Cf # 259/

Date of Notification (1)					Mana	of Duilding		2/	CAC I A.	1 ++		725	_
	02 /	14					Owner/Operator (2 gement, LLC	2)				F	1
Agencies Notified EPA	Type Notific ☑ Initial	ation				Address enny Rd.		2	APR	8 7	014		,
□ DOLWD	☐ Amende	d				tate, Zip C			-		.017		- +
□ DHSS	Amendm	N					DE 19809						
DCA	☐ Emerger justificati		luding			of Contact			Telephone Number	ar .			
(NJAC 5:23-8)	Cancella	100 miles			1	Pollice			Tolophone Name	•			
	1						FORMATION						
Name of Facility Where	Abatement is	Taking	Place	(3)			•	Type of Facility (4)		-		
Riverview Towers		5.50		(-)				School (K-12	100				
Street Address		-						☐ Subchapter 8	(Other than K-12)				
130 Mickle Blvd									ivate and commerc	ial bu	ilding	s,	
City (5)								Square Feet	# of Floors	Blo	dg. Ag	je	
Camden		N.	10		North Control			27					
County (6)					Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ed)			
Camden								Apartments					
Name of Monitoring Firm	n Hired by Buil	Iding O	wner (3)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Brightfields, Inc							BRISTOL EN	VIRONMENTAL	_, INC.				
Street Address							Street Address						
801 Industrial St							1123 BEAVE	R STREET					
City, State, Zip Code		-1000-100-100					City, State, Zip Co	ode					
Wilmington, DE 19	801			-			BRISTOL, PA	19007					
Project Manager for Mor	nitoring Firm		- 772.72	Tele	phone	No.	Telephone No.		License No.		10		
Monty Krough				30	2-656	-9600	215-788-6040		00509				
Start Date (10)		Schedu	uled Co	omple	tion Da	te (11)	Name of OSHA N	lonitor					0
_4 / _15 /	14	4	/	_17	_ / _	14	BRISTOL EN	VIRONMENTAL	_, INC.				
Occupancy Status Durin	g Abatement	(Check	only o	ne)			Street Address			222			
☐ Facility Closed/Vacat							1123 BEAVE	R STREET					
Abatement Performe Time of Abatement:						cribe	City, State, Zip Co BRISTOL, PA					20	
Scope of Work (Check a	Ill that apply)												
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			⊠ Rei □ Dei				☐ Mini-End	g Procedure	ative Pressure n-Friable Procedure				
			ls	Loca	ion					_	ateme	ent T	vpe
Locatior Asbestos-Containing TO BE AB IN Faci (13)	Material (ACI) ATED lity	VI)	Use Mai Cust	ntena odial (12)	ely by ince/ Staff?		Description of estos Containing Ma e., thermal systems surfacing, VAT other miscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A	<u></u>							_
Apartment 910				\boxtimes		Floor ti	le and mastic		375 SF	Ø	Ш	Ц	Ш
Name of Registered Was		P, INC		1000	IJDEP V	O No.	Cubic Yards of Waste	Name of Regis					
City, State NEW CASTLE, DE		Ÿ.			20990)	Disposal Date	City, State WAYNESB	URG, OH 44688	 	o de la composição de l		
Completed By (Print or T		Title Es	timat	or			Signature	Scalin 1	Dat		1//	4	
ASR 41								1)	1	-			

ASB-41 MAY 11

BS14025

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

					JAC 8:60 and 1			-1				
te of Notification (1)			Nam	e of Bui	ding Owner/Op) A					
4/2/14					GEORGE		agaTTA	APF	8 20	14		
encies Notified	Type Notification		Stre	et Addre	135 S		1.15	. At 1	LU		,	
	o Initial			OF L	ip Code	ECONT				١. ١	-	
	C Amended		Cary,	SEUE, 2	HOWTHOLA	r	17 (7506				
DOL	Amendment#	ding	Blow	ne of Co	Mari	<u>e</u> , r	J	Tele	okone Nimb	PF		
DOM I	ius(dication)		l den			7	atta.	- _			Į.	
DCA	☐ Cancellation		<u> </u>		Y INFORMATIC					1		_
	to Teleiner Pla	ce (3)	- 1	PAROLLI I	E Mer Colombia		Type of Facil					
me of Facility Where At		5-2			1 TO THE POSSESSION OF THE POS	1	☐ School (K-12)	-than K-12)			
1 0 dd-20	SIDENCE		-		•		Other (L	e. private &	commercial l	buildings,	homes	
reet Amoress	OND BLIDGE	AUE					eic.)		Floors	Bldg./		
	OND DEIDIGE	7 10 0					Square Feet	1	Limma		50	
by (5)		-					1,650		- domnlicher	B		
	HORNE	1.27	Con	unity Coo	ie (7)		Current Use	RESIDO	g demolisher	-,		
ounty (6)	_		(ST	ATE USE			of Abalement					
Massal Tassal	Hired by Building Own	si (g)	\neg	ASCM	No.	Name A M	AC Contracting	g Inc				
SUIS (I) WITH SUIS . M.		33					Address					
treet Address			•	*****	•	105	Lowell Road					
,						<u> </u>						
Sty, State, Zip Code					*	City,	State, Zip Cod Rock, NJ 074	e 152		٠		
-									License No	L	파악/	
roject Manager for Mon	loing Firm			Telepho	ine No.	Telep 201	hone No. -262-5841	7,000.00	00156			_
			1				-COCHÍA BRO	nilar				
Short Date (10)	. s	cheduled (Compl	elion Da	迪 (11)	On	ega Environi	nental Servi	ces inc.		-	
Start Date (10)	+ 1		30	17		1	t Address					3
Occupancy Status Durit	ig Abatement (Check	Only One)				280	Hower Street	•				_
Occupancy Status During Facility Closed/Vac Abatement Perform	aled During Entire Per	100 Of Alber Facility Ho	urs urs	Ł		2 C YEAR	State, Zip Col kensack, NJ (1e 17605				
Other-Describe:	al Coeste d'		/_			riac	NEI EIGHT. THE C					
	AN Flest Armiv)	_/							Northin Pr	PESING		
	LIU TANDEZ JEL-DA	II Ren	ovatio	n			I Foll Control	uznis ipusti ann	recognition.			
Scope of Work (Check)			milion	1								
n ≥sfor≥3 ff		□ Den	Dr. seen as a						2 2 2 Circle!	- Dancodi	1170	-
/		□ Den			•	-	□ Non-Exe	noted (*) an	d Non-Friabl	e Procedu	ile Selemen	d
n ≥sfor≥3 ff					-	-	1 Non-Exer	npfed (*) ar	d Non-Friebl	Procedu Al	ire Patemer Type	ıt ·
四 3503f 日 260502260f	·	is L	ocatio	n		Descrinti	O Non-Exer	mofed (*) ar	a Moli-Lisa	Procedu Al	Туре	
D ≥ 5 or ≥ 260 fr	nn of	is L No Used	ocatio amaily Solely	n r by	Animonian C)escripti	On of	npied (*) al	Amount		Туре	
El Safor 2260 H	on of a Material (ACM)	is L No Used Main	ocatio amaily Solely tenan	n by cel	Ashesins C	lescripti Intainini al syste	on of Material (Alms insulation,	npied (*) al	a Moli-Lisa		Туре	
El Safor Safor 1260 F Localin Ashesius Containin TO Be line	on of g Material (ACM) EATED	is L No Used Main	ocatio amally Solely tenan	n by cel	Ashesins C	lescripti Intainini al syste	ON OF Material (Al	npied (*) al	Amount		Туре	
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Ashesins Containing TO BE AS TO SEMONT	on of g Material (ACM) BATED GRAY 3)	is L No Used Main Custo	ocation multiple solely temandial Si (12)	by cell cell?	Ashesios Control	Description and a system of the system of th	on of Material (Alms insulation, WAT, or laneous)	anne of Regi	Amount (Specify SF or LF)	Reproved	Туре	
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Location 260 if a 260	on of g Material (ACM) BATED GRAY 3)	is L No Used Main Custo	ocalio amally Solely tenamicial Si (12) No	by cell cell?	Ashesios Concentration (i.e. themself) PIPE	lescription description of the second	on of Material (Alms insulation, MAT, or laneous)	ante of Regions State Zing State Zing	Amount (Specify SF or LF) 65 CF.	Reproved	Туре	
El 25 sfor 23 if El 260 sfor 2260 if Location Ashesins Containing In Far (13 B & SEMONT Name of Registered W Rount Transport	on of g Material (ACM) BATED GRAY 3)	is L No Used Main Custo	ocalio amally Solely tenamicial Si (12) No	by cell aff?	Ashesios Control (i.e. them son office of the control of the contr	lescription de la systematica della systematica	on of Material (Alms insulation, MAT, or laneous)	ante of Regions PA Balti	Amount (Specify SF or LF) 65 CF. siered Landing Code pa 18015	Removal Corp.	Туре	
Location 260 if a 260	on of g Material (ACM) BATED GRAY 3)	is L No Used Main Custo	ocalio amally Solely tenamicial Si (12) No	by cell aff?	Ashesios Control (i.e. them son office of the control of the contr	Description taining all systems of miscolar misc	on of Manerial (Alms insulation, Mart. of Janeous) SULATION SULATION SULATION	ame of Regions PA Beling Strike, Zing Berthelman, I	Amount (Specify SF or LF) 650F. Sered Landing Code PA 18015	Removal Corp.	Spe Engipsulate	A THE WALL STORY
El 25 sfor 23 if El 260 sfor 2260 if Location Ashesins Containing In Far (13 B & SEMONT Name of Registered W Rount Transport	on of g Material (ACM) BATED GRAY 3)	is L No Used Main Custo	ocation maily Solety Solety Imanu (Iza) Solety No.	by cell aff?	Ashesios Control (i.e. them son office of the control of the contr	lescription de la systematica della systematica	on of Manerial (Alms insulation, Mart. of Janeous) SULATION SULATION SULATION	ante of Regions State Zing State Zing	Amount (Specify SF or LF) 650F. Sered Landing Code PA 18015	Removal Corp.	Туре	A THE WALL STORY



CK 4020

Date of Notification (1) 4/4/14					uilding Own Board O			2)		T.			Ĭ.	-		
Agencies Notified	Type Notification			eet Add					·							
X EPA	Initial		(Co. 100)		ront Stre	et 				APR	<u>d</u>	2014	-		1	_
EPA DEP DOL	Amended Amendment		0.000		, Zip Code NJ 0810	2								20		
	Emergency (i	ncluding	1000	me of C	ontact					Teleni	none Nu	mber	-			
DOH DCA	Cancellation		Ni	icole	**									3		
		- (a)		FACILI	TY INFORM	ATIO	ON	Tuno of	Facility (4)		-					\dashv
Name of Facility Where		Place (3)														
Camden Board Of	Eu					100			hool (K-12) bchapter 8		than K-1	12)				
Street Address	ş:							Ott	ner (i.e. pri	vate & c	ommer	cial buil	ding	gs, h	omes	
201 N. Front Stree	li in		-					Square		# of F	loore	T	Slda	. Age	3	-
City (5) Camden NJ 08102								1000+		1+		3	35+	100000000000000000000000000000000000000	•	
County (6) Camden	9 75			ounty Co	ode (7) SE ONLY) _			Current	Use (Prior	if being	demolis	shed)				
Name of Monitoring Fire	n Hired by Building (Owner (8)	ᅪ	ASCM I	No.		Name	of Abate	ment Cont	ractor (9))					\neg
Smithco	If the by Building	5 mile: (e)			1		100000000000000000000000000000000000000	aco Inc					C LOTE	•		
Street Address								Address								
808 Market Street	Suite 336						1 7/2	ox 329								
City, State, Zip Code Camden NJ 08102)							tate, Zip Berlin	NJ 0809	91						
Project Manager for Mo	Water and the Control of the Control		Te	elephon	e No.		Teleph	one No.		101 655	License	No.			:8	
Nicole Camble			8	56-365	5-9111			753-98		- (00727					
Start Date (10) 4/5/14		Scheduled 4/6/14	Comp	oletion D	ate (11)		Name Sam		A Monitor							
Occupancy Status Duri	ng Abatement (Che	ck Only One)					Street	Address	1						-	
Facility Closed/Va Abatement Perfor	cated During Entire med Outside of Norr	Period of Aba	iteme ours	ent			City, S	state, Zip	Code	. 6		-				
	1		_			-										
Scope of Work (Check	All That Apply)						_	7				-				
≥3 sf or ≥3 lf			novati nolitio					Full Mini	Containme	ent with	Negative	e Press	ure			
≥160 sf or ≥260 lf		□ Del	HOHUC	JII				Glov	ebag Prod	cedure						
							<u> </u>	≦ Non	-Exempted	d (*) and	Non-Fr	iable P				
	er e		catio				2.04			w 5.			Α.	Ty	ment oe	
Locati	on of	Used :	rmally				escription						T	Ť		
Asbestos-Containi		Maint					ntaining I al system			(20)	nount pecify	2	,	_	Enc	ᄪ
TO BE A		Custoo		taff?	20	surf	acing, VA	AT, or			or LF)	Kellova		Repair	aps	Enclosure
(1	3)	,	12)		= 0	other	miscella	neous)	1			ğ		Ħ	Encapsulate	ure
		Yes	No	N/A								_	1		W.	_
6th Floor	room 613	x				F	Floor Ti	le	3	1:	5 SF	x	1			
			211025.02										_			
2													4			_
	2		/ E-10051-0													
Name of Registered V	Vaste Hauler			JDEP W			ic Yards Vaste		Name of		red Lan	dill				
United Containers				2459	140.	1			G.R.O.							
City, State Elm NJ	1		7		10000	Disp 4/7/	oosal Dat /14	е	City, Sta Morris		1906	7				
Completed by	- 	Title					Signatu	re				Date			14.	
Anthony T Perna		Presid	ent				(1				4/4/1	4			

Check# 1326		FICATION	OF ASBESTO o NJAC 8:60 a	S ABATE		11 7	:			
Date of Notification (1) 4-2-2014		Name of Rishi S	Building Owne ingh	r/Operator	(2)	- 21			15 1	
Agencies Notified Type Notification		Street Ad 108 Gld	ldress oucester Ro	ad	1	APR	8 20	1/1	2	
EPA Initial Amended			e, Zip Code	7054				1		-1
DOL Amendment #		Name of	cany, NJ 07	054		Telephone A	lumber	1	1	+
DOH justification) Cancellation		Rishi S	Tana Mariana		4				•	
_ cancellate.		1	ITY INFORMA	ATION			200		-,	
Name of Facility Where Abatement is Taking Residential	Place (3)				Type of Facil School	(K-12)				
Street Address 108 Gloucester Road					Subcha Other (i	pter 8 (Other than K .e. private & comme	-12) rcial build	lings,	home	es,
City (5) Parsippany, NJ 07054					Square Feet 1536	# of Floors 2	11 598	ldg. A 0+	ge	
County (6) Morris		County C	Code (7) ISE ONLY)		Current Use	(Prior if being demo	ished)			
Name of Monitoring Firm Hired by Building O	wner (8)	ASCM	No.			Contractor (9) nental Services,	LLC	*******		
Street Address					Address Virginia Ave	enue				
City, State, Zip Code				City, S	State, Zip Code)				
Project Manager for Monitoring Firm	- HAME TO BE AS A SECOND	Telephor	ne No.	Telepi	hone No. 333-8855	License 01174				
	Scheduled C	Completion [Date (11)	100000000000000000000000000000000000000	of OSHA Mon		-92			
Occupancy Status During Abatement (Check	III ESMONDAN A			Street	Address					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	eriod of Abat			City, S	State, Zip Code	9				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation olition			Mini-Enclo	ninment with Negativ sure Procedure npted (*) and Non-Fr			e	
	le l o	cation						Abate	ement	
Location of	Norr	nally		Description	n of			Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainte Custodi (1	enance/ al Staff? 2)	(i.e. then	Containing I mal system urfacing, V er miscella		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Basement		K K		VAT		360 SF	×			
Basement		×		Mastic		360 SF	×			
Walkway-second floor	+	x		VAT		25 SF	x			
Walkway Scool a floor	+ + '									
Name of Registered Waste Hauler		NJDEP W	/aste Cu	ibic Yards	Nam	e of Registered Lan	dfill			
Waste Management		Hauler ID 0034889	9 4	Waste		R.O.W.S. North L	andfill.			
City, State Coraopolis, P.A.	11			sposal Date 4-2014	Mor	State rrisville, P.A.				
Completed by Liliana Pedraza	Title Office N	/lanager		Signatur	re un le	duzz	Date 4-2-20	14		

