date					
Diane Aloia		Executive	e Admini	strator	Nu	rue J	- Wo		Septem	ber 25, 2012				



Date of Notification (1)			T	Name o	f Building	Owner	/Operator	r (2)			<u></u>	- 1 17	<b>C</b>			-
9/24/12		5			itton / R			(-/	201	2 00	`n a=					
Agencies Notified	Type Notification		7	Street A	ddress		1		491	ZSE	P 27	AH	7:	99	,	
X EPA	× Initial			16 Lor	ng Beac	h Blv	b		Ac	950				3,		
DEP	Amended				ate, Zip Co		2000			9 <del>63</del>	TOS ICEN	COP	ITE	וחו		
⊠ DOL	Amendment Emergency (		- [		dies NJ	0800	8			Or L	ICE A	ISIN	is'	IUL		
DOH	justification)				f Contact					Tel	ephone	Numb	er	0		
☐ DCA	Cancellation			Bill						1						
Name of Facility Where	Abatement is Taking	Place (3)		FACI	LITY INFO	ORMA	TION	Type	of Facility (4	`			_			
Bill Sutton / Reside		, , , , , , , , , , , , , , , , , , , ,								50						
Street Address									School (K-12 Subchapter 8		er than I	K-12)				
16 Long Beach Blv	rd				#8				Other (i.e. pri etc.)	ivate 8	& comm	ercial	build	ings,	home	es,
City (5)									re Feet	# of	f Floors		В	dg. A	ge	
Loveladies NJ 080	08				e e			1000	)+	2				5+	•	
County (6)				County					nt Use (Prior	if bei	ng demo	olishe	d)			
Ocean					USE ONLY	, <u> </u>			dence							
Name of Monitoring Firm	n Hired by Building (	Owner (8)		ASCN					tement Conti	ractor	(9)					
Street Address								aco Ir								
Street Address								Address Box 32			0.9					
City, State, Zip Code							174 837-8115	N. (2011 - 1.00)	p Code							
,									n NJ 0809	1						
Project Manager for Mor	nitoring Firm		T	Telepho	ne No.			hone N		_	Licens	e No.				
	15						856-	753-9	800		0072	7				
Start Date (10)		Schedule		npletion	Date (11)				HA Monitor						West	
10/8/12		10/12/1	916					naco Ir	10000000							
Occupancy Status Durir	155	951	<b>6</b> .				200000000000000000000000000000000000000	Addres								
Facility Closed/Vac	cated During Entire Fined Outside of Norm	Period of Al	baten	nent												
Other – Describe:		idi i doility	ioui				19.00		ip Code in NJ 0809	1						
Scope of Work (Check A	All That Apply)			-	- 12								-			
23 sf or ≥3 lf	3.5 53	□ Re	enova	ation		20		J Ful	I Containmer	nt with	Megativ	vo Dro	eeur	•		
≥160 sf or ≥260 lf		Section 1	emoli	200000000000000000000000000000000000000				Mir	ni-Enclosure		ritogaa	VC 1 10	Jour	C		
							>		vebag Proce n-Exempted		d Non-F	riable	Proc	edur	A	
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Locatio	n of	l No	ormal	lly		n	escription	n of	A					Ту	ре	
Asbestos-Containing	Material (ACM)	Used	Sole tena		Asbes	tos Co	ntaining N	Material	(ACM)		mount				т	_
TO BE AB			dial 8	Staff?	(i.e.		al system acing, VA		ition,		pecify or LF)		Ren	Re	ncaj	ind
(13)			(12)				miscellar			Ų.	OI LI /		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A									-		ate	G,
Exterior 5	Siding	1		x		Ext	erior Si	dina		35	00 SF	,				
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				-								-+	$\dashv$			
			W									_	-			
Name of Decisters (14)	ata Unulas		1.	UDEDI	11-								1			
Name of Registered Wa	ste nauter		535	IJDEP W lauler ID		of W	c Yards aste		Name of R	100-100-000	red Lan	dtill				
United Containers				2459	operCi	4			G.R.O.W	i.S						
City, State					-		osal Date		City, State	1445015						
Elm NJ 08091		-					2/12		Morrisvill	e PA	1906	7				
Completed by Anthony T Perna		Title Presid	ont				Signature	9	AVV. (5.000)			Date			-20-11-0-0	
Altitiony I Fellia		riesiu	CIIL				( )					9/24	112			