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

Check #7944

Date of Notification (1) April 2, 2014					Building Owr ian Booth				<u> </u>		• •	<u> </u>	_	
Agencies Notified EPA	Type Notification Initial		1		5 West Hu	idson Ave	enue		<u>-</u> Σ		7 厚		1	
EPA DEP DOL	Amended Amendment				e, Zip Code rood, NJ 0	7631		N Personal			04.1	1	11.	
DOH DCA	Emergency justification) Cancellation	•	27.0		Contact Strohl			10	L Deller	nhone Nur	nher_	_	-	
Name of Facility Where A		g Place (3)		FACIL	ITY INFORM	IATION	Туре	of Facility (4)			1 -			
Street Address 155-175 West Huds	on Street	÷1					×	Subchapter 8 Other (i.e. prietc.)	(Other	than K-12 commerci	2) al build	lings,	home	es,
City (5) Englewood		11/44			75 3000		Squa 48,0	are Feet	# of I	Floors	5 5	ldg. A 1	ge	
County (6) Bergen				County C	code (7) SE ONLY) _	5		ent Use (Prior sisted Living			ned)			
Name of Monitoring Firm CSA Consulting Ser		Owner (8)		ASCM	No.	1 2000000000000000000000000000000000000		atement Contr onstruction,		9)				
Street Address 26 Lorenzo Court							t Addre	ess / Avenue						
City, State, Zip Code Matawan, NJ 07747								Zip Code J 07011						
Project Manager for Mon Michael Chain	itoring Firm		1.00	elephor 732-92	ne No. 1-9223	1000000	ohone 1 .478.4			License N 00724	lo.			
Start Date (10) April 14, 2014		Scheduled October			Date (11)	5.0000000		SHA Monitor onstruction,	, Inc.					
Occupancy Status During				ont			det Addre	ess Avenue						
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norr	nal Facility H	lours			100000000000000000000000000000000000000		Zip Code IJ 07011						
Scope of Work (Check A	ll That Apply)	/ <u></u>												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novat moliti				Д M G	ull Containmer lini-Enclosure llovebag Proce on-Exempted	edure				e	
			ocatio					OIT Excilipated	() uno	NOTE THAT		Abate	ement pe	i i
Location Asbestos-Containing <u>TO BE AB/</u> In Facili (13)	Material (ACM) ATED	Used Main Custo	tenan	y by ce/	(i.e. the	Description Containing ermal system surfacing, Verther miscella	Materi ns insu 'AT, or	ılation,	(S	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							ļ_		te	LU .
Room	19			X		Ceilin	g		18	0 SF	X			\vdash
Name of Registered Was	te Hauler		N.	JDEP W	/aste C	Cubic Yards		Name of R	Register	red Landfi	П			
Slavco Construction			100000	auler ID 8508		f Waste BD		GROWS	S Land	dfill				
City, State Clifton, NJ				Ty.		Disposal Dar BD		City, State Morrisvil		4				
Completed by Branka Rovcanin		Title Admin	istra	tive As	sistant	Signatu	ire j	a Kwa	m:		ate 4/02/	2014		

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

MO#21382898725		N N	. 40 11	(Pu	rsuan	t to NJAC	8:60	and 5:16	1		* 7	F		1
Date of Notification (1)					Name	of Building	Owner/C	Operator (2				1 1		
04 /	05	1 14			Carola	nn Sangio	wanni		8.7				1	,
Agencies Notified	- 1 - Danie - 1	otification				Address	vaiun			APR 8-	2014			
□ EPA	✓ Initial				302 Io	hn Street								
⊠ DOLWD	☐ Ame			F		tate, Zip Co	ode							Ì
⊠ DHSS		endment #_	alicalia a		Middle	esex, NJ 0	8846			ŭ.	٠.		250200	1
☐ DCA (NJAC 5:23-8)		ergency (ind ification)	aluaing			of Contact			*	Telephone Mumb	205			
	Car	ncellation			Carola	nn Sangio	ovanni							
					FAG	CILITY IN	FORMA	TION						
Name of Facility Where	Abateme	nt is Taking	Place	(3)					Type of Facility					
Private house									School (K-12	2) 8 (Other than K-1 2	Y			
Street Address									Other (i.e., p	rivate and commer	cial bu	ilding	S.	
302 John Street									homes, etc.)					
City (5)									Square Feet	# of Floors	Bit	ig. A	je	
Middlesex, NJ 08846						- 0-d- (7) (CTATE II	05 04/1/0	Comment Head (De	for if being demolis	in a d'			
County (6)					Coun	ty Code (7) (STATE	SE UNLT)	Current use (Pi	for it being derives	sileu)			
Middlesex Name of Monitoring Fire	n Hired b	v Building (lwner (8) [ASCM	No	Name	of Abateme	nt Contractor (9	· · · · · · · · · · · · · · · · · · ·				
		, sanang c	,,,,,,,	,	AGGINI		Gr Tec		in Contractor (3					
Street Address								Address						
								illey Rd #	783					
City, State, Zip Code			-	57				ate, Zip Co						
Control of the Contro								, NJ 0747						
Project Manager for Mo	nitoring F	irm	-	Tele	phone	No.	Telepho			License No.				-
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Occupancy Status Duri	ng Abater	nent (Checi	k only d	one)				Address						
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Abatement Performe Time of Abatement:	ed Outside Al	e of Normal M- p	Facilit	y Houi PM	rs - Des	cribe	City, St	tate, Zip Co	ode					
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Date of Notification (1)	NULL AND S	ame of B	Building Owner/Op	perator (2	2)	9 4 1 A	1 - ⁻¹		jit			. ,
Agencies Notified Type Notification		Street Add	iress ADLEY ROAD)		91	9	APR	8 2	014		
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Emergency (included in included in its property in its propert	uding	lame of C	Contact	VAJ		A	Telep	hone Numb	ner			
			ITY INFORMATION			Facility (4	<u> </u>					-
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Street Address 17-0/ NEVINS	RN				Oth etc	ner (i.e. pr	ivate & o	than K-12) commercial	buildi			s,
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Name of Monitoring Firm Hired by Building Ow ENVIRONMENTAL TACTICS	ner (8)	ASCM 0045	No.			ment Cont	tractor (9	9) MERICA				
Street Address 64 BROAD STREET					Address NHITE	HEAD A	VE.	-				
City, State, Zip Code MATAWAN, NJ 07747					tate, Zip TH RIV	Code /ER, NJ	08882	<u> </u>	77.51			
Project Manager for Monitoring Firm TOM GEIGER		Telephon	ne No. 2-2217	Teleph	one No.	- T	$\neg \neg$	License No).			
	cheduled Com			Name	of OSHA	Monitor		MERICA				
Occupancy Status During Abatement (Check	Only One)	1	7	Street	Address							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe: 607 DookS	riod of Abatem Facility Hours	nent		City, S	state, Zip	HEAD A		· · · · · · · · · · · · · · · · · · ·				
Scope of Work (Check All That Apply)				1 000								
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	Is Locati Normal	440000	Do	escription	o of					Ту		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Sole Maintena Custodial S (12)	nce/	Asbestos Con (i.e. therma surfa	ntaining N	Material (s insulat AT, or	ACM) ion,	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
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OUTSIDE OF SWITCH STA.	X	-	ACM	Duc	T 131	1NK	24	48LF	X			
Name of Registered Waste Hauler		NJDEP W		c Yards	П	Name of	Registe	red Landfill	1_			<u> </u>
WASTE MANAGEMENT		Hauler ID 1125	400	× 96	2	GROW		RTH				
City, State ELIZABETH, NJ			7.	osal Date		City, Stat MORR	ISVILL	E, PA				
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Date of Notification (1)		Building Owner/Oper	ator (2)				1	П
3/21/14	P.S.E.G		#17 S 19				11	
Agencies Notified Type Notification	Street Add 4000 H	dress ADLEY ROAD		APR 8 2	014			
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☐ Emergency (inc justification) ☐ DCA ☐ Cancellation	Name of (4JERA	Telephone Mismi	nar		1	1
	FACIL	ITY INFORMATION						
Name of Facility Where Abatement is Taking P	lace (3)		Type of Facility (4					
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City (5) ,			Square Feet	# of Floors	Blo	ig. Ag	e	
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BERGEN		SE ONLY)	ame of Abatement Con	j A				_
Name of Monitoring Firm Hired by Building Ow ENVIRONMENTAL TACTICS	ner (8) ASCM 0045		INIQUE SYSTEMS					
Street Address 64 BROAD STREET			treet Address 396 WHITEHEAD A	VE.				
City, State, Zip Code MATAWAN, NJ 07747			ity, State, Zip Code SOUTH RIVER, NJ	08882	,			
Project Manager for Monitoring Firm TOM GEIGER	Telephon 732-29	35-31-31-31-31-31-31-31-31-31-31-31-31-31-	elephone No. 732-432-8350	License No 01111).			
Start Date (10)	cheduled Completion D		ame of OSHA Monitor JNIQUE SYSTEMS	OF AMERICA				
Occupancy Status During Abatement (Check C	Only One)	100	treet Address		-			
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal	riod of Abatement Facility Hours	C	396 WHITEHEAD A City, State, Zip Code					-
Other - Describe: OUT DOORS		5	SOUTH RIVER, NJ	08882	-			
Scope of Work (Check All That Apply)	7		☐ Full Containme	ent with Negative P	raccuir	_		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Demolition		Mini-Enclosure Glovebag Prod	edure				
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TO BE ABATED In Facility	Custodial Staff? (12)	surfacin	g, VAT, or cellaneous)	SF or LF)	Remova	Repair	Encapsulate	Enclosure
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Outside of SwiTcH STA.	$- \wedge $	1/211 2	WEI DITION	5(1 <u>5</u> G				
Name of Registered Waste Hauler	NJDEP W Hauler ID		S S S S S S S S S S S S S S S S S S S	Registered Landfill S NORTH				
WASTE MANAGEMENT	1125	400x	90					
City, State ELIZABETH, NJ		Disposal TB	Ď MORR	ISVILLE, PA				
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^{*} 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-) Name of Building Owner/Operator (2) Date of Notification (1) 0 3 / Exclusive Properties Realty, LLC Street Address Agencies Notified 48 Buena Vista Avenue [X] EPA 2014 City, State, Zip Code Initial DEP IXI Hawthorne NJ 07506 [X] DOL Amended Amendment # Telephone Number Name of Contact Emergency (including [X] DOH IXI Justification) Ms. Beverly Maleta Cancellation [] DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Residence Subchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial X buildings, homes, etc.) 48 Buena Vista Avenue County Code (7) Square Feet # of Floors Bldg. Age City (5) County (6) (STATE USE ONLY) Current Use (Prior if being demolished) Hawthorne Name of Abatement Contractor (9) ASCM Name of Monitoring Firm Hired by Building Owner (8) J.R. Contracting & Environmental Consulting, Inc. Enviro Vision Consultants, Inc. Street Address Street Address 1141 Route 23 20-21 Wagaraw Road, Bldg. #34A City, State, Zip Code Wayne NJ 07470 Fairlawn NJ 07410 License No. Telephone Number Telephone Number Project Manager for Monitoring Firm 00408 973 628-9500 973-636-9145 Willie Morales Name of OSHA Monitor Scheduled State Date (10) Scheduled Completion Date (11) Enviro Vision Consultants, Inc. 7 0 0 3 0 7 / Year Month Day Year Month Day Street Address Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period 20-21 Wagaraw Road, Bldg. #34A of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours 1 1 Fairlawn NJ 07410 Other - Describe: Scope of Work (Check all that apply) Full Containment With Negative Pressure Mini-Enclosure [X] Renovation Glovebag Procedure ≥ 3 sf or ≥ 3 lf Demolition [X] [X] Non-Exemted (*) and Non-Friable Procedure $\geq 160 \text{ sf or } \geq 260 \text{ lf}$ Abatement Type E N N R Description of Location R C C E Asbestos-Containing Amount Normally Location of M L (Specify E A Material (ACM) Used Asbestos - Containing 0 SF or LF) 0 P P Solely by (i.e., thermal systems Material (ACM) V A S S insulation, surfacing, VAT, TO BE ABATED Meintenance / or other miscellaneous) A 1 U TI in Facility (13) Custodial L R L R Staff (12) Yes No N/A pipe insulation 90 LF X Basement Name of Registered Landfill Cubic Yards of Waste NJDEP Waste Name of Registered Waste Hauler Hauler ID No. G.R.O.W.S 17819 J.R. Contracting & Environmental Consulting, Inc. City, State Disposal Date City, State Morrisville PA Wayne NJ 07470 Date Completed by (Print or Type) Title Signature

Jerry Bijelonic

Project Manager

3/4/2014

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

1/10 CV # 14	53		(Pursu	ant to NJAC	8:60 and 12:	120)		1100			77 [2	7	
Date of Notification (1) 4/4/2014			120 2000 200	e of Building Richard C	Owner/Opera Clark	ator (2)	F G					
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<u> </u>			F	ACILITY IN	FORMATION				₹		- 35		
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City (5)	е					+	etc.) Square Feet	# of	Floors	Bio 80	lg. Ag	e	
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County (6) Bergen			(ST)	inty Code (7) ATE USE ONL	n	-	Residentia	al		sileu/			
Name of Monitoring Fire TBD	m Hired by Buildi	ng Owner (8)	A	SCM No.			of Abatement Contracting		(9)				
Street Address							Address Valley Roa	ad, Suite	K	70			
City, State, Zip Code							tate, Zip Code ne, New Je		70				
Project Manager for Mo	onitoring Firm		Tel	ephone No.			none No.) 928-5040		License 00874	No.			
Start Date (10) 4/21/2014	-	Scheduled 4/26/201		etion Date (1	1) N	ame	of OSHA Mor Contracting						
Occupancy Status Duri	ing Abatement (C				S	treet	Address Valley Ro		K	~			
Facility Closed/Va Abatement Perfor Other – Describe:	med Outside of N	Jormal Facility H	lours			ity, S	State, Zip Code	е					
Scope of Work (Check	All That Apply)												
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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0.00	Amended				State, Zip (-9 -	* 5 *** **	2 5 8	-	+
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☐ DCA [[(NJAC 5:23-8)	☐ Emerge <mark>n</mark> cy justification				of Contac			Telephone No	imhar			
	_ Cancellatio		2	Donna	a Pradith							
						FORMATION		4				
Name of Facility Where Ab	atement is Tal	king Place	(3)		OILIT II	ii orana riore	Type of Facility	(4)				
House/residence			(4)				School (K-12					
Street Address	-	-	= 500				Subchapter i	(Other than K-		71		
148 Dover Chester Road							Other (i.e., phomes, etc.)		mercial b	uildir	gs,	
City (5)							Square Feet		TE	Idg	Age	
Randolph, NJ 07869							.,		1 -		.30	
County (6)				Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Pr	or if being dem	olished)			-
Morris	201					····						
Name of Monitoring Firm H	ired by Buildir	ng Owner ((8)	ASCM	No.	Name of Abatem	ent Contractor (9)				***	
						Gr Tech LLC	(0)					
Street Address						Street Address						Vi. 12
						576 Valley Rd	#283					
City, State, Zip Code				X		City, State, Zip C	The second second					
						Wayne, NJ 074	O-000000000000000000000000000000000000	8				
Project Manager for Monito	ring Firm		Tele	phone	No.	Telephone No.	, 0	License No.				_
			81			973-638-1777		01127				
Start Date (10)	Sc	heduled C	omple	tion Da	ite (11)	Name of OSHA	Monitor	01127				-
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Occupancy Status During A	Abatement (Ch	neck only o	one)			Street Address	onsultaints, inc		020			_
☐ Facility Closed/Vacated				ment		20-21 Wagaraw	Pood Bldg #	211				
Abatement Performed C	outside of Nor	mal Facilit	y Hou	rs - Des	scribe	City, State, Zip C	ode Road, Didg .#	34A				
Time of Abatement:	AW	_PM/	PM_		_AM	Fair Lawn, NJ (*					
Scope of Work (Check all the	nat apply)	-					p and decontamir	nation with nega	tive pres	sure		-
		□ p •	narassi an i -	-12-12-0		Full Cor	tainment with Ne					
> 160 sf or >260 lf			novati molitic			Mini-End Gloveba	ciosure ng Procedure 🔲	Tent with Nega	tive Pres	sure		
-						Non-Exe	empted (*) and No	n-Friable Proce	edure	3 - 3		
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Location of Asbestos-Containing Ma			Norma ed Sole			Description			Z	Z	m	To
TO BE ABAT		Ma	intena	ince/	Asbe (i.e	stos Containing Ma e., thermal systems	aterial (ACM) insulation	Amount (Specify	em	Repair	nca	nclo
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(13)			T	T	1	other miscellane	eous)		-		ate	0
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Basement				\boxtimes	Transite	panel		60 SF	X			L
First floor	28			\boxtimes	VAT flo	oor tiles		250 SF	X			
Second floor			П	\boxtimes	VAT flo	or tiles		110 SF	[X	T	ĪП	T
Name of Registered Waste	Hauler		NJI	Call Indiana		Cubic Yards of Was				1		- Indiana
Gr Tech LLC	±8			003378		TBD	T.R.R.F. Inc					
City, State				103370	J.J.	Disposal Date	City, State					-
253						1						
Wayne, NJ 07470 Completed By (Print or Type	e)	Title				TBD	Tullytown, P.	A	Dot-			
responsable to the second seco						Signature	1 .)	Date			
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ASB-41		* Da na	1 1150 1	his form	n for ashes	uos licensure exemi	nted activities					