# CX 19

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

Date of Notification (1) 9/24/12					Building On Daub/ Re				M2 cri		~	9.5				
Agencies Notified	Type Notification		273	treet Ad	700 700 700				012 SEI							
⊠ EPA			- 1		fries Ave	-			SBES	ns-	171817	000				_
EPA DEP DOL					e, Zip Cod Haven N		8008		SBES!	IČEN	SING	KU				
☑ DOH DCA	Emergency (in justification)	ncluding	333	lame of	Contact	orano, la Estada				Tele	ephone N	lumb	S.			
DCA	Cancellation			Dave	ITY INFO	OH A T	ION			C						_
		Place (3)		FACIL	III INFO	XIVIA I	ION	Туре о	f Facility (4	4)						
	ence								chool (K-1		or than V	12)				
Street Address 335 Jeffries Ave	37							× O	ther (i.e. p				buildi	ngs,	nome	s,
City (5)			-					Square	c.) Feet	# of	Floors	-	Blo	dg. Ag	je	
	les Notified    Type Notification				-			1000-		2			35	<u>;</u> +		
County (6) Ocean	es Notified  Type Notification  Amended Amended Amendment #				ode (7) SE ONLY)			Curren	t Use (Prid lence	or if bei	ng demoi	lished	i)			
	n Hired by Building C	wner (8)		ASCM	No.		Name	1.00.0	ement Cor	tractor	(9)					-
N/A	es Notified  Type Notification  Amended Amended Amended Amendent # Emergency (including justification)  Cancellation  Facility Where Abatement is Taking Place Daub/ Residence  Address Reffries Ave  Ch Haven NJ 08008  (6) In Of Monitoring Firm Hired by Building Own  Address  tate, Zip Code  It Manager for Monitoring Firm  Cate (10)  All Cancellation  Address  It Manager for Monitoring Firm  Cate (10)  Address  To Gwork (Check All That Apply)  Sof Work (Check All That Apply)  Sof or ≥3 If Company Status During Material (ACM)  TO BE ABATED In Facility (13)  Exterior Siding  Exterior Siding						Perr	aco In	c.						n.20mil	
Street Address	as Notified  Type Notification  Amended Amended Amendment #							Address Box 32			*					
City, State, Zip Code							536000000000000000000000000000000000000	State, Zip		01			0.00			
Project Manager for Mo	cies Notified  Type Notification  Amended Amended Amendment #				ne No.			hone No	NJ 080	91	License	No.				
1 Tojoot Managor for mo	ies Notified  ies Notified  Type Notification  Amended Amendment #				N		856-	753-98	300		00727	'				
Start Date (10) 10/8/12	ies Notified    Type Notification				Date (11)		20030100	of OSH. naco In	A Monitor C.							
Occupancy Status Durin	ies Notified  PA  EP  OL  OH  CA  OH  CA  OH  CA  OH  CA  OH  CA  OF Facility Where Abatement is Taking Place e Daub/ Residence  Address  Jeffries Ave  OH  Of Monitoring Firm Hired by Building Owne  Address  State, Zip Code  Address  State  Address  Address  State  Address  Add							Address Box 32								
Facility Closed/Va	cated During Entire F	Period of A	batem Hours	ent				State, Zip		51				Ž.		
							100000000000000000000000000000000000000		n NJ 080	91						
Scope of Work (Check	All That Apply)				2.5		F									
			enovat emoliti				ŀ		Containm i-Enclosur		n Negativ	e Pre	essur	е		
2100 51 01 2200 11									vebag Pro -Exempte			riable	Proc	cedur	9	
		ls	Locati	on				1401	Lxompto	4 / / 4.				Abate	ment	
Location	on of	l N	lormali d Sole	İy	137		escriptio			-	S 225	-	-	Ту	pe	
		Mai	ntenar	nce/		therm	ntaining al systen	ns insula		(	Amount Specify		Re	R	Enca	En
In Fac	cility	Cust	odial 9 (12)	σιαπγ			facing, V				F or LF)		Remova	Repair	Encapsulate	Enclosure
(10	*	Yes	No	N/A				\$45.000.000.000. <b>\$</b> 4		C			al		ate	Ге
Exterior	Siding	1		х		Ex	terior S	iding		2	100 SF		x			
										7,50-21						
										00111100						
Name of Registered W	aste Hauler			IJDEP V lauler ID			ic Yards /aste		ACC 10 AC		ered Lan	dfill				
United Containers	of Facility Where Abatement is Taking Place Paub/ Residence Address Jeffries Ave Oth Haven NJ 08008  (6) In Of Monitoring Firm Hired by Building Owner Address  Itate, Zip Code It Manager for Monitoring Firm  Oute (10) In Code It Manager for Monitoring Firm  Oute (10) In Code It Manager for Monitoring Firm  Oute (10) In Facility					2			G.R.O.					<u> </u>		
City, State Elm NJ 08091	PA   Initial   Amended   Amendment #   Emergency (includ justification)   Cancellation   Cancel						osal Dat 12/12	е	City, Sta Morris		A 1906	7				
Completed by		Title					Signatu					Date				
Anthony T Perna		Presi	dent								24	9/2	4/12			



### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-5 CEIVED)

						-		-		en had		Chec	<#I	N/A	
Date of Notification (	<sup>1)</sup> 9/20/12			of Buildir son Co		ner/C	Operator (2)	2 SEP 27	AM	7					
Agencies Notified	Type of Notifica			Address											_
[] EPA		Administration of the	95 1	Newar	k Ave	Э.	AS	BESTOS & LICE	0011						
[] DEP	[] Initial Notificatio	.					- 10	21100	CUN	IROL					
	[] Emergence	,   0		tate, Zip				or FICE	MILLEN	i AD				- W. S	
[x] DOL	[x] Amended	_   J	erse	ey City	, NJ (	073	306			GA.					
[x] DOH	Notificatio Amend #5	n N	ame	of Conta	ct				Tel	ephone Numb	per		-	_	_
[] DCA	[] Cancellation	n k	(im l	Riscarl	t						~~				
					FACIL	LITY	INFORMATION								
Name of Facility Whe	ere Abatement is T	aking Pla	ce (3	)				Type of F	acility (4)						
Hudson County	Admin. Bldg.								chool (K Subchap	(-12) ter 8 (Other tl	nan K-12)				
Street Address								7 [] (	other (i.e	. private and	commercia	ıl build	ings	1	
595 Newark Av	enue									der Wick Cut				_	
City (5)		County	(6)		10	Coun	ity Code (7)	Square Fe 250000	et	# of Floors 13	0 37	ldg. Ag 50	je		
Jersey City		Huds					TE USE ONLY)			if being dem	olished)				
Name of Monitoring I	irm Hired by Ruild	ing Owne	or I	ASCM N	lo.		Name of Abatem	Office buil				-			
Whitman Comp		ing Owne	25.5	00110						nental Se	rvices I	nc			
Street Address	arrico, irro.			00110		1	Street Address	apitor Li	VIIOIII	nontal oo	111000, 1	110.			
7 Pleasant Hill	Road							3 Lynn Co	urt						
City, State, Zip Code						1	City, State, Zip C							-	
Cranbury, NJ 0	8512							Lincoln P	ark, N	J 07035					
Project Manager for I	Monitoring Firm			Numbe		1	Telephone Numb				License				
Kevin Lovely		1.00		0-5858				973-709-	0200			C	80	52	
Scheduled Start Date 1/20/1		ed. Comp	letion		1)		Name of OSHA		/ironm	ental Lab	oratorie	e II	C		
Occupancy Status Du						1	Street Address	J & J LII	/II OI III	iciitai Lab	Oratorio	3, LL			
[] Facility Clos	ed/Vacated During	Entire P	eriod	of Abate	ment			333 Rou	te 22 \	Ν					
	erformed Outside	of Norma	l Faci	lity Hours	s –		City, State, Zip C						-		
	cribe: scribe: <u>partially vac</u>	ated						Union, N.	0708	3					
Scope of Work (Chec						Ш						-	_		
								[x]		ontainment w	ith Negativ	e Pres	sure	9	
[] Demolition [] ≥3 sf or ≥3 lf				[X]	Ren	ovat	ion	[x]		Enclosure bag Procedu	<b>7</b> 0				
[] ≥3 sf or ≥3 lf [x] ≥160 sf or ≥								[ ] [x]		- Friable Proc					
14 3.000.01		Is	Loca	tion	T	-				F		A	bate	mer	nt
10 20	a a	Nor	mally	Used				iption of			120	T	уре		
Locatio Asbestos – (		6.0	olely	by ce/Cus				<ul> <li>Containing al (ACM)</li> </ul>			Amount (Specify	R			13170
Material				ff (12)				nal systems			SF or LF)	M			N C
TO BE A	BATED						insulation, s	urfacing, VA				0	A	A	L
In Fac		Voc	No	N/A			or other m	iscellaneous	)			V		100	0
(13	,	Yes	No	IN/A								A	R	S	S
Various - CJP cour			Х				spray-on ceiling	(to be scra	oed) *		300 SF	X			
Various – courtroor	ns, offices		x		Floo	r tile	<u>*</u>			1	200 SF	×	-	-	
		1				100						-	+		_
Name of Registered V	Vaste Hauler	NJ	DEP	Waste			ic Yards			ed Landfill				1	
Jupiter Environr	nental Service	-0	uler II 04782	D No.	1	Of V	Vaste 10	Minerv	a Lan	dfill	22				
City, State			J4102	-	-	Disn	osal Date	City, Stat	e					_	
Lincoln Park, N.	J						/8/12	Wayne		, OH					
Completed By (Print o		Title					Signature	7	/		Date				
Pane Repic	50% 55°C	Gen	eral	Manag	ger			- (		7	9/20/	12			
SB-41														_	
OD-41							~			65.990 MG	_				

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

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) RECEIVE # 6898 Date of Notification (1) Name of Building Owner/Operator (2) Gravstone Park Psychiatric Hospital 9/21/12 2012 SEP 27 AM 7: 38 Street Address Agencies Notified Type of Notification 59 Koch Ave. [] EPA ASBESTOS CONTROL & LICENSING Initial DEP Notification [] City, State, Zip Code DOL Morris Plains, NJ 07950 Amended [] DOH Notification Name of Contact Telephone Number [] DCA [] Cancellation Peter Mendoza **FACILITY INFORMATION** Type of Facility (4)

[] School (K-12)
[] Subchapter 8 (Other than K-12)
[x] Other (i.e. private and commercial buildings, homes, etc.) Name of Facility Where Abatement is Taking Place (3) Former Gravstone Psych Main Building Street Address Koch Avenue Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 150000 Morris Plains (STATE USE ONLY) Current Use (Prior if being demolished) Morris vacant Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) Whitman Companies, Inc. 00110 Jupiter Environmental Services, Inc. Street Address Street Address 7 Pleasant Hill Road 3 Lynn Court City, State, Zip Code City, State, Zip Code Cranbury, NJ 08512 Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Telephone Number License Number Telephone Number Kevin Lovely 00852 732-390-5858 973-709-0200 Scheduled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor 10/12/12 J & S Environmental Laboratories, LLC 10/1/12 Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22W Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: Union, NJ 07083 Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Mini - Enclosure [] [] Renovation [] Glovebag Procedure ≥3 sf or ≥3 If [] [] Non - Friable Procedure ≥160 sf or ≥260 lf Abatement Is Location Normally Used Description of Type R E P Location of Asbestos - Containing Amount E Solely by R E Asbestos - Containing Maintenance/Cus Material (ACM) (Specify E N N C Material (ACM) todial Staff (12) (i.e., thermal systems SF or LF) M C TO BE ABATED insulation, surfacing, VAT. 0 A Α L P 0 or other miscellaneous) ٧ In Facility 1 (13)Yes No N/A A R S S U U 40 CY Records room + filing cabinets vari. Paper records contaminated with ACM X X No asbestos removal is to take place, this is a courtesy notification. Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. Of Waste Minerva Landfill Jupiter Environmental Services 04782