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				FACILI	TY INFOR	RMATIO	N	Type of	Facility (4)				_			
Name of Facility Where A Lincoln Tunnel Helix Street Address		Place (3)						Sc	chool (K-12 ubchapter 8 ther (i.e. pri) 3 (Other	r than K-	-12) rcial bu	uildin	ıgs, h	omes	š.
500 Kennedy Blvd E	<u> </u>							et Square	c.) Feet	000000000000000000000000000000000000000	Floors		Bldg	g. Ag		
Weehawken			То	County Co	ode (7)			259,9 Сипеп	20 t Use (Prior	1 r if bein	g demo	lished)	75			
County (6) Hudson			(5	STATÉ US	SE ONLY)				el Approa			У				
Name of Monitoring Firm Port Authority of NY	Hired by Building O	wner (8)		ASCM I	No.		PAL E	Enviro	nmental			i				
Street Address 241 Erie Street, Roo							Street /		ens Plaza	a Sou	th					
City, State, Zip Code Jersey City, NJ 073		die.					City, St Long	ate, Zip Island	Code d City,NY	1110	1				500	
Project Manager for Mon Uday Mehta			- 1	Telephon			Teleph 718-3	one No 349-09			License 00853					
Start Date (10)		Scheduled 4/1/15	Com	pletion D	ate (11)		100000000000000000000000000000000000000	of OSH	A Monitor ea							
4/8/14 Occupancy Status Durin	g Abatement (Check		- 1					Addres:	s 17th St							
Facility Closed/Vac Abatement Perform Other – Describe:	ated Duri <mark>n</mark> g Entire P ned Outside of Norm	eriod of Aba al Facility H	atem ours	ent			City, S	tate, Zip	Code NJ 07002)						
Scope of Work (Check A	ull That Apply)						Daye									-
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf			nova: moliti	107.7°			L X	Min	Containme i-Enclosure vebag Prod	edure						
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In Fac (13)	ility	1.000.000.000	(12)	Jidir.			acing, VA miscella			31	OI LI J		Removal	Repair	sulate	amsc
		Yes	No	N/A		Trop	site Co	nduit		2	00 LF	,	ζ.	_		-
Heli	ix		Х			Han	isite oc	maun								
			-													
	e Car						- X2 · I		Name of	Donies	ered La	ndfill				
Name of Registered Wa Asbestos Transpor			F	NJDEP W Hauler ID 14310		of Wa	c Yards aste		110 Sa			. IGIIII				
City, State		4		4510		Dispo	osal Date		City, Sta							
Shirley, NY Completed by		Title	r Dr	oject E	YPC		Signatui	Jane 17	5			Date 4/4				
Sanford Alper		Senio	9 5 1	OJOUL L			4	The state of the s				1				-

Check # 8892

Date of Notification (1)	4-5-1	4	Na	me of B	uilding Owner/Or	perator (2)	en t	Cota	υic	_0	•	Η.	
Agencies Notified	Type Notification		Str	reet Add	iress 29	Sun	cet	PI	ale.	8 ;	2014		
□ EPA □ DEP □ DOL	Initial Amended Amendment #	i i j		ty, State	, Zip Code	The state of the s	ວດ ວ∩					6	
DOH	☐ Emergency (inc justification) ☐ Cancellation	cluding	Na	ame of C	Contact Kote	نازم	. 102	1					- 1 - -
□ DCA	Li Caricelladon			FACILI	TY INFORMATIO								
Name of Facility Where	Abatement is Taking	Place (3)				Type of	f Facility (4)				٠.	
Street Address		Ď	w	ellir	19	. D Si	chool (K-12 ubchapter & ther (i.e. pr	Other th	an K-12)	buildi	nge h	omes	
29	Sunser	+ 'P	la	æ			c.)	# of Flo			ig. Ag		,
City (5) Millir	ration	LN	` <u>'</u>		7946		t Use (Prio	Z if being o	lemolishe		000	_	
County (6)	MORRI	S		ounty Co	ode (7) SE ONLY)	-	828		Ellionario	.u,			
Name of Monitoring Firm	Hired by Building O	wner (8)		ASCM	No.	Name of Abate		tractor (9)	ologi	ies	J	in	6
Street Address	Box 33	37				Street Address	Box	337	J				
City, State, Zip Code	2404	MZ	' (280	533	City State, Zip	Code	40	M	08	35	3	3
Project Manager for Mo	e pen Ken			elephon	e No. 758-3365	Telephone No 609 758			cense No	3	19	4	
Start Date (10)	-14	Scheduled	Com	pletion D	Date (11)	Name of OSH	A Monitor	nnolo	gies	D	20		
Occupancy Status Duri	ng Abatement (Check	Only One	-			Street Addres	s		~		-		
Facility Closed/Va	cated During Entire P	eriod of Al	pateme	ent		P.O. City, State, Zi	Box	331					
Abatement Perform Other – Describe:	ned Outside of Norma	al Facility	Hours			New &		N	J (185	33	3	
Scope of Work (Check	All That Apply)						- (.			2	_		
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf			enovat emolitic			Min Glo	Containme i-Enclosure vebag Prod n-Exempted	e cedure				a	
	<u> </u>					LI NOI	n-Exemple	() and is	OIF Hab		Abate		
		100	Locatio	111	ē.						Ty		8
Location Asbestos-Containing TO BE A In Fac (13	ig Mate <mark>rial (ACM)</mark> BATED cility	Used	ormall Solel ntenan odial S (12)	y by ice/	Asbestos Cor (i.e. therma surfa	escription of ntaining Material at systems insula acing, VAT, or miscellaneous)	(ACM)	Amo (Spe SF o	ecify	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A	0	- 1.1	·*a a	40	LF	X			
Crawls	Dac <mark>e</mark>	X	_		Pipe I	nsulati	(01)	70					
										-	_		
			T N	JDEP V	Vaste Cubi	c Yards	Name of	Registere	d Landfil				<u> </u>
Name of Registered W	chnologie	Ş		lauler ID	No. of W	aste ∠	Was	teMa	inage	nes	f 0	E }	AS
City, State New E	0	NJ.	`		1 2	osal Date -16 -14	City, Sta	usyill		PA			
Completed by Sch		Title	sid	ent		Signature	Sch	h	D	4 4	-5	-10	4

-K-#- 25805

Date of Notification (1)						ailding Ow ARP & DO		perator (2) CORP.	1.3			7 [
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3 / 14 //1		-		Street			NII IE	P.O. BOX 2	000 PV28	111			
EPA Ini DEP X Ar X DOL Ca	ptification itial Notification mended Notific ancellation			City, Si	tate, : /AY,	Zip Code NEW JER		7065	ITalanhana			314	
	n Hold MERGENCY N	IOTIFIC	ATION	Name (ntact H BAKER		<u> </u>			1	_	
			FACILI	TY INFOR	RMAT	TON	-						
Name of Facility Where Abatement MERCK SHARP & DOHME CORPO	_	ice (3)					Туре	of Facility School (K- Subchapte	12) r 8 (Other th				
Street Address 126 EAST LINCOLN AVENUE - BUI	LDING 87				_		Sq	Other (ie. p uare Feet 260	# of Flo			, nom Bldg. A 59	
	ounty (6)			County	v Co	de (7)	Curre	nt Use (Prid	or if being d	emolis	hed)		
	NION			(STATE			VAC	ANT					
Name of Monitoring Firm Hired by ENVIRONMETAL HEALTH INVEST					AS	CM No. 17	PAR	e of Abaten ENVIRONN				ON	
Street Address							100000000000000000000000000000000000000	t Address	CK BOAD				
655 WEST SHORE TRAIL City, State, Zip Code	TA, NEW JER	SEV 078	371				City,	SPOOK RO State, Zip C ERN, NEV	ode	901			
Project Manager for Monitoring Firm	IA, NEW SER	~	one Nur	nber				hone Numb			nse Nu	ımber	
WILLIAM S. KERBEL, CIH			9-5649					869-7500		460			
Expected State Date (10)	Scho			Date (11	1)		Name	of OSHA	Monitor				
4 / 5 /1	4	8 /		30		/14 Year	AME	RISCI LABO	DRATORIE	SINC		#1	1480
Scope of Work (Check all that apply) Demolition x >3SF OR LF	rtside of Norma ATURDAY & S	I Facility	Hours -	- Describe :30PM		Full Contai Mini-Enclo Glovebag Non-Friabl	City, inment	with Negati	ode ORK, NEV		RK 100	016	
>160 SF OR 260 LF									I	_	TAbo	tomon	t Type
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	nor Mai	Locatio mally us solely by nt/Custo Staff (12)	ed	Co	ontain (ie. 7 sulatio	ption of As ing Materia hermal sys on, surfacir er miscella	al (ACN stems ng, VA	И) Т,	Amou (Spec SF or I	ify	REMOVAL	REPAIR	ENCAPSULE
BUILDING 87 ROOF	x		RC	OF FLAS	SHIN	G			150 SF		Х		
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State		EP Was ler ID No 15939	D.	bic Yards	10	/aste	LYC(of Registe DMING CO ALEXANDE State	UNTY RES	OUR		NAG	EMEN
FREEHOLD, NEW JERSEY			03	/15-0/8/30	0/14			TGOMERY	, PA 1775	2		1	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTO	R OF O		1	Signa	ture				Date	41	14	///

ate of Notification (1)									vner/Operator (2) OHME CORP.			1	44	11-1
3 / 1	4	/14				Street				4 .				
Agencies Notified		Notification				126 E	. LINC	OLN AVE	NUE, P.O. BOX 2	000, RY28-	414	8	2018	4
EPA DEP X DOL X DOH	X	Initial Notific Amended N Cancellation On Hold	otifica I		CATIO	Name	VAY,		SEY 07065	- 1				
DCA		EMERGEN	SY NO	JIIFIC									_	
17 - 22 - 117 - 128		A in Talsima	- Dles	- /2	FACIL	LITY INFO	RMA	TION	Type of Facility	(4)	_			
Name of Facility Where A	Abatem	ent is Taking	Piac	e (3)					School (K-1					
MERCK SHARP & DOHM	IE COR	PORATION							Subchapter X Other (ie. p	rivate & con	nmcl.	bldgs		
Street Address									Square Feet	# of Floo	ors	В	ldg. A 59	ige
126 EAST LINCOLN AVE	NUE - I		7						260 Current Use (Price	1	omoli	chod)		
City (5) RAHWAY		County (6) UNION						de (7) ONLY)	VACANT	or it being a	emon	sileu)		
Name of Monitoring Firm ENVIRONMETAL HEALT	n Hired	by Building	Owr	ner (8))	(0.,,,,		SCM No.	Name of Abatem PAR ENVIRONM	nent Contr	actor	(9) RATI	ON	
Street Address 655 WEST SHORE TRAI		SHOMICI	<u> </u>						Street Address 313 SPOOK RO	CK ROAD				1
City, State, Zip Code		ARTA, NEW	JERS	EY 07	7871				City, State, Zip C SUFFERN, NEW	Code V YORK 109	901			
Project Manager for Moni						Number			Telephone Numb	per	Licer	ise Ni	ımber	
WILLIAM S. KERBEL, CI					29-564				845-369-7500		460			
Expected State Date (10		1	Sche			on Date (/14	Name of OSHA AMERISCI LABO		SINC		#	11480
3 / Month Day	15	/14 'ear	Мо	8 . nth	/	30 Day		Year	AWIERISCI LABO	JATORIL	S IIVC	,	Tr.	11400
Occupancy Status During X Facility Close Abatement Pe X Other - Descr	d/Vacat erforme	ed During Er	ntire P Norma	eriod al Fac	ility Ho	ours - Des	cribe:			Code ORK, NEW		RK 10	016	
Scope of Work (Check all Demolition x >3SF OR LF >160 SF OR	I that ap		Reno	vatior			X	Mini-Encl	ainment with Nega o:, g Procedure ble Procedure	tive Pressu	ire			
Location			ls	Locat	ion		Desc	ription of A	sbestos-			_		nt Type
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7 <u>4040</u>														
Name of Registered War		le		EP Wa	No.	Cubic Ya	rds of 10		Name of Regist	UNTY RES	OUR		ANAG	EMEN
825 HIGHWAY 33 City, State				1593		Disposal			City, State			L 10		
FREEHOLD, NEW JERS Completed by (Print or T		Title				03/15-0/8		nature /	MONTG/MER	1,PA 1//3		e 3-	14	1-14
BENJAMIN SANCHEZ		DIR	CTO	R OF	OPER	ATIONS	1		1100				, ,	

Date of Notification (1)		(1 4.0			uilding Ow	ner/Operator (2) OHME CORP.				
							· /	DD	× 00	£ 2
3 / 5 /14 Agencies Notified Type Notification	n			Street Addr 126 E. LING		NUE, P.O. BOX 20		4	ŏ . 20	14
EPA X Initial Not DEP Amended X DOL Cancellar	Notifica	Market Contract of		City, State, RAHWAY,	NEW JER	i,	Telore		18.	20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
DCA On Hold EMERG	ENCY N	OTIFI	CATIO	Name of Co MARY BET			10			
			FACI	LITY INFORMA	TION					
Name of Facility Where Abatement is Tal	75.0	ce (3)				Type of Facility School (K-1		an K-12)		
MERCK SHARP & DOHME CORPORATION	'N			4.04		X Other (ie. pr	rivate & com	mcl. bldg:		
Street Address 126 EAST LINCOLN AVENUE - BUILDING	87					Square Feet 260	# of Floor	rs	Bldg. A 59	Age
City (5) County	(6)		T	County Co		Current Use (Prio	r if being de	molished)		
RAHWAY UNION Name of Monitoring Firm Hired by Buildi		er (8)		(STATE USE	SCM No.	Name of Abatem			1220-7	
ENVIRONMETAL HEALTH INVESTIGATION	ONS, INC	3.			17	PAR ENVIRONM Street Address	ENTAL CO	RPORAT	ION	
Street Address 655 WEST SHORE TRAIL						313 SPOOK ROO	CK ROAD			
City, State, Zip Code SPARTA, NE	W JERS	SEY 0	7871			City, State, Zip Co SUFFERN, NEW	YORK 109			
Project Manager for Monitoring Firm			hone N			Telephone Numb		License N	lumber	
WILLIAM S. KERBEL, CIH			29-564			845-369-7500		460		
Expected State Date (10) 3 / 15 /14 Month Day Year		ed. Co 8 onth		on Date (11) 30 Day	/14 Year	Name of OSHA N AMERISCI LABO		INC	#1	1480
Occupancy Status During Abatement (Chec X Facility Closed/Vacated During Abatement Performed Outside of	Entire Performant	riod o	ity Houi		Mini-Enclo	inment with Negati x, procedure	ode ORK, NEW		0016	
>160 SF OR 260 LF Location of	Is	Locat	ion	JX Desci	Non-Friab ription of As	le Procedure sbestos-				nt Type
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	nor Mair	mally solely int/Cus staff (1	used by todial	(ie. insulat	ning Materi Thermal sy ion, surfaci her miscella	stems ng, VAT,	Amoun (Specif SF or LI	y 🖺	REPAIR	ENCAPSULE
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Name of Registered Waste Hauler		EP W er ID	10 Table 1000 C	Cubic Yards of \	Vaste	Name of Registe	red Landfill	DURCE N	MANAG	EMEN
FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	Hau	1593	9			447 ALEXANDE			2 1035	
City, State FREEHOLD, NEW JERSEY				Disposal Date 03/15-0/8/30/14		MONTE OMERY	, PA 17752			
	tle RECTO	R OF	OPER	ATIONS Sign	ature	X		Date 3	3/5	114