Disposal Date

Signature

10/12/12

City, State

Waynesburg, OH

Date

9/21/12

JUN 95

ASB-41 G4667

City, State

Pane Repic

Lincoln Park, NJ

Completed By (Print or Type)

Title

General Manager



2780

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

			(P	ursuant	to NJAC	8:60 an	d 12:120	0)	CA	E	FAR	-	P3			
Date of Notification (1) 9/24/12	N		,		f Building I Olt / Re			(2)	2012	)F0	ET AF	C	U			
Agencies Notified	Type Notification			Street A 27 Ellis	ddress s Street					LP a	27 AP	1 7:	3	<b>6</b> ,	70	
EPA DEP DOL	Initial Amended Amendment		_		ate, Zip Co onfield N		3		ASBE &	SIO	S COL	MIR	ROL		+0-20-2	
DOH DCA	Emergency (i justification) Cancellation	nciuaing	1	Arnold	*					Tele	ephone N	lumb	er (	D		
Name of Facility Where	Abatement is Taking	Place (3	3)	FACI	LITY INFO	ORMAT	ION	Туре	of Facility (4	)						
Arnold Olt / Reside	Compared to the second and the second	• • • • • • • • • • • • • • • • • • • •	,						School (K-12							
Street Address 27 Ellis Street	*							×	Subchapter of Other (i.e. pretc.)				build	lings,	home	es,
City (5) Haddonfield NJ 80	33				(( <b></b>			Squa 100	are Feet 0+	# of 2	f Floors			ldg. A 5+	ge	
County (6) Camden					Code (7) USE ONLY				ent Use (Prio sidence	r if bei	ng demol	lished	i)			
Name of Monitoring Fire	m Hired by Building C	wner (8)	)	ASCN	/ No.			of Aba	atement Cont	ractor	(9)					
Street Address								Addre			*					
City, State, Zip Code									Zip Code Iin NJ 0809	91						
Project Manager for Mo	onitoring Firm			Telepho	ne No.	<del></del>		none N 753-9			License					
Start Date (10) 10/6/12		Schedul 10/8/1		mpletion	Date (11)			of OS	HA Monitor							
Occupancy Status Duri	ng Abatement (Checl						2.00.00.00.00	Addre							incess &	
X Abatement Perfor	cated During Entire F med Outside of Norm week end Home Owr	al Facility	v Hour	8			City, S		29 Zip Code Iin NJ 0809			-				-
Scope of Work (Check					200	-	vves	L Dei	III NJ UOU	91						
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		1	s Loca	tion				= INC	JII-Exempleu	( ) an	u Non-Fi	lable	1117-1117	Abate	ement	t
Location	on of		Norma	ılly	155	De	scription	n of				+	_	Ту	pe	
Asbestos-Containin <u>TO BE Al</u> In Fac (13	BATED cility	Ma Cus	(12)	ance/ Staff?	Asbes (i.e.	tos Con therma surfa		Materia s insul AT, or	1	(S	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
Page		Yes	No	N/A		ط.	uct Wo	-1.			0 LF		_			
Baser	nent			×			uct wo	rk	:		OU LF	,	•			
			-		-							+		_		
Name of Registered W	aste Hauler			NJDEP W			Yards		Name of F	Registe	ered Lanc	dfill				
United Containers				Hauler ID 22459	No.	of Wa			G.R.O.V							
City, State Elm NJ 08091						10/12			City, State Morrisvi		19067	7			200117	
Completed by Anthony T Perna		Title Pres	ident				Signature	e L				Date 9/24		)		