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

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5		Name	of Bu	ilding Owner/O	perato	r (2)			100	1.24	15
		Princ	eton U	niversity							
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Noti	ification	Name	of Co	ntact			Talank	_ %7	1.20	A)	
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	Place (3)									
ier Road							The state of the s	O4h	than V	12)	
versity											
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Cour	ity (6)					5000	2		70+		
			(5	STATE USE ONLY)			rior if bei	ing den	nolished)	
Building (Owner (8)		ASCM No.	Name		ntractor	(9)	_		-
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Lo	cation		Desci	ription of				AL	Затешен	E	E
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d	Initia Noti Cance Noti Cance is Taking ider Road versity Coun Building (ring Entire ide of Norr	Amended Notification Cancellation is Taking Place (3 der Road County (6) Building Owner (Sched. Int (Check only one ring Entire Period of Normal Facil AM to 3:30 PM	Initial Notification Amended Notification Cancellation FAC is Taking Place (3) der Road County (6) Building Owner (8) Telep 609-3 Sched. Completion 05/1 Month/Da nt (Check only one) ring Entire Period of Abateme: ide of Normal Facility AM to 3:30 PM	Initial Notification Amended Notification Cancellation Taking Place (3) der Road County (6) Building Owner (8) Telephone Robert Oteg FACILIT Telephone Robert Oteg Sched. Completion Date 05/14/14 Month/Day/Yea Initial P.O. box 21: City, State, Princeton N Name of Co Robert Oteg FACILIT Telephone Robert Oteg Sched. Completion Date 05/14/14 Month/Day/Yea Initial P.O. box 21: City, State, Princeton N Name of Co Robert Oteg FACILIT Telephone Robert Oteg Telephone Robert Oteg Sched. Completion Date 05/14/14 Month/Day/Yea Initial Robert Oteg FACILIT Telephone Robert Oteg Robert Oteg Robert Oteg FACILIT Telephone Robert Oteg Robert Oteg Robert Oteg FACILIT Telephone Robert Oteg Robert Oteg FACILIT Telephone Robert Oteg Robert Oteg Robert Oteg FACILIT Telephone Robert Oteg Robert Oteg Robert Oteg FACILIT Telephone Robert Oteg Robert Oteg FACILIT Telephone Robert Oteg Robert Oteg Robert Oteg FACILIT Telephone Robert Oteg Robert Oteg Robert Oteg Robert Oteg FACILIT	Initial Notification Amended Notification Cancellation Cancellation Taking Place (3) der Road County (6) County (6) County Code (STATE USE ONLY) Building Owner (8) Completion Date (11) 05/14/14 Month/Day/Year Initial Notification Cancellation FACILITY INFORMATI County Code (STATE USE ONLY) Telephone Number 609-386-8800 Sched. Completion Date (11) 05/14/14 Month/Day/Year Init (Check only one) ring Entire Period of Abatement ide of Normal Facility AM to 3:30 PM	Initial Notification Amended Notification Cancellation Notification Cancellation Notification Cancellation FACILITY INFORMATION is Taking Place (3) der Road County (6) County Code (7) (STATE USE ONLY) Building Owner (8) ASCM No. Name Association Telephone Number 609-386-8800 Sched. Completion Date (11) 05/14/14 Month/Day/Year Int (Check only one) ring Entire Period of Abatement ide of Normal Facility AM to 3:30 PM Renovation X Renovation	Initial Notification Amended Notification Cancellation To a mended Notification Cancellation FACILITY INFORMATION Is Taking Place (3) Ider Road County (6) County (6) County Code (7) (STATE USE ONLY) Facility Facility Facility Facility County (8) County Code (7) (STATE USE ONLY) Facility Facility Facility ASCM No. Name of Abatement Codes Associated Specialty Codes Glen Mills, PA 19342 Telephone Number 609-386-8800 Telephone Number 610-364-9622 Scheed. Completion Date (11) 05/14/14 Month/Day/Year Int (Check only one) Int (Check onl	Initial Notification 2 Amended Notification Cancellation FACILITY INFORMATION is Taking Place (3)	Initial Notification 2 Amended Notification Cancellation Notification Cancellation FACILITY INFORMATION is Taking Place (3) der Road County (6) County Code (7) (STATE USE ONLY) County (6) County Code (7) (STATE USE ONLY) Telephone Number 609-386-8800 Sched. Completion Date (11) 05/14/14 Month/Day/Year Int (Check only one) ring Entire Period of Abatement ide of Normal Facility AM to 3:30 PM P.O. box 2158 City, State, Zip Code Princeton NJ 08543 Name of Contact School (K12) Subchapter 8 (Other x Other (i. e. Private & buildings, homes, etc Square Feet # of Floors 5000 2 Current Use (Prior if being der University) Name of Abatement Contractor (9) Associated Specialty Contracting Street Address 98 LaCrue Avenue City, State, Zip Code Glen Mills, PA 19342 Telephone Number 610-364-9622 Name of OSHA Monitor Criterion Labs Month/Day/Year Int (Check only one) ring Entire Period of Abatement ide of Normal Facility AM to 3:30 PM Full Containment with Negativ Mini - Enclosure x Glovebag Procedure x Non-Friable Procedure	Initial Notification Notification Notification Cancellation Name of Contact Robert Otego	Initial Notification Z Amended Notification Cancellation Notification Cancellation Notification Cancellation Notification Cancellation Notification Name of Contact Name of Contact

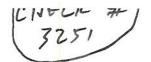
JUN 95

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	1 11 001				Name o	of Building	Owner/Ope							
	April 4, 2014	22					RED I	Excavat	ion		3	19	1	
Agencies Notified [x] EPA [] DEP [x] DOL	Ame	ation al Notificanded Note anded Note andment # argency (in	tification		June 11 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	Address tate, Zip Co	de	ox 561	or, NJ 0873	APR 8	201			
X DOH	TO 10 MIN 100 TO 100	fication)	ncluding		Name o	of Contact				elephone Number			****	
	[] Cano	ellation				Rich				ciopitotic (vanisci				
Name of Facility 117				FA(CILITY	INFORM	IATION			Ī				-
Name of Facility Where Al	sidence	Place (3)					Type o	f Facility (4)	C-1 - 1 (1-10)				
	0 Baltimore A	venue							[] [x]	School (k-12) Subchapter 8 (ot Other (i.e., priva homes, etc.)				dings,
City		Count	y (6)		County (Code (7) USE ONL	V)	Square		# of Floors	Bld	g. Age		
Lavallette		Ocea	n		(STATE	OSL ONL	1)		200 sf Use (Prior if	being demolished)			60	
Name of Monitoring Firm		Owner (8	3)		ASCM N	No.	Name of		Residen	ce	· · · · · · · · · · · · · · · · · · ·			
Street Address	<u> </u>									n Contracting,	Inc.			
							Street Ad	Idress	1889 Rd	oute 9, Unit 61				
City, State, Zip Code						New Man	City, Stat	te, Zip Co	de					1
Project Manager for Monito	oring Firm		Telephone N	lumber				e Numbe	1 oms R	License N			271	
Scheduled Start Date (10)			Scheduled Co		ion Date (1	11)	732-34 Name of	9-9932 OSHA M	onitor	00624				
[] Abat	Abatement (Check lity Closed/Vacated tement Performed or – Describe	d During	Entire Period	of Aba	tement		Street Ad		1056 Ste	Analytical elton Road vay, New Jerse		254		
Scope of Work (Check all t							[] []			with Negative Pres				
	f or ≥3 lf) sf or ≥260 lf			Renova Demoli	.,		[] [x]		ebag Procedur Exempted (*)	e and Non-Friable I	rocedi	ıre		
			20 20 000								Abat	ement	Туре	
Location of Asbestos-Containing M TO BE ABA' in facility (13)	aterial (ACM) FED		Is Location formally use Solely by tenance/Cust Staff (12)	d		Ast (i.e. inst	Description destos-Conflaterial (A , thermal sallation, sur VAT, o er miscella	taining CM) systems facing,		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
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						1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -								
Name of Registered Waste I		N	JDEP Waste		ID No.		rds of Waste	100 100 100 100 100 100 100 100 100 100	ne of Register	ed Landfill				
Guardian Cor City, State	ntracting, Inc.		202		al Date	3	City, Sta		.R.R.F.					
Toms River,	New Jersey	imit.		4/9/1	4/				nsylvania	7				
Completed by (Print or Type Nicholas Fern		Title Projec	et Manager		Signate	ure	lot	4	1		Date 4/4/			

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



			-	HILLS CO.							0.00
Date of Notification (1)	14/14		Nai	ne of Buildir	Owner/Operator	(2) Con +	AR CTOME				7
Agencies Notified	Type Notification		Sin	est Address			71 13 - 16 2	10		+	_
D BA	☑ Initial		30	581 NOCH 03-3	155 ROUTE	50					1
	Amended		0.5	State, Zip	<u> </u>					+	4
□ ∞r	Amendment #_		(City	, State, UP	C∞e • NG FILF I E	O U.T.	08230	-1			į
	Emergency (Inc	duding	-	10-11	016661111 F15	27,210	Yalaahaaa hiirah	2/	200	4	4
□ 00H	justification) Cancellation		Nar	he of Conta	UCE BREV		1 22 22				
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			F	ACILITY IN	FORMATION	1					
Name of Facility Where	Abatement is Taking	Place (3))			Type of Facility	(4)				7
	DENCE					School (K-12	!) -				i
Street Address	176700						(Other than K-12				
2 Street Wooless	16 BAY1	ALE.				Other (I.e., p.	nvale & commercia	si buidin	gs.		
City (5)						Square Feet	# of Floors	Bldg	Age		7
City (S)	on CITY					1000	2	4	10 t		
			T Co	unty Code	7) (STATE		or if being demolis	hed)	-		\neg
County (6)	Max			SE ONLY)		1/1	CANT_				1
			- 1	M No.	I Name of Abatem	ent Contractor (9					=-
Name of Monitoring Firm	h Hired by Building O	₩ner	ASC	M NO.	Liter M	to IN	'C1				1
(8)	//				Cupal Address						=
Street Address					769 9	. SPRU	CE AVE.				- {
					City State 7in C	ode					=
City, State, Zip Code					MAP	VE CHA.	License No	0805	2		_
				- No	Telephone No.		License No				_
Project Manager for Mo	onitoning Firm	. · · · ·	elephoi	ne No	856:-7-	19-0472	0046	14			
		<u></u> :L-				1					
Start Date (10)				Date (11)	Name of OSHA	PKALEM	M				
4/14/1	4 4	121	114	r		KALL					=-
Occupancy Status Dun	ing Abatement (Chec	k only on	e)		Sueel Address	C	- A=.				
▼ Facility Closed Vaca	ted During Entire Per	iod of Ab	atemen	t		Sprive	E/1 00 1 55				-
Abatement Performs	d Outside of Normal	Facility H	iours		City, State, Zip C	ode c.			_		
Other - Describe:					MAP	E DHND	E, N.J.	000	5 2		_
Scope of Work (Check	all that apoly)										
Scope of Work (Citeda	a. va. spp.//	-			☐ Full Co ☐ Mini-En	ntainment with Ne	gative Pressure				
23 s1 or 23 II		Reno Demo	valion disco		Claush	an Procedure	1917 - 1928 - 19				
2160 st or ≥260 if		M Deux	JA (44)		Non-E	ampled (") and N	on-Friable Proced	ure	baten		-
		Is Loc	cation					^	Typ		
	1	Nom			Description			-			
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Aspestos-Containing	Material (ACM)		odial	(1.6	thermal systems	insulation	(Specity SF or LF)	हिं	Re	£ ,	- 2
TO BE AB	N N	Şta	aH?		surlaging. VAT	or	Sr a cri	Remova	Repar	Encapsulate	Enclosura
(13)		(1	2)		other myscellane	lan		5		J. to	. 2
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			TNIN	EP Waste	Cubic Yards	Name of Re	gistered Landfill	1			
Name of Registered W	aste Hauler		Haul	er ID No.	of Waste	CM	, C, M.	, p	W 3 <u>4</u> 3=9		
KLEMC	o Inc.		17	904	5						
City State	es auton				Disposal Date	City. State	DBINE,	C,U	,		
MAPLE SIN	ADE, NJ	,08	052			1000	1000		,		
	Tide				Signature	1 1C0	Date Q	14	/ı	1	
Completed By	EMM	OW	NE	R	\ \	syn i se			<u> </u>	_	
JOSEPH K											
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State of New Jersey

Chock# 15	337		NOT	IFICATION	State of New Je ON OF ASBEST nt to NJAC 8:60	OS ABATI	EMENT 20)		*					
Date of Notification (1) 4/3/2014				Name	of Building Own	ner/Operato	or (2)			· ·		77	冒	-
Agencies Notified EPA	Type Notificatio	n		Street 34 C	Address HAPEL HILL					IPR ;	} 20			/
DEP DOL	Amended Amendmen Emergency	(includin	Ia	City, S LINC	State, Zip Code COLN PARK,	NJ 0703	5				20	14		1
DOH DCA	justification Cancellation)	3	170000000000000000000000000000000000000	of Contact	1 0141			Т.	J1 1				-
					L DARMOFA									Chile. S.
Name of Facility Where A	batement is Taki	ng Place	(3)	FA	CILITY INFORM	ATION	Type	of Facility	(4)				-	1
VACANT RESIDEN	CE								100					
Street Address 10 ASPEN LANE								School (K- Subchapte Other (i.e.	r 8 (Off	ner than K- & commer	12) cial bu	ildina	s hor	mee
City (5) LINCOLN PARK								etc.) re Feet	服	of Floors	T.	Bldg.		1165,
County (6) MORRIS					Code (7)		Curre	nt Use (Pr	ior if be	ing demoli	shed)			
Name of Monitoring Firm I	Hired by Building	Owner (8	3)		M No.	None	-7.01		18					
N/A Street Address						TWC	BRC		CON'	TRACTIN	۱G, ۱۱	NC.		
City, State, Zip Code						250		ERFOR	D BL	VD.				
ony, orate, zip code								Code						
Project Manager for Monito	oring Firm		Т	Telepho	ne No		one No	NJ 070	14					
	Several December				2110-110.		956-8			License 1 00494	No.			
Start Date (10)		Schedu	led Co	mpletion	Date (11)			A Monitor		00104				
Occupancy Status During A	Abatement (Chec	k Only O	00)					(9) ABO	VE					
Facility Closed/Vacate Abatement Performed	ed During Entire I	Period of	Abatas	nent			Addres							
Other – Describe: VA	CANT	iai racilit	y Hour	S		City, St	tate, Zip	Code						
Scope of Work (Check All 1	hat Apply)							-	_			-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Special	Renova Demolit	1000000		×	Mini- Glov	Enclosure ebag Proc	edure	Negative F			~	
		100	Locati	0.550.50					1		1	Abate		t
Location of Asbestos-Containing Ma			Normal d Sole			escription						Ту	ре	
TO BE ABATI In Facility (13)		Ma	intenar todial S (12)	nce/	surf	ntaining Ma al systems acing, VAT miscellane	insulati , or	ACM) on,	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A							<u>a</u>	7	late	ire
GARAGE			X		WIND	OW GLA	ZING	T						
					(4 V	VINDOW	/S)							
Name of Registered Waste I				JDEP Wa		Yards	- 11	Name of R	egister	ed Landfill				
TWO BROTHERS CO	NTRACTING			auler ID I 3743	No. of Wa	aste	- 1			AGEME	NT G	.R.O	.W.S	s.
City, State CLIFTON, NJ						sal Date		oty, State	SVILL	F PA				
Completed by /IVECA RAMOS		Title PROJ	ECT	COOR	1	Signature		17		Dat	e 8/201			-
			-			UVI	rea	+/Ca	ner	4/3	1201	+		

Check # 188	336		(Pursuan	t to NJAC 8:60 a	nd 12:12	(0)	1		16				
Date of Notification (1) 4/3/2014				Name o	of Building Owner	/Operato	r (2)		*******		* ********		7 1	7 [00
Agencies Notified	Type Notification	n		Street	Address		FARK	<u> </u>					. !*	
	× Initial				HAPEL HILL F	ROAD				APR	Q			
⊠ DOL	Amended Amendmer	nt#			ate, Zip Code OLN PARK, N	10703	5	1		71111	0	201	1	77.00
⊠ DOH	Emergency justification	(includin	9		of Contact	0 0103		-	1 -	-0				
DCA [Cancellatio	ń		PAUL	DARMOFAL	SKI								
Name of Facility Where At	patement is Taki	na Place	(3)	FAC	ILITY INFORMA	TION	-							
VACANT RESIDENCE	CE	ing i lace	(0)				_	Facility						
Street Address							I S	chool (K- ubchapte	er 8 (Ot	her than K-1	2)			
5 POPLAR STREET							X C	ther (i.e.	private	& commerce	ial bu	ldings	, hom	nes,
City (5) LINCOLN PARK							Square	1	#	of Floors		Bldg.	Age	
County (6) MORRIS					Code (7) USE ONLY)		Curren	t Use (Pr	ior if be	ing demolis	hed)			
Name of Monitoring Firm H N/A	lired by Building	Owner (8)	ASC	И No.	Name	of Abate	ment Co	ntracto	r (9)				
Street Address									CON	TRACTIN	IG, I1	1C.		
							Address	RFOF	D BI	VD				
City, State, Zip Code						A Committee of the Comm	tate, Zip	1						
Project Manager for Monito	des Fires					_	-	NJ 070	14					
1 Toject Manager for Monito	ning Firm			Telepho	ne No.	70.	one No.	1	9	License N	lo.			
Start Date (10)		Schedu	ed Cor	mpletion	Date (11)		956-87	Monitor		00494		-		
4/16/2014		4/23/2	014	25		\$26 C. W. S. C.		9) ABC						
Occupancy Status During A Facility Closed/Vacate Abatement Performed	d During Entire	Period of	Ahater	nent s			Address tate, Zip							
Other - Describe: VA														
Scope of Work (Check All T	hat Apply)		5			- France	1							
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Location of		1	Normal d Sole	ly	De	scription	of						ре	
Asbestos-Containing Ma <u>TO BE ABATI</u> In Facility (13)	aterial (ACM) <u>ED</u>	Ma Cus	intena todial S (12)	nce/ Staff?		taining M I systems cing, VA niscelland	insulatio Γ, or	CM) on,	(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
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TWO BROTHERS CO			Н	auler ID I	No. of Wa	100000000000000000000000000000000000000		1	The 1 400	red Landfill VAGEMEI	UT O	D 0	1011	,
City, State			1	8743	2 Disnos	sal Date				VAGEIVIEI	VI G	.K.U	. ۷۷. S	٥.
CLIFTON, NJ					4/23/2			ity, State		LE. PA				
Completed by VIVECA RAMOS		Title PRO.	JECT	COOR	DINATOR	ignature	110	1	lan	Dat	e 8/201	4		
					-	1/1	1-10	1	. 1	Customer	1000 CT 1	March 1		