### State of New Jersey

					to NJAC					9	112	CE	IV	Fr	>
Date of Notifica 9/24/12	tion (1)				Building ort Auth					£,	BESTO	?7	AM	-	
Agencies Notific	ed Type Notification		100	Street A	ddress ie St. R	00m 2	36			45	BESTOS & LICE		nurj-	7: 3	6
EPA DEP	Initial Amended			City, Sta	te, Zip Co	ode					& LICE	NSI	117	Pai	
× DOL	Amendment :		4		City, N	J 0731	0					****	NG	· • • •	
Ŭ DOH DCA	justification)  Cancellation	noluding	- 0.0		Contact Campic	ne				Tele	ephone Num	ber	7	a	
☐ DCA	Cancellation				LITY INF		ON			<u> </u>	_		1_		
	Where Abatement is Taking erty International Airport		3)						of Facility (	0050 0000					
Street Address			104/10						Subchapter	8 (Othe	er than K-12 & commercia		dings	home	ae.
8 <u></u>	erty International Airport	. 55				V.			etc.)		Floors		ldg. A		,,,
City (5) Newark	4							240	000	6		5	0+	ige	
County (6) Essex					Code (7) USE ONLY	,			ent Use (Pri senger T		ng demolish al	ed)			
	oring Firm Hired by Building C ty of NY & NJ	Owner (8)		ASCM	1 No.				struction		(9) acting, Inc				
Street Address						74		Addre							
241 Erie St. City, State, Zip	N. 155 (1964) (1964) (1964) (1964) (1964) (1964)						S. moramore		h Avenue Ip Code						
Jersey City,	NJ 07310						Asto	ria, N	Y 11105						
Project Manage Ralph Camp	r for Monitoring Firm bione		- 1	Telephoi 973-96	ne No. 31-6352		1.00	hone N 729-2			License No 01159	0.			
Start Date (10) 10/8/12	T	Schedul		pletion [	Date (11)		10.000000000000000000000000000000000000		HA Monitor Environm	ental					
Section of the Control of the Contro	tus During Abatement (Chec							Addre		entai					
Facility Clo	sed/Vacated During Entire F	eriod of	Abatem	ent			36-1	5A 23	3rd Street						
Abatemen Other – De	t Performed Outside of Normescribe:	al Facility	y Hours	•			1000000		ip Code nd City, N	Y 111	05	-31199			
Scope of Work	(Check All That Apply)	2000						_							
≥3 sf or ≥3 × ≥160 sf or			Renova Demolit				2	Mi	ni-Enclosure ovebag Pro	e cedure	Negative P				
100000		Т.		4.00		***************************************		_l No	n-Exempte	d (*) and	d Non-Friabl	e Pro		e ement	
	Location of		Locati Normal	ly		De	scription	n of					Ту	ре	
	ontaining Material (ACM)		ed Sole intenar			tos Con	taining I	Materia			mount Specify	77		Ē	m
<u></u>	O BE ABATED In Facility	Cus	todial S (12)	Staff?	(1.6	surfa	cing, VA	AT, or	K1		or LF)	Remova	Repair	Encapsulate	Enclosure
	(13)	Yes	No	T <sub>N/A</sub>		otner r	niscella	neous)				val	¥	ulate	ure
Terminal B	B1 Connector North-	res	NO	IN/A		6 1075		7				$\vdash$			
	ween Columns 7 to 14			X		Fire	eproof	ing		32	00 SF	Х			
															SANTES
	······································	+	-											-	-
Name of Regist	ered Waste Hauler		100000	JDEP W			Yards		Name of	Registe	red Landfill				
ABC Constru	ction Contracting Inc.		100000	auler ID	No.	of Wa	ste		T.R.R.F	. Inc.					
City, State	1105					Dispo:	sal Date	7	City, Stat		19007				
Astoria, NY 1	1103	Title					/ //	e	Tullytov	77	Dat	e			
Stanko Koror	nsovac	11 12 3000 70 1	ident				ighadar	11.	. Ne	est.	7	24/12	2		

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

D&S Proj. #: MS 12-328			Notif (Purs	ication of As uant to NJA	of National of the of t	Fax: J os Abatement O an REC	EIVE		APPH of Health	OVE	) nior S	ervica	7
Oate of Notification (1)  O 19   / 1   8   / 1   2    Agencies Notified   Type Notified   EPA   Initial    DEP   Amended	cation	BRINT	Building Ow ON BROS ress	ner/Operator (2	2)	2012 SEP 27 SBESTOS & LICE	AM 7	Date: 9	18/12		<u>. 16 2</u>	io f	M.
DOL Amendment  Emergence (individing justification justification justification in Cancellation)	n)	MAPL Mane of C	. Zip Code EWOOD,	NJ 07040		- <u>8.11(5)</u>	ASING.	Ġ	ne Numbi	ar			
			FAC	CILITY INFORM	ATIO	N.	10-10-10-10-10-10-10-10-10-10-10-10-10-1	7					
Name of facility where abatemen BRINTON BROSCIOUS Street Address 108 MAPLEWOOD AVEN		ace (3)	1					Subcl	(4) pl (K = 12 hapter 8 (filtrate/c) /Homes,	Other Comm etc.	ercial	(-12)	19
City (5)	Cou	nty (6)	i management	***************************************		inty Code (7)	=  _	quaro r doc	# CI 1 100	i			
MAPLEWOOD	Ess	er			(Gte	ite use only)	U	urrent Use (F	rior if beli	ng de	nolish	eď)	
Name of Monitoring Firm Hired by				ASCM No.		Name of Abater		62 - 51		- !			·
Street Address.	- 1/1	TV 1 4500 550		l		Street Address							
City, State, Zip Code	<del></del>					20 Californ	244			,		8,0	
						City, State, Zip C				1			
Project Manager for Monitoring Fire	m	P	hone Numb	oer		Paterson, N Telephone Num 973-345-8	per		License	Num 0159			
Start Date (10)	Sched	, Completi	on Date (1	1)		Name of OSHA D & S Resto		nc.	1	-			
09/19/12	09/28	3/12	the state of the s			Straet Address				•	100.00	100.00	
Occupancy Status During Abateme Pacility dosed/vacated during Abatement performed outside Describe: Other-Describe: NORMAL	e of normal ( ROURS	d of abate	oment. rs-		_	20 California City, State, Zip C Paterson, N	ode			:		<del>///</del>	-
Scope of Work (check all that sop    >3 of or >3 if         ≥160 of or ≥260 if	Renovatio Demolition		:				☐ Mini-e	ontainment wandosure bag procedur xempted (*)	e			edure	
Location of asbestos-containing material (acm) to be abated in facility (13)	by mainte staff(12)	nance/cus	used solely todial	Į.	n of as 4CM)	bestos-containin	ġ	Amount (Specify S LF)	For	R e.m.o v	Repo.	r n c a	Hec
Basement and first floor		X	1	PIPE INSUI	ΔΤΙ	'NN	<u> </u>	76 I A		e	4	b	<u> </u>
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							-+			H	H	廾	+
	1								<del></del>			=	一
logistorod Waste Hauler													
D & S RESTORATION, INC.	1350	Same and the same of the same		ibic Yards of W yds ste	aste	Name of Registe TULLYTOW City, State	N, RBS	III OURCE RE	COVER	Y			
PATERSON, NJ 07503	******************************		09/20/12	2		TULLYTOW	N, PA						
ampleted by (Print or Type) BOGDAN JOLDZIC	Title PRESIDE			Signature		A			Date 09/18/1	2		i i	- Portional
<b>168-41</b>	Do not use	this form f	or asbesto	licensure exer	npted	activities.	***********			1		-	-