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NOTIFICATION OF ASBESTOS ABATEMENT

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

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Date of Notification (1) April 3, 2014	1	Name of Buildin		erator (2) O Rosetto		00		11.
	cation ial Notification ended Notification	Street Address		orth Ocean Avenu		V I	8 2014	1
[x] DOL Am	endment # ergency (including	City, State, ZipC		le Park, NJ 08752	L	i Gere	No.	- 12 - 12
	ification) cellation	Name of Contact Deni	se Rosetto		elephone Number	_	ٽ	
	F.	ACILITY INFOR	MATION					
Name of Facility Where Abatement is Taki Residence	ng Place (3)			Type of Facility (4)	School (k-12) Subchapter 8 (ot	her than k	12)	
Street Address 82 South Jackson	ı Avenue.			[x]	Other (i.e., priva homes, etc.)			ldings,
City	County (6)	County Code (7) (STATE USE ON	LY)	Square feet 1100 sf	# of Floors	Bldg. A	kge 82	
Manasquan	Monmouth			Current Use (Prior in Resider	nce)		
Name of Monitoring Firm Hired by Buildir N/A	ig Owner (8)	ASCM No.	Name of	Abatement Contractor Guardi	(9) an Contracting,	Inc.		
Street Address			Street A		oute 9, Unit 61			
City, State, Zip Code			City, Sta	te, Zip Code Toms F	River, New Jers	ey 0875	5-1271	
Project Manager for Monitoring Firm	Telephone Numl	ber		ne Number 9-9932	License N 00624	lumber		
Scheduled Start Date (10) 	Scheduled Comp 04/08/2014	pletion Date (11)	Name of	OSHA Monitor E.M.S.	L. Analytical			
Occupancy Status During Abatement (Chec	ck only one) ited During Entire Period of	Abatement	Street A		telton Road			
Abatement Performe Other – Describe	d Outside of Normal Facilit	ty Hours	City, Sta	ite, Zip Code Piscata	way, New Jerse	v 08854		
Scope of Work (Check all that apply)			[]		t with Negative Pre			
CA COMPANY AND SOLVE COMPANY C			[]	Mini-Enclosure				
[] >3 sf or ≥3 lf	Ĺ J	ovation	[]	Glovebag Proced				
[X] ≥160 sf or ≥260 lf	[x] Den	nolition	[x]	Non-Exempted (*	*) and Non-Friable	Procedure		
						Abatem	ent Type	
	Is Location		Description			R	E	E
Location of	Normally used	A	sbestos-Cor Material (A		Amount (Specify SF	E	E N	N
Asbestos-Containing Material (ACM) TO BE ABATED	Solely by Maintenance/Custod	ial (i	e., thermal	A A STANLEY OF THE ST	or LF)	M H	3 0.575	C
in facility	Staff		sulation, su		0.227	OI	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	O
(13)	(12)		VAT,	or		VI	S	S
	No.	. 70	ther miscell	aneous)		A	L U	U R
	YES NO N/A	A				L	Ē	Е
Exterior	X	Asbestos sid	ing		1250 sf	X		
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								-
TV CN 1 IVV IV	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	la IDN TOUR	V1, -0111	ha Nama en	and Lo-dell			
Name of Registered Waste Hauler Guardian Contracting, Inc	NJDEP Waste Hau 20223		Yards of Was	te Name of Registe T.R.R.F.	area Lanamii			
City, State	Dis	sposal Date	City, St	ate			ng same as	
Toms River, New Jersey		/09/2014	Tullyt	own, Pennsylvania	1	T Data		
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	dot	1		Date 4/3/20	14	

NUITICATION OF TRANSPORT (Pursuant to NJAC 8:60 and 12:120)

	OTIFIC	(Pursua	at to N	NJAC 8:60 an	d 12:120))		cht 239	755) 厚		7
ate of Notification (1)			Nam	ne of Building Ov	wner/Opera	ator (2) ontractin	g, LLC					
April 3, 2014 gencies Notified Type of Notification Type of Notification Initial Notice Initia	rification		Stree	et Address	428	Clifton	Avenue, S	uite 11 ^{APR} 8	2014	,	1/	
DEP Amended Amended	Notification #	-	City	, State, Zip Cod	9	ood, NJ	08701	ASSESTO D	TNO	OLIA		
x] DOH [Cancellat		ıg	Nar	ne of Contact Sean			T	elephone Number	_	_		_
] DCA		FA	CILI	TY INFORM.	ATION	Type of	Facility (4)	The second state of		4		_
lame of Facility Where Abatement is Taking Pl Residence	ace (3)					1) pe	[] [] [x]	School (k-12) Subchapter 8 (other Other (i.e., private	than k-	12)	building	38
treet Address 586 Squankum Rd.			Cou	inty Code (7)		Square	feet	homes, etc.) # of Floors	Bldg. A	ige 44		
City	County (6) Ocean		(ST	ATE USE ONL	Y)	Curren	300 sf it Use (Priori Reside	f being demolished)		44		_
Lakewood Name of Monitoring Firm Hired by Building O			AS	CM No.	Name o	f Abatem	ent Contracto		nc.			
N/A Street Address					Street A	ddress		Route 9, Unit 61				_
					City, St	ate, Zip C	bde	River, New Jerse	y 0875	55-127	71	_
Project Manager for Monitoring Firm	y, State, Zip Code Ject Manager for Monitoring Firm Teleph						per 2	License No 00624	ımber			
Scheduled Start Date (10)	Sch	eduled Com 1/08/2014	pletion	Date (11)	Name	of OSHA	Monitor	S.L. Analytical				_
Occupancy Status During Abatement (Check of Ex.) Facility Closed/Vacated [] Abatement Performed Company Other - Describe	outside of N	tire Period o Iormal Facili	ty Hou	115		Address State, Zip	Code Pisca	Stelton Road taway, New Jerse		54		
Scope of Work (Check all that apply) [] >3 sf or ≥3 lf]	4	novatio		[[[[x] M	(ini-Enclosur			ire		
[x] ≥160 sf or ≥260 lf									Abat	ement	Гуре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Nor S Mainter	Location mally used Solely by nance/Custo Staff (12)		(i	Descrip Asbestos-G Materia i.e., therm nsulation, VA other miss	Containir I (ACM) nal syster , surfacir T, or	ns ig,	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	
	YES	X		Asbestos si	ding			750 sf	X		-	1
Exterior		1							-	+		1
12												
Name of Registered Waste Hauler Guardian Contracting, Inc.	1850	DEP Waste	223	2	c Yards of	Waste ty, State	Name of Re T.R.R.	egistered Landfill F.				-
City, State Toms River, New Jersey				sal Date 9/2014 Signature	Ti	illytown	n, Pennsylv	vania	Da 4/	ite 3/201	4	
Completed by (Print or Type) Nicholas Fernicola	apleted by (Print or Type)					exempte	d activities.					_

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) April 3, 2014		Name of Building		ator (2) Builders	123	98	6_	
[A] DIA L]	Notification	Street Address	392 Pi	ne Avenue	HI H. L.	9	4 ₩	E
[x] DOL Amend	led Notification Iment # ency (including	City, State, Zip C	Code Manas	quan, NJ 08736	AP	R 8	2014	1
[] DCA justific		Name of Contac Neil	Ducharme	Te	elephone Number	E	4: 11:1	
	FA	ACILITY INFOR	MATION					
Name of Facility Where Abatement is Taking I Residence	Place (3)			Type of Facility (4)	School (k-12) Subchapter 8 (other	r than k-l	2)	
Street Address 399 Cedar Avenue				[x]	Other (i.e., private homes, etc.)			ldings,
City	County (6)	County Code (7) (STATE USE O)	AT V	Square feet 1500 sf	# of Floors	Bldg. A	ge 60	
Manasquan	Monmouth	(STATE USE OF	NL1)	Current Use (Prior if Resider				
Name of Monitoring Firm Hired by Building (Owner (8)	ASCM No.			(9) an Contracting, l	inc.		
Street Address			Street A		oute 9, Unit 61			
City, State, Zip Code			City, Sta	ate, Zip Code Toms F	River, New Jerse		5-1271	
Project Manager for Monitoring Firm	Telephone Num	ber	000000000000000000000000000000000000000	ne Number 19-9932	License Nu 00624	ımber		
Scheduled Start Date (10) 4/04/14	Scheduled Comp 04/08/14	oletion Date (11)			L. Analytical			
[] Abatement Performed	I During Entire Period of A Outside of Normal Facility	Hours	Street A	1056 S ate, Zip Code	telton Road			
[] Other – Describe							3	
Scope of Work (Check all that apply)			I I	Mini-Enclosure	t with Negative Pres	Suic		
[] >3 sf or ≥3 lf	[] Re	novation	j] Glovebag Proced				
[X] ≥160 sf or ≥260 lf	[x] De	molition	[x] Non-Exempted (*) and Non-Friable I	rocedure		
						Abatem	nent Type	1
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custor Staff (12) YES NO N	dial //A	Descript Asbestos-Co Material (i.e., therma insulation, s VAT other misce	ontaining (ACM) Il systems surfacing, or	Amount (Specify SF or LF)	E M O	R E N P C A A I P S U L E	N C L O S U R
Exterior	X	Asbestos	siding		1600 sf	X		
						+	_	-
Name of Registered Waste Hauler	NJDEP Waste H		ic Yards of W	aste Name of Regis	tered Landfill			
Guardian Contracting, Inc City, State	I	Disposal Date	City,	State ytown, Pennsylvan	ia			
Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature Signature	liche	11.		Date 4/3/1	4	
THOROTO I OTHER		s form for asbestos	licensure ex	empted activities.				- 5

Date of Notification (1) 4/3/14					Building O			(2)								
	pe Notification	,	7.0	treet Add 421 Br	dress rigantine	e Blvd				1 5			14	F	1000	
EPA DEP DOL	Initial Amended Amendment #				e, Zip Coo				in.			- 0				
☑ DOH ☐ DCA	Emergency (in justification) Cancellation	ncluding		ame of (Contact					Tele	phone N	umber	2014	•	7	7-
	- Ouriconduction			FACIL	ITY INFO	RMATI				we in the		Dr. Car	-	1. 2	4	
Name of Facility Where Aba Keith Chin Private Hor		Place (3)						☐ Sc	Facility (4 chool (K-12	2)		The			\$7.	7
Street Address 4421 Brigantine Blvd								St. Of etc	ubchapter 8 ther (i.e. pr	3 (Othe ivate 8	er than K- commer	12) rcial buil	ding	, hor	nes,	
City (5) Brigantine NJ 08203					T)			Square 1000+	Feet	# of	Floors		3ldg. 35+	Age		
County (6) Ocean			C	County C	ode (7) SE ONLY)			Current	t Use (Prio	r if beli	ng demol	ished)				
Name of Monitoring Firm Hi N/A	red by Building C	wner (8)		ASCM	No.			of Abate	ement Cont	ractor	(9)					٦
Street Address				-	-			Address Sox 329					1.0			7
City, State, Zip Code							-	tate, Zip	Code NJ 0809	91						
Project Manager for Monito	ring Firm		· 1	elephon	e No.		Teleph	one No.			License					1
Start Date (10) 4/4/14	Scheduled	d Com	pletion D	Date (11)			of OSH	A Monitor		00727					-	
Occupancy Status During A	hatamant (Chael							Address							-	-
Facility Closed/Vacate Abatement Performed Other – Describe:	d During Entire F	eriod of Al	oatem	ent				tate, Zip						<u> </u>		
Scope of Work (Check All 7	hat Apply)	-														
≥3 sf or ≥3 If ≥160 sf or ≥260 If		The state of the s	enovat emoliti				×	Mini Glov	Containme -Enclosure /ebag Prod -Exempted	e edure				ure		
		la l	conti					NOI	-Exemples) aii	u Non-i	lable 11	Ab	atem		
Location o	f I	N	Location ormally	y		De	escription	n of					_	Туре		
Asbestos-Containing M TO BE ABAT In Facility (13)	aterial (ACM) ED	Mair	d Solel ntenan odial S (12)	ice/		tos Cor therma surfa	ntaining Nal system: acing, VA miscellar	Material of sinsulated at the second at the		(mount Specify or LF)	Removal	Veball	. Incaposition	Encanculate	Enclosure
Exterior Sig	lina	+		x		Ext	erior Si	dina	2.	15	00 SF	×		+	+	
Exterior dic	iii ig			^				unig					+	‡	1	
						-					+		+	+	-	
Name of Registered Waste	Hauler		712	JDEP W		F 2	c Yards		Name of	Regist	ered Lan	dfill				
United Containers			1000/1000	auler ID 2459	NO.	of W			G.R.O.							
City, State Elm NJ					α =	1/8/	osal Date 14	9	City, Stat Morrisv		A 1906	7				
Completed by Anthony T Perna		Title Presid	dent				Signatur	e				Date 4/3/14	4			

Date of Notification (1)	4-4-14			Name	of Buildin	CLAMP	r(2) FFER					
Agencies Notified	Type Notification		一	Stree	Address 250	CHURCH	ST. 13	ELFORD	20	14		./
DEP DOL	Initial Amended Amendment #		_	City, S	State, Zip (FORD	NJ. C	7718-15	5-3	/		-
□ DOH □ DCA	☐ Emergency (ii justification) ☐ Cancellation	ncruainé		Name	of Contact	t PLACE	K12	Telenhone Mi			-	-
	<u> </u>			FA	CILITY INF	ORMATION		7	(6)			
Name of Facility Where			(3)				Type of Facility School (K-1		2)			
Street Address CH	URCH SI	<u> </u>					Other (i.e., homes, etc	private & commercia :.) HOTE	al build			
City (5) BELF	ORD	N-). ;	0 17	118		Square Feet	# of Floors	BI	dg. A	ge	_
County (6) MONM	OUTH			USE	nty Code (ONLY)	r) (STATE	VA	Prior If being demolis CANT (5	hed) → ✓	DY		
Name of Monitoring Firm (8)	n Hired by Building	Owner		ASCM	No.	Name of Abate BRIC	ment Contractor (STRIES /	VC.			
Street Address							HTICK TR					
City, State, Zip Code						City, State, Zip	Code NJ. 0	8/24				
Project Manager for Mo	nitoring Firm		Tele	phone	No.	Telephone No. 732-899	-1499	License No.	6			_
Start Date (10)	Sche	duled C	omple	tion Da	ate (11)	Name of OSHA					61	
Occupancy Status Duri	/		-			Street Address						=
Facility Closed/Vacal Abatement Performe Other - Describe:	[20] [2] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4					City, State, Zip	Code					=
Scope of Work (Check at 23 sf or ≥3 if 2160 sf or ≥260 if	all that apply)		enovati		*	☐ Mini-E	ontainment with Ne nclosure pag Procedure exempted (*) and N	egative Pressure on-Friable Procedu	те			
	<u>`</u>		ocatio		F.	1 1001				bate		
Location Asbestos-Containing I TO BE ABA IN Facility (13)	Material (ACM) TED	Used Mair Cu	ormally I Solet Intenant Istodia Staff? (12)	y by ce/ al	Asbes (i.e.,	Description tos Containing Mathemal systems surfacing, VAT other miscellane	aterial (ACM) insulation, 「, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		21/2		14 5=	V			
SIDIN	G			V	18	ANSITO	=	19 31	1			
									<u></u>			
Name of Registered Wa	ste Hauler	٠.	1 -	UDEP I lauler IC 2 / 6	No.	Cubic Yards of Waste	6	istered Landfill , R.O, W.	, 5			
City_State BRICK.	, 1					Disposal Date	City, State -	PA				_
Completed By ERIC PLA	Title	TRE	S .			Signature	Weach	Date	4-	14	/	

ASB-41

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

NOTIFICA	ant to MJAC O.	
(1 11 12	Name of Building Owner/Operator (2) SAIMARITAN SPUI	e SE
15 at 100 (1)	SAMARITHA	0.001115 1400
Date of Notification (1)	Street Address ORILLARD	HVENUS 2014
Agencies Notified Type Notification	2 5 4 = Code 12 = 4 = 1	(/-):
T BPA T Amended	City, State, Zip Code BEACH	Telephone Number
DEP Amendment *		
	ERICION	
☐ DOH ☐ Cancellation	FACILITY INFORMATION	Type of Facility (4)
		- 1 - 1 (K-17)
Name of Facility Where Abatement is Taking Place (3)		
Street Address LORILLARD AVE		Square rock
City (5) UNION BEACH NJ.	04735	Current-Use (Prior if being demotshed) Current-Use (Prior if being demotshed)
City (5) UNION BETTER NO.	County Code (7) (STATE	KACH
County (6) 4/1 4/1 7/1	USE ONLY)	ment Contractor (9) NDUSTRIES /NC.
County (6) Mo N MOUTH	ASUMING BRICK	1112
Name of Monitoring Firm Hired by Building Owner	Street Address	ATICK TR.
(8)		
Street Address	City State, Zip 13 R (C)	Code NJ 08/24
City, State, Zip Code		
	Telephone No. 1/37 -89	9-1477
Project Manager for Monitoring Firm		A. Monitor
Start Date (10) / // 4 2 /	ompletion Date (11) Name of OSP	
Start Date (10) 4-2/	Street Addre	255
Status During Abatement (Check of st	Abatement City, State, 2	Zip Code
Occupancy Status During Abatement (Cirect only Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Abatement Performed Outside of Normal Facility	liky Flours	
T Abatement Performance		If Containment with Negative Pressure
Other - Describe: Scope of Work (Check all that apply)	□ Mi	ri-Enclosure
	Renovation G	ini-Enclosure lovebag Procedure on-Exempted (*) and Non-Friable Procedure Abatement Type
260 lf		туре
□≥160 St 01 2200 m	Is Location Normally Descrip	ption of Amount Amount
U	sed Solely by Asbestos Contain	a seterial (ACIVI) conscient A 70 85 9
Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material	vialine diel (i.e., thermal sy	stems insulation, stems insulation, stems insulation, stems contained by the stems of the stems
	Stan: other mis	cellaneous)
IN Facility (13)	(12) NO N/A	12 SF V
	Yes 100 150 150 150 150 150 150 150 150 150	
11	TRANSII	
SIDING		
		Varits Name of Registered Landfill
	NUDEP Waste Cubic of Was	Tarde /
Name of Registered Waste Hauter	Linuster ID No.	
Name of Registered Waste Fraule:	. 21602 Dispos	sal Date City, State > H
DNICK	191 142	Sall Delte 4 4 - 14
City, State NJ. 08	The state of the s	Signature Overthick 47
1100		A Mas
ERIC PLACKIS -	Do not use this form for asbestos lice	nsure exempted activities.
ASB-41	Do not use this form to	The second secon

ct#				ICATI	ON OF A	New Jersey ASBESTOS A AC 8:60 and	BAILM	ENT	[0	heck # 243	34] 7
				Nam	ne of Build	ding Owner/O	perator ((2)	P						
te of Notification (1)						oy BOE				93	11	(f)	7 5	3 1	+
/01/2014					et Addres								/	4	1
encies Notified	Тур	e Notification		1/18	Rarra	cks Street								_	4
l cox		Initial			, State, Z					ADD	Ω	0.04			
EPA DEP		Amended		Dor	th Amh	oy, NJ 08	861		44.5	APR	. 0	201	4	-	4
DOL		Amendment #_ Emergency (in	cluding	Nar	me of Cor	ntact				Telephone Nun	nber				
DOH		justification)			rio Cof				9					_	_
DCA		Cancellation		IVIa	FACILITY	INFORMAT	ION								-
		I Taking	Place (3)		PACILIT	IN C.	-	Type	of Facility (4)						-
ame of Facility Where	e Abat	ement is Taking	riace (o)						School (K-12)	V 1	21	35			
erth Amboy High	h Sch	1001							Subchapter 8 (Other (i.e. privi	Other than N-1	ial build	dings	, hon	nes,	
treet Address									etc.)						_
00 Eagle Ave								Squa	are Feet	# of Floors	l B	Bldg.	Age		
Perth Amb	oy,N	J 08861			700 NO.000			100	ent Use (Prior	f being demolis	shed)				-
				Co	ounty Co	de (7)		Cum	ent ose (i noi	.,					
County (6)				(S	TATE USE				atement Contra	actor (9)					
Name of Monitoring F	irm Hi	red by Building (Owner (8)		ASCM N	lo.									
	411111	,							toration LLC	,	-	_			_
HERA								et Addr							
Street Address									side Rd				_	-	-
O BOX 385									Zip Code	•					
City, State, Zip Code									n NJ 0786	License	No				-
oceanville, NJ 0	1823	ding Firm		TT	Telephone	No.		ephone		01133					
Project Manager for	Monito	ning r iiii		100	609)65	2-1833	973	3-933	2550	101133					-
John Smoyer			Scheduled	Com	pletion D	ate (11)			SHA Monitor						
Start Date (10)			04/17/20						rironmental						-
04/14/2014		the second (Cho						eet Add							
Occupancy Status D	ouring .	Apatement (Che	CK Only One	· · · · · · · · · · · · · · · · · · ·		190.		33 RT				_			_
Facility Closed	/Vacat	ed During Entire d Outside of Nor	Period of Al	Datem Hours	ient S				, Zip Code						
Abatement Per Other – Descri	torme	d Outside of 140	man asimy				Un	ion, N	J 07083						_
		501 - 1 A 1:-X						1000000				``\			
Scope of Work (Che	eck All	That Apply)	=	enova					Full Containme	ent with Negation	ve Pres	ssurè)		
≥3 sf or ≥3 lf			Lance 1	enova					Mini-Enclosure			_			
≥160 sf or ≥26	SU IT							-	Non-Exempte	d (*) and Non-F	riable	Proc	edure	2	_
35											+	-1	Abate Ty	men	I
			1 2 2 2 2	Locat							-		- ',		Т
10	cation	of		Norma	ely by	Acheetos	Contain	ption of	terial (ACM)	Amount		-		En	1
Asbestos-Cont	aining	Material (ACM)	Ma	intena	ance/	(i e the	ermal sv	stems ii	nsulation,	(Specify SF or LF)	,	Remova	Repair	ap	١
	BE ABA		Cus	todial (12)	Staff?		surfacing	g, VA I , cellane	or ous)	0. 5.		ova	air	Encapsulate	1
	(13)			(12)	<u>'</u>	1 ,	ulei iilis	oonane	/	1	- 1	-	8	e	
			Yes	No	N/A					+		×	_		
	- 0	floor		×		science	beaker	hold	ers	12 pcs		_	-	-	-
Various Room	s 3rd	11001			+		97 TO C 12 TO						_	1	
	- 1			-		+									
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										f Dogistered L	andfill	_		1	-
	and Mi-	este Hauler		1	NJDEP		Cubic Y		1 1000000000000000000000000000000000000	of Registered L	allulli				
Name of Register					Hauler I		of Waste TBD	E	G.R.C	.W.S		_			_
Nick Restorati	ion L	LC			33782		Disposa	l Date	City, St	ate			100-7/1		
City, State _		NI 07060					TBD			own, PA					_
Rand	dolph	n <mark>,</mark> NJ 07869						gnațure	1		Da	7.53	XIII O FEE		
Completed by			Title				0,	61	visa li	Ida	04/	/01/	201	4	
Flying Mardo			Pres	sider	nt			1	Ully 10						-

Elvira Mrda

(CW ECK #) 3249

							A DD	2	4.4		
Date of Notification (1)	1-1		Na	^	ng Owner/Operati	1	. AIT	20	14	1	
9/	3/14	54	_	PINE	LANDS (ONSTRUC	TION				_
Agencies Notified	Type Notification	ก	Str	eel Address							
1万 EPA	[] Initial			300	777	TH ST,	2-11-1			-	
☑ EPA ☑ DEP	Amended		Cit	, State, Zip	Code						_
₩ DOL	Amendment				1.1	ITY NIJ	. 08243				
	☐ Emergency		_=			1 1 10 13				1	_
□ DOH	justification		Na	me of Conta		3	Telephone Num	per:			
□ 	Carcalator			-100 K	- に カレカル	71					A
			F	ACILITY IN	FORMATION			-	and the party		
Name of Facility Where	hatement is Taki	no Place (3)				Type of Facilit	y (4)				
	SIDERC					School (K-					
	JIN CIC	<u> </u>				Subchapte	8 (Other than K-1	2)			
Street Address		. 1					private & commerci	al build	iings,		
\$ 600	> SOUM	5 100		<u> </u>		homes, etc		1 60	- A		_
City (5)						Square Feet	# of Floors	BK	dg. Ag	F	
SEA	ISEE (17	-Y						<u> </u>			_
County (6) N				unity Code (7) (STATE	Current Use (F	nor if being demoli	shed)			
CAPE	MAY		US	SE ONLY)	14 	V A	CANT				
		Owner	TASC	M No.	Name of Abate	ment Contractor (9)			22000	
Name of Monitoring Firm	nirea by bullaing	OHITE	~~~		1.7	10/20	0.000				
(8)	/A					5MCO I	NC1				_
Street Address					Street Address	200	- 1 -				
y construction of the second o	*					IS, SPRUC	LE WUC'				
Cia. Cinta 7ia Cada					City, State, Zip	Code	_		726		
City, State, Zip Code					Mo	PLE SHA	DEINIJ	000	2.5		_
				- No	Telephone No.		License No.				
Project Manager for Moni	toring Firm	,.Te	elephon	e NO.		9-0472		44			
							1 0 0 7		==		=_
Start Date (10)	Sche	duled Comp	detion (Date (11)	Name of OSHA	Monitor					
4/14/14	4	/21			2,	SEPH KI	EMM				_
	Abata = 251 / Cha		1		Street Address		1 4				SHA
Occupancy Status During	Abatement (Che	oca orny orne			369	C C .	ruce duc.	•			
☐ Facility Closed/Vacate	d During Entire P	enod of Aba	(enen		City, State, Zip						
Abatement Performed	Outside of Norma	Facility Ho	ours		City, State, Zip	- C	= 4)	T.	28	05	2
Other - Describe:						APLE 3	HODE, N.	_	=	=	_
Scope of Work (Check al	that apoly)					3	ti D				
Scope of Hork Concor at						ontainment with N	egative Pressure				
>3 sf or >3 lf		Renov				nclosure pag Procedure					
≥160 st or ≥260 If		Demoti	ton		Non-E	xempted (*) and N	Ion-Friable Procedu	ие			
		1-1	tion						ряеч		
The second second		Is Local					18		Typ	e	
		Used Sol			Description (of	12,02,02				
Location of Asbestos-Containing M	alenal (ACM)	Maintena		Asbes	tos Containing Ma	sterial (ACM)	Amount	-		Encapsulate	ū
Asbestos-Containing M		Custoo		(i.e.	thermal systems	insulation,	(Specify SF or LF)	Removal	Repair	5	Enciosure
IN Facility		Staff			surfacing, VAT	10,	Sr ut Lr)	No.	Pa.	SL	USC
(13)	19	(12)			other miscellane	,000)		5	"	ale	0
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			NIDER	Waste	Cubic Yards	Name of Rec	pistered Landfill				
Name of Registered Wast	e Hauler		Hauter	n No	of Waste	1 1 N	1, C, M.U. A	1.			
KLEMCO	TAK		179	104			1/0//				=
	-NC /				Disposal Date	City, State		~			
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JOSEPH K	Earle	V /	P	1	- John	a / cen	m		<u></u>		_
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Check#1860			NU				SBESTO AC 8:60		TEMENT				11	72	
Date of Notification (1)		535					ng Owner/			100			11	1 -	
04	03	14						operator i	(4)						
Agencies Notified	Type Notifi		_		_	cie DiSte					00-	8	2014		1
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X DOLWD	Amenda		2			land Roa State, Zip									
⊠ DHSS	Amend	_		1	200000000	1000									
DCA (NJAC 5:23-8)	☐ Emerge justifica	ency (in: ation)	cludin	g	Nam	e of Conta	NJ 08888 act			Telepho	ne Numb	ner .	C		-
10	Cancell	lation			Cook	cie DiSte	fano			Transpire	TO THUM	, ,			
							INFORMA	TION		7		_	三生	-	
Name of Facility Where A	batement is	Taking	Place	(3)			THE STREET	11011	Type of Facili	tv (4)					
House/residence									School (K-						
Street Address						-			- Subchapte	r 8 (Other tha	n K-1 2)				
5 Ryland Road									Other (i.e. homes, et	private and	commer	cial b	uildin	gs.	
City (5)				700000					Square Feet	# of Flo	ors	TB	ldg. A	lne.	
Whitehouse, NJ 08888													149. 7	.90	
County (6)			+		Cou	nty Code (7) (STATE U	SE ONLY)	Current Use (Prior if being	demolis	hed)	_		
Hunterdon															
Name of Monitoring Firm I	Hired by Bu	ilding C	wner	(8)	ASCN	No.	Name	of Abatem	ent Contractor (9)			-	-550	
Street Address		<u> </u>	100-000				Gr Tec	h LLC							
Offeet Address							Street	Address							11
City, State, Zip Code		- 33						lley Rd #							
on, orate, hip bode							55757	ate, Zip C							
Project Manager for Monit	orina Eirm			17-1				NJ 0747	70			1			
, and a second	ornig t irrit			10)	ephone	No.	Telepho			License	No.				
Start Date (10)		Sched	uled C	'omoi	ation D	ate (11)	973-63			01127					
04 /12 /	14				3/		ivame o	of OSHA N	ionitor						
Occupancy Status During									nsultants,Inc						
▼ Facility Closed/Vacated	During En	tire Per	ind of	Ahate	ment		Street A								
L Abatement Performed	Outside of N	Vormal	Facilit	· Hou	ro Do	scribe	20-21 V	Vagaraw	Road, Bldg .#	‡ 34A					
Time of Abatement:	AM	PN	V	PM		_AM		ate, Zip Co							
Scope of Work (Check all t	hat apply)						Fair La	wn, NJ 0	7410 and decontam	inction with a			-	-	
■ >3 sf or >3 H	6674 8026		~ -					Full Cont	tainment with N	egative Pres	iegative sure	press	sure		
>3 sf or >3 lf 2 160 sf or 2260 lf				novat moliti			H	Mini-Enc	losure Procedure						
								Non-Exe	mpted (*) and N	Ion-Friable P	rocedure	riess	sure		
Location of				Loca Norma								Ab	atem	ent T	vpe
Asbestos-Containing M		M)		d Sol		Ach		scription o					T -		
TO BE ABAT	ED		Ma	intena	nce/ Staff?	(i.	e., thermal	systems i	terial (ACM) nsulation.	Amou (Spec		em	Repair	nca	ncle
IN Facility (13)			Ous	(12)	olali (surfa	cing, VAT,	or	SIF or		Remova	₹	Encapsulate	Enclosure
		Ī	Yes	No	N/A		othern	niscellane	ous)			1000		ate	(0)
First floor			П		X	4: 1				-	-			-	\vdash
			_		-	Air duc	t clean up	and enc	apsulation	12 LF			Ш	X	Ш
			<u> </u>	Ш.	ᆚ										
						1								\Box	
									9			П	П	П	
Name of Registered Waste	Hauler			NJ	EP Wast	Hauler ID No	Cubic Yar	ds of Waste	Name of Reg	istered Landf	ill .				
Gr Tech LLC				(03378	35	TBE		T.R.R.F. Inc						
City. State							Disposa		City, State						-
Vayne, NJ 07470							TBD		ACCUMULATION OF THE PARTY NAMED AND ACCUMULATION OF THE PARTY NAME) A					
Completed By (Print or Typ	e)	Title			-			natura	Tullytown, F	'A	Date		3		
l.Jevtic		Owne	er.				- 3	A	1 1	1	10103030				
SB-41	-	-						1/200	me Wes	and.	04/0	3/20	14		
AY 11		4 /	lo no	1100 ti	tis form	for aches	too linear	W. aug	and made over						

STATE OF NEW JERSEY

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 AND 12:120)

Date of Notification (1)	te of Notification (1) 4/02/2014						erator (2)	1				
	4/02/2	014			Hackettstown	Board of	Education	1	A DD	2	2044	
Agencies Notified		Notification Ty	/ре		Street Address		1		ATT	6	2014	
X EPA	l.	Initial			315 Washing	ton Stree	t					m, 150
DEP	li	Amended	#		City, State, Zip C	Code		13/19	ESTO		A Charles	
X DOL		Emergend	cy (includin	g	Hackettstown	n, NJ 0784	40		Lin	IV IN	1	
▼ DOH	Į.	justificatio		-	Name of Contac	it	5.1	T-1 11	1	- 3	45	
DCA][Cancellat	ion		Mr. Ron Mari	nelli					-	
	Tal	ring Place (2)		FACILITY INFO	Type of Facility	(4)						
Name of Facility Where Abaten		(ing Place (3)			Carport Control							
Hackettstown High Scho	Ol				School (K-							
Street Address 701 Warren Street						r 8 (Other th						
	unty (6)		County Co	ode (7)			ommercial bu	uildings,				
			(State Use		☐ homes, et	C.)						1
Name of Monitoring Firm Hired	irren	Juner (8)	ASCM No		Name of Contra	ctor (9)						$\overline{}$
Westchester Environme		Swilet (b)	00127	-	MTM Metro C	5 1950E	n					
	Trus.				Street Address			_				
Street Address 307 N Walnut Street					135-137 McE	Bride Ave						
City, State, Zip Code					City State, ZipC	ode						
West Chester, PA 19380					Paterson, N.	2017/05/05/05/05/05						Į.
	t Manager for Monitoring Firm Telephone Number					nber	T	License	Number			
	040 404 7545					30		00809				
Paul McCaa		Scheduled C	Great constitution	Date (11)	Name of OSHA							
Scheduled Start Date (10)		4/24/2014	ompletion	Date (11)	MTM Metro		on					
4/17/2014					Street Address							
Occupancy Status During Aba	tement (C	neck only one	<u>;)</u>		135-137 Mc							
	During Ent	tire Period of A	Abatement		City, State, Zip	Code						
Abatement Performed O						107504						
Other-Describe:					Paterson, N.	J 07501						
Source of Work (Check all tha	t apply)									et.vs-60	A. T. S.	
> 3 sf or > 3 lf	X	Renovation		X Full	Containment with	h Negative F	Pressure		ni-Enclos			
> 160 sf or > 260 lf		Demolition		Non-	-Exempted(*) & I	Non-Friable	Procedure	X Glo	vebag P	rocedur	е	
Location of Asbestos-	I Is Loca	ation Normally	Used	Description of	ACM (i.e.	Amount (S	specify SF or	LF)	Abaten	nent Typ	ре	
Containing Material (ACM) in		by Maint./Cus	stodial	thermal system surfacing, VAT	s insulation,							
Facility (13)	Staff? YES	(12) NO	N/A	miscell.)	, or other				Rem.	Rep.		Enclose
Boiler Room	X			Boiler Breeching		480SF			X		×	-
Boiler Room	××			TSI-fittings		22LF			X		×	
Boiler Room	×			Hot Water Tank-She	Insulation	310SF						
Name of Reg. Waste Hauler	-	NJDEP Wa	ste Hauler I	D#	Cubic Yards of	f Waste		-	of Reg. I	_andfill		
MTM Metro Corporation		26552			20			Tullytov				
City, State				1			Disp. Date		100	City, Stat	- 1 0 0 cm	
Paterson, NJ 07501							4/25/2014			ullytown	, , , ,	
Completed by (Print or Type)		Title			Signature		200	Date				
Elizaboth Maclarkov		Business Adı	ministrator		Elizabeth	i Masla	rkov	4/02/20	014			
Elizabeth Maslarkov		Dusiness Au	minouator									