#### State of NJ Notification of Asbestos Abatement

D&S Proj. #: MS 12-328

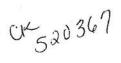
(Pursuant to NJAC 8:60 and 12:120)

VIS 12-328			(Fuisu	Idili 10 NJAC	0.0	0 and 12.120)	RI	ECE	IVE	. D			
Date of Notification (1)	I N	ame of B	uilding Own	er/Operator (2)			2012 SE	Das		V			
Agencies Notified   Type Notificat	-		ON BROS	CIOUS				77	AHZ				
EPA Initial	St	reet Add	ress			1	SBFS	F02	.000	93			
DEP Amended		108 MA	PLEWOO	DD AVENUE	- (		81	05 C	ONTE	ייסנ			1
Amendment #:	C	ty, State,	Zip Code				SBES	orM2	ING	~~			
Emergency		MAPLI	EWOOD,	NJ 07040						0	)		
DOH (including justification)	Na	me of Co	ontact				T	elephone	Numbe	r			
DCA Cancellation		BRINT	ON BROS	SCIOUS				<u>.                                    </u>					
			FAC	ILITY INFORM	ATIO	N							
Name of facility where abatement i	s taking pla	ce (3)				T	Type of I						
BRINTON BROSCIOUS							ᅵ片		(K - 12)			(40)	
Street Address								Subcha Other (F				-12)	
	1400)							Bldgs./h			loidi	150400	
108 MAPLEWOOD AVENU		(0)					Square	Feet #	of Floo	rs	В	ldg. A	ge
City (5)	Coun	ty (6)				unty Code (7) ate use only)							
MAPLEWOOD	Esse	x			(50	ate use only)	Current	Use (Pri	or if beir	ig den	nolish	ed)	
Name of Monitoring Firm Hired by	Bldg. Owner	r (8)	•	ASCM No.	$\neg$	Name of Abatement	Contractor	<b>(</b> 9)					
						D & S RESTORA	ATION, I	NC.			0 100	322	
Street Address						Street Address							
						20 California Av	e.						
City, State, Zip Code						City, State, Zip Code							
					_	Paterson, NJ 07	503						
Project Manager for Monitoring Firm		P	hone Numb	er		Telephone Number 973-345-8020			License	Numb 0159			
					_	Name of OSHA Monit	tor			0137			_
Start Date (10)	Sched.	Complet	ion Date (1	1)		D & S Restoration	on, Inc.						
09/19/12	09/28					Street Address							
Occupancy Status During Abatemer			#3 ************************************	4		20 California Av	enue						
Facility closed/vacated during Abatement performed outside						City, State, Zip Code							
Describe:		acility flot	113-		_	D . NI 07							
Other-Describe: NORMAL H						Paterson, NJ 07:							
Scope of Work (check all that apply						=	full Contair Mini-enclos		negative	press	ure		
☐ > <u>3</u> sf or > <u>3</u> lf	Renovation	1				t	Slovebag p		li .				
≥160 sf or ≥260 lf	Demolition						Non-Exem	oted (*) a	nd Non-		_	edure	
Location of	Is location by mainter		used solely							R	R	E n	E
asbestos-containing material (acm) to be	staff(12)			Description material (		asbestos-containing	34	nount pecify SF	or	m o	р	С	n
abated in facility (13)	Yes	No	N/A				LF	)		٧	i	a p	L
Basement and first floor		X		PIPE INSU	LAT	ION	246 1	ft		e			
Registered Waste Hauler D & S RESTORATION, INC.	NJDE 1350	P Hauler 06		ubic Yards of W yds	Vaste	Name of Registered I TULLYTOWN, F		CE REC	OVER	Y			
City, State			Disposal D		-	City, State							
PATERSON, NJ 07503			09/20/1	2		TULLYTOWN,	PA						
Completed by (Print or Type)	Title			Signature					Date	10			
BOGDAN JOLDZIC	PRESIDE		for oak and	s licensure exe	maic	d activities			09/18/	12			
ASR_41	DO DOT USE	ruis torm	IUI aspesto	is illerisure exe	Libra	a activities.							



Date of Notification (1) 09/19/1	2				ne of Build ott Charn	ing Owner/operato	or (2)	2812 S	EP 2	?7	AM	7:
Agencies Notified  EPA DEP DOL	Type Notifi Initial Amende	ed		City	eet Addres 7 Lyons I , State, Zip	Road		458E	STO LIC	S C	ON	IR G
DOH	Emerge justifica		ing	Nan Scot	ne of Conta tt Charne	у		Telenhone Num				
Name of Facility Where A Residence Street Address 237 Lyons Road	Abatement is	Taking Pla	ce (3)		ACILITY IN	IFORMATION	Type of Facil School (K Subchapte Other (i.e. homes, et	-12) er 8 (Other than K-1 ., private & commerc	2) cial bui	ding	s,	
City (5) Basking Ridge, NJ 0 County (6)	7920			I Co	unty Code	(7) (STATE	Square Feet 2000	# of Floors 2 (Prior If being demo	_ 2	Bldg. ()+	Age	
Somerset  Name of Monitoring Firm	Hired by Bui	ldina Owne	r	LASCM	E ONLY		Commercia ment Contractor	1 Property	iisiicu)			
(8) n/a Street Address				n/a		Blavor, Inc. Street Address	TICHT COMMISCION	(3)		-		
City, State, Zip Code				:		1 Mountain A City, State, Zip ( Montville, NJ	Code					
Project Manager for Moni n/a			_ <u>n</u> /			Telephone No. 973-265-4165	5	License No. 01049				
Start Date (10) 09/29/12	1	Scheduled 09/29/12	2		ate (11)	Name of OSHA Blavor, Inc.	Monitor					
Occupancy Status During Facility Closed/Vacate Abatement Performed Other - Describe: 9:	d During Ent Outside of N	ire Period o Iormal Faci	f Aba	tement		Street Address 1 Mountain A City, State, Zip C Montville, NJ	Code					
Scope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	that apply)		enova emolit			Full Co	ntainment with Niclosure	legative Pressure	ıre			n production
Location of	f	1	Locat Norma			Description of				Abate Ty		t
Asbestos -Containing Ma <u>TO BE ABATE</u> IN Facility (13)	aterial (ACM)	Ma	intena Sustod Staff (12)	ince/ lial ?	Asbes (i.e.,	tos Containing Mat thermal systems i surfacing, VAT, other miscellaneo	terial (ACM) nsulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Basement		Yes	No	N/A X	Asbesto	s Pipe Insulation	n	5 LF	$\frac{1}{x}$	-	$\vdash$	-
Basement			H	X	Asbesto	os Furnace Insul	ation	15 SF	X			
Name of Registered Wast Blavor, Inc.	e Hauler			NJDEP 1 Hauler JC 01780		Cubic Yards of Waste Disposal Date	Name of Reg	gistered Landfill  5. Landfill				
Montville, NJ 07045 Completed By Ray Nedich		Title Presiden	=== t			TBD Signature		PA 19067  Date 09/1	9/12			

Date of Notification (1)		N			Owner/Opera						0 000	6 5 J			
9/24/12 CARAVAU TI						CAU	ING	- 2	1125	EP 27	ame	0. 0	_		
Agencies Notified Type Notification Street Address							RKK	MACH	c K	POAR	OE   [1	7- A	Z		
EPA Initial SIESTOS CONTRO								PO	,						
DOL Amendment #									Ļ.						
Emergency (ii	ncluding	I	lame of	Contact	==== <del>=================================</del>			1		ephone Num			1		
DCA Cancellation			M.	BET	75				1						
FACILITY INFORMATION							Time	f English (4							
Name of Facility Where Abatement is Taking Place (3)  ABANDON BUILDING							Type of Facility (4)								
Street Address						School (K-12) Subchapter 8 (Other than K-12)									
37 S. KINDERKAMACK RD							Other (i.e. private & commercial buildings, homes, etc.)								
0: /5						$\neg$	Square		# of	Floors		ldg. A			
MARK RIAGE						5200 1 58									
County (6) BERLEN (STATE USE ONLY)						Current Use (Prior if being demolished)  ABAWICIU / DEMU									
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	No.	Na	Name of Abatement Contractor (9)									
		(4.)						ntracting							
Street Address					127	Street Address 105 Lowell Road									
City, State, Zip Code						City, State, Zip Code									
Oity, otato, 2ip oode							Glen Rock, N.J. 07452								
Project Manager for Monitoring Firm Telephone No.					1,000	Telephone No. License No. 201-262-5841 00156									
Start Date (10) / Scheduled Completion Date (11)						Name of OSHA Monitor									
10   5   12						Omega Environmental Services Inc.									
Occupancy Status During Abatement (Check Only One)							Street Address								
Facility Closed/Vacated During Entire P Abatement Performed Outside of Normal	eriod of A	batem	ent			280 Huyler Street City, State, Zip Code									
Abatement Performed Outside of Normal Facility Hours Other – Describe:					5	- Hackensack, NJ 07606									
Scope of Work (Check All That Apply)											15.71				
≥3 sf or ≥3 lf Renovation						Full Containment with Negative Pressure									
≥160 sf or ≥260 lf     Demolition						Mini-Enclosure Glovebag Procedure									
						X				d Non-Friabl	e Pro	cedur	e		
Is Location											Abatement Type				
Location of	lormally d Solely				escription of			• christian ratio •		Type					
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  Maintenance/ Custodial Staff?			ce/			ntaining Material (ACM)			Amount (Specify		סג	_	E	ш	
				surfacing, VAT, or other miscellaneous)				SF or LF)		Remova	Repair	aps	Enclosure		
(13)	Yes	No	N/A		otner misc	eilan	eous)				val	=	Encapsulate	sure	
12.26	169	INU			. ( 1 -	_					-			_	
OFFICE ROOF	+		X	ROUFING				570056						_	
1 2001			<u>×</u>		C00717			-	0	7 00 31-	~				
	1								-			-			
Name of Registered Waste Hauler NJDEP Waste						Cubic Yards Name of Registered Landfill									
Rovic Transport				Hauler ID No. of Waste 20785			IESI PA Bethlehem Landfill Corp.								
City, State Riverdale, New Jersey 07457				Disposal Date			\								
Completed by Title				Signatore			0,0				1	-			
R. McDonald President				1/4/11 Yards 9/24/12											