ASB-41

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

Clark 12799

Date of Notification (1) 4/3/14			0.000	me of B ate She	uilding Owner/C eleg	perator	(2)		15.		11 %	// F	3 [7
Agencies Notified	Type Notification		- 1 THE	reet Add 33 Sun	ress nmit Avenue									
DEP DOL	✓ Initial✓ Amended✓ Amendment #				, Zip Code NJ 07901					PR	8 20	14		1
DOH DCA	Emergency (in justification) Cancellation	cluding		ame of C ate Sh					Teler	hono Ni	h	2	4	
				FACILI	TY INFORMATI	ON					S. W.			
Name of Facility Where House	Abatement is Taking	Place (3)					☐ Sc	Facility (4 chool (K-12 abchapter	2)	than K-	12)			
Street Address 133 Summit Avenu	ie						▼ Ot et	her (i.e. pr c.)	ivate &	commerc	cial build			s,
City (5) Summit							Square 2100		2	Floors	5	dg. Ag 5	je	
County (6) Union		-		ounty Co	ode (7) SE ONLY)		Current	Use (Prio	r if bein	g demolis	shed)			
Name of Monitoring Fire	m Hired by Building O	wner (8)		ASCM	No.			ment Con nmental						
Street Address							t Address Box 483	3, 4 E G	ate Dri	ve				
City, State, Zip Code							State, Zip	Code NJ 074	18					
Project Manager for Mo	onitoring Firm		Te	elephone	e No.	Telep	hone No.		T	License 703	No.			
Start Date (10)		Scheduled	Comp	oletion P	ate (11)	100000000000000000000000000000000000000	2000 150 070 07000 150 16	A Monitor						
Occupancy Status Duri		Only One)	1/5	08/1	4	Stree	t Address	3,	-	_			de la	
Facility Closed/Va Abatement Perfor Other – Describe:	cated During Entire P med Outside of Norm	eriod of Aba al Facility H	ateme ours	ent		City,	State, Zip	Code	-56 //					
Scope of Work (Check	All That Apply)													
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			novati	370 B C C			× Glov	Containme -Enclosure vebag Prod -Exempted	e cedure				0	
			0.00	- T		E	Non	-Exemple	a () and	NONTI	able Fit		ement	t
		50000000	ocatio rmally	200-000								Ty	ре	
Locati Asbestos-Containin TO BE A In Fa (13	Used Main Custoo	Solely tenan	y by ce/	Asbestos Co (i.e. therma		Material ns insula 'AT, or		(8	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure	
Bedroor	n closet	Yes	INO	X	pip	e insul	lation			7 LF	x			
		-									-			-
Name of Registered W	/aste Hauler			JDEP W		ic Yards		Name of	Registe	red Land	dfill			-
Freehold Cartage				auler ID 5939	10	/aste		GROW						
City, State Freehold NJ					Disp TBI	oosal Da	te	City, Sta Morris		A				
Completed by Andrew Scott Higg	gins	Title Presid	ent			Signatu	are A	_			Date 4/3/14			

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to MJAC \$:50 and 12:128)

MADERIA HEALTH & Senior Services

			(Littleman								
of Notification (1),			N	ame of Bu	Helica On	men/Operator	2) MA	14-174	(Signature)	· 8:	391
2/31	14			MA		STEPHE	NAM	- Contract	VISIT TIM	e: v	-
ncy Noticed	Type Notifi	cation .	8	areet Addi	21	CHER	PARID (LARE			
PA	12 Initial		-	chy, Studen,							
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OL.	M Francis	ncy (including)	-	Name of C	15/15 x		<u> </u>	Teleschous b	heart .	1	14
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CA	C Cuncel	sign .									3277
	1			FACILITY	MFOR	MATRON	Type of Famility	(4)	onesion (i de la	
me of Facility Wilters			(3)		٠	1.		3.0	5		
MR.	NAHI	_= «L					C) School (K-12 C) Sybole phor 8	Arthur P (Problet II)	(42) ·		
and Arielanss	,					:	Prome (Lo. pr	Mante & countries	string people	<u>.</u>	
24 54	EPPAR	D PL	ACE		١	, .	homes, etc.)		Elds. A		
y (5)	1		;	D)			Square Feet	# of Floors	7		AR
	RNY					3 0	2200	2		0 1.0	
	ucio 1			Country Co	ode (7) (5	TATE USE	Current Use (P	rior it buing de	malished)	čč	
auth (e)	0200	~1	1	ONLY)	**		- SE	SIDER	CE		
			ASCN	d No.	1 1	ome of Abate	ment Contractor (9)			
ms of Manharing Fir	و لام وجساد اللا	प्रकाशि समस्य	-	, ,,,,,,		Best Re	moval In	c			
						treat Address					
est Address			2.5				River St	:			
11						Titu State 7m	Code				
y, State, Zip Code			= 20		1,	وت والم م	nsack , h	r.J. 07	601		
			· · · · ·			Telephone No.	TOUCK)	License No	Pn ·		
ojust Manager for M	enionog Fin	an .	Talapa	other Mich.	9.00	I SECTION OF VEHICLE		1			
		***	No. of the last of				7/1/1/2 1	1, 0038	8		
•					2	01-329	Manager	: 0038	8		
	, - r	Schoduled Co.		मंग्रिक (१९)	2	01-329	Manager	1	8		
4/10/1	4	4/1	1/14	मंग्रिक (१९)	. 2	01-329 Name of OSH Imega E	Monter nvironmen	1	8		
4/10/1		4/1	1/14	मंग्रिक (१९)	. 2	01-329 Name of OSH)mega E	Monter nvironne	1	8		
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tert Date (10) 4 / 0 / 1 decupancy Status Du Facility Closed/Vec A Abelement Perform 3 Other Describe:	ated During	A / I ent (Check only Entire Period of Normal Pacif	() A (amo)	(11) etc.		01-329 Name of OSH Omega E Street Address 280 Eu	Worker nvironmen yler St	atal		1 7	
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Street Address 1000 Maplewood Drive								deress utler A	va.			-	-100-00		
City, State, Zip Code Maple Shade, NJ 08052								ato, Zip C	ode NJ 0805	2					\exists
Project Manager for Monitoring	Firm			Telepho	na Na.	-	Telephi		777 0000	Ligani	se No.	_		_	\dashv
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	Amendment Emergency (justification) Cancellation atement is Takin ouse ared by Building uite 104 aring Firm Abatement (Che ad During Entire Outside of Norr That Apply) or or	Initial Amended Amendment # Emergency (including justification) Cancellation Internent is Taking Place (3) Outse Internent is Taking Place (3) Outse Scheduler May 9, Abatement (Check Only One and During Entire Period of All Outside of Normal Facility Fhat Apply) Is Note that Apply Is Note	Initial Amended Amendment # Circle Amendment # Circle Amendment # Concellation Concellatio	Morris of Street Add 1 Court 1	Morris County County County County Street Address 1 Court Street City, State, Zip Code Morristown, NJ County Code (7) (STATE USE ONLY) Tring Firm County Code (7) (STATE USE ONLY)	Morris County Courtho Street Address 1 Court Street City, State, Zip Code Morristown, NJ 07963 Name of Contact Christopher A. Walker FACILITY INFORMATION Street Address 1 Court Street City, State, Zip Code Morristown, NJ 07963 Name of Contact Christopher A. Walker FACILITY INFORMATION Street Address 1 Court Street City, State, Zip Code Morristown, NJ 07963 Name of Contact Christopher A. Walker FACILITY INFORMATION Statement is Taking Place (3) Ouse County Code (7) (STATE USE ONLY) In Telephone No. 201.569.6708 Scheduled Completion Date (11) May 9, 2014 Scheduled Complet	Initial Amended Amendment # City, State, Zip Code Morristown, NJ 07963 Emergency (including justification) Cancellation	Morris County Courthouse Initial Amended Amendment #	Morris County Courthouse	Morris County Courthouse Morris County Courthouse	Morris County Courthouse	Morris County Courthouse	Morris County Courthouse Street Address APR & 2014

Date of Notification (1) April 1, 2014		***************************************			Building			(2)							
Agencies Notified	Type Notification		S	treet A	ddress				71 111 1	APR	8	2014			
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Name of Facility Where		g Place (3)						Туре	of Facility (4	-)					
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Street Address					75.00			×	Subchapter ((Othe					
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County (6)					Code (7)			Curre	ent Use (Prio	r if beir	ng demo	lished)			
Morris			16	SIAIE	ISE ONLY	,									
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN					tement Cont		5.03				
Detail Associates				0001	2		1000000		onstruction	1 LLC					
Street Address 300 Grand Avenue	, Suite 104						Street 1017		ss Bride Aven	ue # (603				
City, State, Zip Code		-					City, S	tate, Z	ip Code						
Englewood, NJ 076							Woo	dland	Park, NJ	0742	4			12	
Project Manager for Mor Stephan	nitoring Firm			elephor 201.56	ne No. 19.6708		Teleph 973.4				License 01097				
Start Date (10)	The state of the s	Scheduled	Comp	oletion [Date (11)		Name	of OSI	HA Monitor						
April 14, 2014		May 9, 2	2014				Uros	Spa	sic						
Occupancy Status Durin	g Abatement (Ched	k Only One))				Street .	Addre	SS						
Facility Closed/Vac	ated During Entire	Period of Ab	ateme	ent			8 we	sterh	olt Avenue	9					
Abatement Perform Other – Describe:		nal Facility H	lours			ĺ			ip Code				71		
							Woo	dland	d Park, NJ	0742	4				
Scope of Work (Check A	II That Apply)														
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Location Asbestos-Containing		Used	Solely	by	Asbes	Des tos Cont	scription aining M		L(ACM)	Ar	nount				
TO BE AB	ATED	Custoo	tenand	0700		thermal	systems	insula		(S	pecify	₽ R	70	nca	Enc
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City, State						Dispos	al Date		City, State						
1141 Route 23 Wayı	ne, NJ 07470							1	Bethlehe	em, P	A 180	15			
Completed by		Title				Si	ignature	1	11			Date			
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gencies Notified	Type Notification			eet Addre	ss Point Ro	oad				***************************************				
EPA DEP DOL	Initial Amended Amendment #_		Cit	y, State, Z	ip Code nship, N	J 08723				APR 8	201	4		- /
DOH	Emergency (inc justification)	duding	Na	ame of Cor arry Plev	ntact				Telep	hone Numbe	r	-		
DCA	Cancellation				INFORM	ATION					10.7			_
lame of Facility Where Mantoloking Borou Street Address	Abatement is Taking F gh Hall	Place (3)					Sch Sub	er (i.e. priv	(Other	than K-12) commercial b	ouilding	js, ho	mes,	
202 Downer Avenu	ie						Square F		723	Floors		. Age		
City (5) Manoloking				ounty Cod	le (7)		10,000 Current		2 if bein	g demolished	100			_
County (6) Ocean			(S	STATE USE	ONLY) _		Boroug							_
Name of Monitoring Fin Hatch Mott MacDo	m Hired by Building O	wner (8)		ASCM N	0.	Name Sha	of Abater de Envir	nent Contr onmenta	actor ((9) C				
Street Address	naid						t Address Cutler A	ve.						_
3 Paragon Way City, State, Zip Code						City,	State, Zip ple Shad	Code e, NJ 0	8052					
Freehold, NJ 0772 Project Manager for M				Telephone (732) 78			phone No. 6)755-00)99		License No.				
Start Date (10)		Scheduled	1 Com	pletion Da		- A-300 C	e of OSHA							
April 21, 2014		May 9, 2	_				et Address							_
Occupancy Status Du	ring Abatement (Chec	k Only One)	V (S			7 Haddo							
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Scope of Work (Check	k All That Apply)						IVI			h Nagativa P	raceur	2		
≥3 sf or ≥3 lf ≥160 sf or ≥260			enova emolit				Mini	-Enclosure	e cedure	h Negative P			2	
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1st	Floor		XXX			Floor L				,400 SF	X	\vdash		1
2nd	l Floor		XX			air Treads		stic	+-	70 SF	X			1
	airwell		XX	NJDEP V	The second second	Cubic Yar		Name o	f Regi	stered Landfi	II		1	
Name of Registered Freehold	Waste Hauler			Hauler ID 15939	No.	of Waste	197	Weste	ern Be	erks Comn		Lar	dfill	_
City, State Mount Holly, New	w.lersev 08060					Disposal 5/9/14	Date	City, St Birdst	ate ooro,) at a			_
TRACTURE PUBLIC INC.	W DOLDON DODGO					Ciar	ature	- The Contract of the Contract		1.0	ate	14		

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

(1/10CK #0080210	(Pu	rsuant to N.	JAC 8:60 a	nd 12:120))	3	1-14 (-17)	1		(7			7
Date of Notification (1) 4/4/14		Name of Build AvalonBay									II.		
Agencies Notified Type Notification		Street Addres 517 Route		0		01	AP	R 8	3 20	111		7:1	
EPA Initial Amended		City, State, Zi					A!	11	۷ ا)14.			1
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Emergency (including justification) DCA Emergency (including justification) Cancellation	_ P	Name of Con					Tele	ohone N	Numbe	er _			1
DCA Cancellation		Albert Hro	min INFORMA	TION							-		_
Name of Facility Where Abatement is Taking Pla	ce (3)	FACILITY	INFORMA	IION	Туре	of Facility (4	1)						
Avalon Princeton	350.5			*		School (K-12			0.4000000				
Street Address 253 Witherspoon Street					×	Subchapter Other (i.e. pretc.)				ouild	ings,	home	s,
City (5)						are Feet		Floors			dg. A		
Princeton			(2)			,000	7		P 1) yrs	. old	
County (6) Mercer	(County Code STATE USE O				ent Use (Pric			lished	1)			
Name of Monitoring Firm Hired by Building Owne EWMA, LLC	er (8)	ASCM No. N/A	8			atement Con Environm			es, Ir	nc.			
Street Address P.O. BOX 5430/100 Misty Lane				Street 152		ess e 206 Sou	th						
City, State, Zip Code				4,5400	te chidie	Zip Code		_					
Parsippany						ugh, NJ 0	8844						
Project Manager for Monitoring Firm Craig Gorzyca		Telephone No 973-560-1		Teleph 908-		Na. 0880		License 01228					
	eduled Com	pletion Date	(11)	Name	of OS	HA Monitor			ed				
	31/14					Environm	ental	Service	es, Ir	nc.			
Occupancy Status During Abatement (Check On		¥7		Street 152		ess e 206 Sou	th						
Facility Closed/Vacated During Entire Perior Abatement Performed Outside of Normal Facility Other – Describe:				City, S	state, 2	Zip Code ugh, NJ 0							
Scope of Work (Check All That Apply)				Tills	DOIO	ugn, No 0	0044	-					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovat Demoliti			X		ull Containme ini-Enclosure lovebag Proc on-Exempted	edure					9	
	Is Location	on					~,				Abate	ment	
Location of	Normall Used Solel	i bu		Description					-	-1	Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Maintenan Custodial S (12)	nce/	sui	ontaining N nal system facing, VA r miscellar	s insu T, or	lation,	(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Y	res No	N/A										е	
See attached NESHAPS Survey									4				
									_				Ti .
Name of Registered Waste Hauler	NI	JDEP Waste	Cut	oic Yards		Name of F	Renieto	red Land	Hill				
Yannuzzi & Sons, Inc.	H	auler ID No. 7467	of V	Vaste CY	12	GROW		ou Laik	-1111				
City, State		2 Manual	Dis	oosal Date		City, State							
Hillsborough, NJ			4/1	0/14 - 8/		Morrisv	ille, P	A					
	^{itle} Project Ma	nager		Signature	Э				Date 4/4/				
process communication and the second									- 4			-	