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

Date of Notification (1) 9/19/12	Name of Building Owner/Operator RECEIVED													
Agencies Notified  (X ) EPA (X ) DOL (X ) DOH ( ) DCA	Notification (X ) Initial N (X ) Amend ( ) Cancelle	otification ed Notificat		Street Address 100 Campus Drive  City, State, Zip Code  Florham Park, NJ 07932  Name of Contact Frank Piechoeta										
				FACILITY II	NFORMATION					-69-				
Name of Facility Where A BASF – Outside Concrete Street Address	Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.  Sq. Feet _0 # of Floors_0													
City (5) Belvidere	County (6) Warren		County C (State Us		Bldg. Age _0 +/- Current Use (prior if being demolished)vacant manufactur						uring			
0				<u>o.</u>		Name of Contractor (9) NCM Demolition and Remediation, LP								
Environmental Health Inve	esugations, in	IC.			Street Addres	S	I considerate the second							
Street Address					Street Address 404 N. Berry Street									
655 West Shore Trail					John Bonjones									
City, State, Zip Code					City State, ZipCode									
					Brea, CA 92821									
Sparta, NJ 07871  Project Manager for Monit William S. Kerbel, CIH	Telephone 973-79-564			Telephone Nu 484-480-8931		e Number								
			7											
Scheduled Start Date (10)         Scheduled Completion Date (11)           10/08/2012         12/07/2012					Name of OSHA Monitor Testor Tech									
Occupancy Status During (X ) Facility Closed/Vacate ( ) Abatement Performed	Street Address 10 59 Jackson Ave.  City, State, Zip Code L.I.C. New York, 11101													
Describe Vacant Bldg. To Be Demolished					City, State, Zip Code L.I.O. New Tork, TTTO									
Other - Describe														
Source of Work (Check al														
(X) Demolition () Ren () Large Proj. (>160 SF or () Full Containment with	>260 LF ACI	M) ( )Small P essure ( )	roj. (>25<16 Mini-Enclos	60 SF or >10 <2 sure ( ) Gl	260 LF ACM) ovebag Procedu	re (X) Non	-Friable Outdo	OOL AAOLK						
Location of Asbestos- Is Location Normally Used Containing Material (ACM) in Facility (13) Is Location Normally Used Solely by Maint./Custodial Staff? (12) surfaci				Description of	f ACM (i.e. ms insulation,	(Specify SF or LF)  Rei			m. Rep. Encap Enclose					
	YES	NO	NA_	Asphalt Tar	& Daner	X			T	Г	Г			
Concrete Slabs at grade	Concrete Slabs at grade X			Aspnalt Tar			** Repair 5,400 sf X							
		*												
								10						
								T-2-						
Name of Reg. Waste Hau	ler	NJDEP Wa		ID #	Cubic Yards o	of Waste			of Reg.		ndfill			
Gary W. Gray GTrucking NJ DEP #09369					250		Dian Data	IESI P		ehem La				
City, State							Disp. Date 9/28/12			City, Stat Bethlehe				
EC Davids 40 Dalarras N	ניפלח ו						5,20,12				11. 11. 11. 1			
56 Route 46 Delaware, NJ 07833  Completed by (Print or Type) Title					Signature Date									
Joseph K. White Project Cod				dinator	Jog a	1. wh	to	9/24/1	2					
					1//									

### RECEIVED

Notification of Demoliti	on or Renovation 1.2.	0.3) AM IO. E.O					
	emolition or Renovation Work an						
Building Slabs will be demol	ished using wet dust suppressing	O'S"C'UNTROI CENSING	Mechanical (	means & methods.			
Demolition or Renovation Sit	ng Controls and Work Practices te: ons using Hydraulic excavator t						
XII. Waste Transporter#1 Ga	ry W. Gray Trucking		MA PERSONAL MANAGEMENT				
Address: 56 Route 46				- C440			
City: Delaware	County: Warren		State: NJ	Zip: 07833			
Contact: Jason R. Wilson		Telephone: 9	08-475-3797				
Waste Transporter#2 N/A	4						
Address							
City	County	700 - 100 -	State	Zip			
Contact		Telephone					
XIII. Waste Disposal Site IES	SI PA Bethlehem Landfill Corp		EPA Certification Number: PADEP 100020				
Address: 2335 Applebutter Road							
City: Bethlehem	County: Northampton		State: PA	Zip: 18015			
Contact: Alan Schleyer			Telephone: 610-317-3200				
	dered by a Government Agency	. Please Identify	he Agency I	Below:			
Name		Title					
Authority							
Date of Order (MM/DD/YY)		Date Ordered to	Begin (MM/DD/	77)			
XV. For Emergency Renovati	ions:						
DATE and HOUR of Emergency: (MM/E		(HH:MM) Prior	to noon				
	DEVENT: Please see attached BASF lette						
Explanation of how the Event caused to on 9-24-12 NCM is unable to commence the BASF site.	insafe conditions, or a serious disruption of e work on 9-24-12 due to resources needed	of industrial operations d to respond to needs :	: Please see atta	ached BASF letter dated 9/18/2012 Per call i the demolition of the Powerhouse located o			
Friable Asbestos Material Be	res to Be Followed in the Event to comes Crumbled, Pulverized or ate, wet material, notify appropri	Reduced to Pow	der				
During the Demolition or Rer	ual, Trained in the Provisions of novation, and that Evidence that nspection During Normal Busine	the Required Tra ess Hours (Required Left U. K.	ining has Be d one (1) year afte	een Accomplished by this er promulgation).			
	/ (Signatur	e of Owner/Operator)	(L	Date) 9/24/12			
XVIII I Certify that the Above	Information is Correct V						

for M. White (Signature of Owner/Operator)

(Date) 9/24/12