Date of Notification (1)			1	Name of	Building	Owner/Operator (2	2)					
	4 / 1	4		Azure	Landin	gs LP c/o Miles	tone Mgmt. / J	ob # 1404-1862 C	:hk. #	3538	3	
Agencies Notified T	ype Notification	1	-	Street A	ddress			APR	-0 (U14	11.5	
	☑ Initial			5429	LBJ Fre	eway Suite 800						
	Amended				te, Zip Co							
☑ DHSS	_ Amendment				TX 752		4		27			
	Emergency (justification)				Contact			Telephone Number	r '3			
(NJAC 5:23-8)	☐ Cancellation			Tom	DeAnge	lis		l l			***	
				EACI	LITY IN	FORMATION		14				
Name of Facility Where Ab	etement is Tak	ing Place (3)	PAGI	LIT I IIV	Orthon	Type of Facility (4)				\neg
Landings at Pine Lak			٥,				☐ School (K-12					
	Ce - Offic 3400		-			<u> </u>	Subchapter 8	(Other than K-12) ivate and commerci	al buile	dinae		
Street Address 98 Oak Street							homes, etc.)		ai buile	ınıgo	1	
							Square Feet	# of Floors	Bldg	. Age	•	
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Lindenwold, NJ 0802			- 100	County	Code (7	(STATE USE ONLY)	Current Use (Pri	or if being demolish	ed)		1.35%	
County (6)				Journa	, 0000 (/	,(01/112 002 01121)	Apartment l					
Camden County	liand by Duildin	a Owner (S	2)	ASCM N	lo.	Name of Abatem						\neg
Name of Monitoring Firm	Hirea by Bullain	g Owner (c	"	ASCIVI IV	ю.		d Mold Service					
Pennoni						Street Address	<u> </u>					
Street Address	45					3859 Sylon E	Soulevard					
515 Grove St, Suite	16					City, State, Zip C						
City, State, Zip Code	00005					Hainesport,						
Haddon Heights, NJ			Tolo	phone N	lo	Telephone No.	110 00000	License No.				
Project Manager for Monit	oring Firm			56-656-		609-702-040	n	00862				
Tom Adams	10-	L - d - l - d - O -				Name of OSHA						\neg
Start Date (10)		heduled Co	135			EMSL Analy						
4 / _14_ /					17				-			
Occupancy Status During						Street Address	de dan North					
☐ Facility Closed/Vacate	d During Entire	Period of /	Abate	ment re - Desc	rihe	190	ute 130 North					
☐ Abatement Performed Time of Abatement:	AM-	PM/	PM	- /	AM	City, State, Zip C						
						Cinnaminso	n, NJ 06077					-
Scope of Work (Check all	that apply)					⊠ Eull Co	ntainment with Ne	gative Pressure	ACLO:	Sur.	1	
≥3 sf or ≥3 lf		⊠ Re				☐ Mini-En	closure	١.	0,00	,		
☐ ≥160 sf or ≥260 lf		☐ De	moliti	on		☐ Gloveb	ag Procedure rempted (*) and N	on-Friable Procedur	e			
		lo	Loca	tion			omptod () and it			ateme	ent Ty	vpe
Location	of	4 22	Norma	COLOR OF		Description	of					
Asbestos-Containing I				ely by	Asb	estos Containing M	faterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABA	TED	ivia		ance/ Staff?	(i.	e., thermal systems surfacing, VA		(Specify SF or LF)	ova	=	psu	Sur
IN Facilit	ty	040	(12			other miscellar		J. J /	3795		ate	О
(10)		Yes	No	N/A			550					
Unit 4306					Drywa	II Joint Compou	ınd	125 SF	\boxtimes			
O.I.I. 4000									П			
		ᆜᆜ	1775	ᆜ				 	+=		_	
									ᆜ	_	닏	1
Name of Registered Was	te Hauler		100	NJDEP		Cubic Yards of		istered Landfill				
Freehold Cartage, I				Hauler II		Waste 5	GROWS	Landfill				
City, State				0226		Disposal Date	City, State					*****
Freehold, NJ						4/22/14	Morrisvil	le, PA 19067				
	imal	Title				Sighature	-	D	ate			
Completed By (Print or T		100000000000000000000000000000000000000	Coo	rdinato	r	XI	U		4-1	1-1	4	
Kimberly A. Trumb	etti	Office	-00	unidio	4	YY	V			1		

ASB-41 MAY 11

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

CK#1002

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

Date of Notification (1)	/A /1 A		N	lame of	Building	Owner/Operator	(2) David Brown	1				_
Agencies Notified	/4/14 Type Notification		- 5	Street A	ddress		18 Willow Rd	APR	8	201	4	
EPA	Initial Amended		-	City, Sta	te, Zip Co	ode		08648				7
DOL DOH	Amendment # Emergency (inclination)	uding	F	Name of	Contact			Telenha **				늬
□ DCA	Cancellation					David Brown	1				-	+
	Talina I	Diago (2	2)	FACIL	ITY INFO	ORMATION	Type of Facility (4)				\neg
Name of Facility Where Street Address	Residentia	1 Prop	perty	<u> </u>	-		School (K-12) Subchapter 8	(Other than K-12) vate & commercia) Il buildir	ıgs,		
	18 Will	ow R	d_				homes, etc.) Square Feet	# of Floors		, Age		\dashv
City (5)	Lawrence	ville.	NI				2500	2		85	_	_
County (6)	Mercer	VIIIO		County USE C	y Code (7 ONLY)) (STATE		or if being demolis Residential	hed)			_
Name of Monitoring Fin		wner	7	ASCM N	lo.	Name of Abater Ster	ment Contractor (9) vens Environn	nental Service	es, Inc			_
Street Address	PO Box 341		-1-			Street Address	PO B	ox 322				_
City, State, Zip Code		0515				City, State, Zip	Code . Allentown	n, NJ 08501				
Project Manager for M	Crosswicks, NJ 0	8515		phone N		Telephone No.		License No.	0493			=
William V	Veisgarber Jr.		-	9) 298 tion Dat	-4070	(609) 2 Name of OSHA	59-9688		10493			=-
Start Date (10) 3/14/14		3/	/15/				M	ECS		_		_
Occupancy Status Du Facility Closed/Vac	ring Abatement (Chec	k only of	one) Abate	ment		Street Address	PO E	341				_
☐ Abatement Perform Constitution Closed/Vac	ned Outside of Normal	Facility	Hou	rs		City, State, Zip	Code Crosswich	ks, NJ 08515			i .	_
Scope of Work (Check Scope of Work (Check ≥3 sf or ≥3 lf >160 sf or ≥260 lf			novat molitic			Mini-E	ontainment with Ne nclosure bag Procedure xempted (*) and No		ure	8.		
D-11-11-		ls L	ocati	on		INOIFE	xempled () and re	on i nazio i i i	A	bater Typ		
Locatic Asbestos-Containin TO BE AB IN Fac (13	g Material (ACM) BATED ility	Used Mair Cu	Sole Sole ntenar ustodi Staff? (12)	ly by nce/ al	Asbe (i.e	Description stos Containing M ., thermal system surfacing, VA other miscellar	laterial (ACM) s insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Base	ment	100	×			Boiler Insu	lation	40 sf	×			
Dases	iioiit								-			_
					-				-			
Name of Registered	Waste Hauler		Н	NJDEP	Waste	Cubic Yards	Name of Reg	jistered Landfill				
	Environmental		_	Hauler II	D No. 292	of Waste 1 CU		T.R.R.F.,	Inc.			
City, State	Allentown,	NI				Disposal Date 4/15/14	City/State	Tullytown	, PA			
Completed By	Titl	е	roie	ct Ma	nager	Signature	7	Date	4/4	1/14		
Mahlon E.	Pienella –		2010	J. 1714								te ma

ASB-41 MAR 00 * Do not use this form for asbestos licensuré exempted activities.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Brothers of Christian Schools 3/24/14 Street Address Type Notification Agencies Notified 444 A Route 35 South Initial City, State, Zip Code **EPA** X Amended Eatontown, NJ 07724 DEP Amendment #D Telephone Number DOL × Emergency (including Name of Contact iustification) **Brother Martino** DOH Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) unnamed Other (i.e. private & commercial buildings, homes, X Street Address etc.) Bldg. Age # of Floors 3035 Central Ave. Square Feet 60 50000 City (5) Current Use (Prior if being demolished) Ocean City County Code (7) vacant (STATE USE ONLY) County (6) Name of Abatement Contractor (9) Cape May ASCM No. Alliance Environmental Systems, Inc. Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental Hazards Street Address 550 East Union St. Street Address 617 Stokes Rd., Suite 4-318 City, State, Zip Code West Chester, PA 19382 City, State, Zip Code Medford, NJ 08055 License No. Telephone No. Telephone No. 00508 Project Manager for Monitoring Firm 610-701-9000 888-715-2211 Mark Rubnitz Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) **FINOG** 4/10/14 Street Address Occupancy Status During Abatement (Check Only One) 617 Stokes Rd. Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Medford, NJ 08055 Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation Mini-Enclosure ≥3 sf or ≥3 lf Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure ≥160 sf or ≥260 lf × Abatement Туре Is Location Description of Normally Amount Asbestos Containing Material (ACM) Encapsulate Used Solely by Location of Remova (Specify Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, Maintenance/ SF or LF) TO BE ABATED surfacing, VAT, or Custodial Staff? other miscellaneous) In Facility (12)(13)N/A No Yes X 25,500 SF transite shingles X Exterior of Buildings A and B Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler of Waste Hauler ID No. ACUA 15 1620498 Earthtech Contracting City, State Disposal Date 6700 Deliah Dr., Egg Harbor NJ 08234 Various City, State 155 Rte 50 Ocean View NJ 08230 Date Sig#ature 04/02/14 Title Completed by President Robert M. Casciato

ate of Notification (1)			Nam Bro	e of Build others of	ing Owner/Op Christian S	erator (School	2) S							
gencies Notified	Type Notification			et Addres 4 A Rou	s te 35 South						APR	ŏ	20	14
EPA DEP DOL	Initial Amended Amendment	#1	City	, State, Zi tontown	p Code , NJ 07724									
DOH	Emergency ((including	7.00	ne of Con other Ma					Teler	phone Niimbe				
DCA	Cancellation		F	ACILITY	INFORMATIC	N								\dashv
lame of Facility Where A unnamed Street Address	batement is Takin	ig Place (3)					Sc.	Facility (4) hool (K-12 bohapter 8) (Othe	r than K-12) commercial l	ouilding	gs, ho	mes,	
3035 Central Ave.				050 850			eto	c.)				. Age		\dashv
City (5) Ocean City		1 0					Square 50000		5	Floors	60	. Age		
County (6) Cape May			Co (S7	unty Code	e (7) ONLY)		vacar	it		ng demolished	ı) 			
Name of Monitoring Firm	n Hired by Building	Owner (8)	1	ASCM No).	Name	of Abate	ment Con	tractor	(9) ystems, In	G.			
Finog Environment	al Hazards					red on spann	t Address		ital O	, , 0, 0, 110, 110	-			
Street Address 617 Stokes Rd., St	uite 4-318	4				550	East U	nion St.						_
City, State, Zip Code Medford, NJ 08055	5					Wes		ter, PA 1	9382	License No		_		
Project Manager for Mo Mark Rubnitz				elephone 88-715-		610	hone No -701-90	000		00508				
Start Date (10) 1/13/14		Scheduled 2/5/14	Comp	letion Dat	e (11)		e of OSH OG	A Monitor						
Occupancy Status Duri	ng Abatement (Ch	eck Only One)				et Addres							
Facility Closed/Va Abatement Perfor Other – Describe:	cated During Entir med Outside of No	e Period of Al	ateme	ent		City,	State, Zi		5		-			
						1						66 7 16		
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		The state of the s	enovati emolitio				Mir	ni-Enclosur	e cedure	th Negative P			5 0	
							× No	n-Exempte	(*) a	nd Non-Friab	1	Abate	ment	
	ng Material (ACM)	N Used Mai	Location ormally Solely ntenan odial S	y y by ice/	Asbestos Co (i.e. therm	al syste	g Materia	ation,		Amount (Specify SF or LF)	Removal	Ty Repair	e Encapsulate	Enclosure
	-1	Yes	No	N/A										
1et and 2nd	Floor Bldg A			X	FI	oor tile	e only		1	3,500 SF	X			
	or Bldg B			X	FI	oor tile	e only		1	1000 SF	X			_
1311100								\$4 			1			_
										N.				
Name of Registered \			H	JDEP Walauler ID 1620498	1010	oic Yard Vaste	is	ACUA		stered Landfil	l .			
LEarthtech Contract					Dis	posal D	ate	City, St	ate				ı nor	23/
City, State 155 Rte 50 Ocean	a View N.I 082	30				rious		6700	Delia	h Dr., Egg	Harb	or N	J UO2	

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

Juck # 8	800					8:60 and 5:16 wner/Operator (2				
ate of Notification (1)	4 / 14		N		kes Hosp		' a	4		
gencies Notified	Type Notification		5	treet Ac	ddress			APR	8 2014	
gencies Noulled ☑ EPA	☑ Initial				oseberry	St.		3337		
DOLWD	☐ Amended		0		te, Zip Coo			32		
DHSS	Amendment #0				psburg, N			u i	×4.	**
7 DCA	☐ Emergency (inc	luding	-		Contact			Talanhana Numbe	SF	100
(NJAC 5:23-8)	justification) Cancellation		1	Ted F			\			
	Caricellation			FACI	LITY INF	ORMATION				
arne of Facility Where	Abatement is Taking	Place (3	3)				Type of Facility (4)		
St. Lukes Hospita							☐ School (K-12) ☐ Subchapter 8	Other than K-12)		
treet Address	·						Other (i.e., priv	rate and commerc	ial buildings	
185 Roseberry St							homes, etc.)			
City (5)					- 17 - 15 - 15 Table 1		Square Feet	# of Floors	Bldg. Age	9
Phillipsburg, NJ (8865					i i	100,000+	3	40+	
ounty (6)				County	y Code (7)(STATE USE ONLY)	The state of the s	r if being demolish	nea)	
Warren							Hospital			
lame of Monitoring Fir	m Hired by Building C	wner (8	() A	SCM N	0.		ent Contractor (9)	ems		
Vertex	200			NA			ironmental Syst	.ciiiə		-
Street Address						Street Address	St			
700 Turner Way						550 East Uni				
City, State, Zip Code						City, State, Zip C				
Aston, PA 19014						West Cheste	1, PA 15302	License No.		
Project Manager for M	onitoring Firm		Tele	ohone N	10.	Telephone No. 610-701-900	n :	00508		
Don Heim						Name of OSHA I		0000		
Start Date (10)	The second of	duled Co					VIOLITO			
4 / _21_				_ / _	14	AET				
Occupancy Status Du	ring Abatement (Chec	k only o	ne)	XS		Street Address	I Bood			
☑ Facility Closed/Vac	ated During Entire Pe	eriod of A	Abater	nent	auile e	28 N. Penne				
☐ Abatement Perform	ned Outside of Norma t: <u>3:30</u> AM- <mark>PM</mark> PM/ <u>11</u>	I Facility	Hour	s - Desc	Linde	City, State, Zip C Media, PA 1				
Scope of Work (Check						П	ntainment with Neg	native Pressure		
	92 an i 1970 an 1970 a Taoire an 1970	⊠ Re	20104	on		☐ Full Co ☐ Mini-Er		jauve i lessule		
\boxtimes \geq 3 sf or \geq 3 lf \square \geq 160 sf or \geq 260 lf		De	novati molitic	on		☑ Gloveh	an Procedure	- Esiable Desperti	uro.	
☐ 2100 St 01 2200 II						☐ Non-Ex	cempted (*) and No	n-Friable Procedu	Abatem	opt T
			Loca							
	tion of		Norma		A a b =	Description stos Containing N		Amount	Removal	inc
	ing Material (ACM)	Ma	intena	ance/	(i.e	, thermal system	s insulation,	(Specify	nov	aps
	ABATED acility	Cus		Staff?	, , , ,	surfacing, VA	T, or	SF or LF)	<u>m</u>	Encapsulate
		Yes	(12) No	N/A	+	other miscellar	ieous)			Œ
			-		Dina In	sulation		30 LF		
Kitchen					Pipe in	Sulation				П
	10.00									1
	-		П							
Name of Deptate of	Maste Hauler			NJDEP	Waste	Cubic Yards of		stered Landfill		
Name of Registered N.E.T.S.	vvaste i lautei		4.0	Hauler I	D No.	Waste 1	Allied BFI	Imperial		
		-		1894	1	Disposal Date	City, State			
City, State						TBD	Imperial,	PA		
Hazelton, PA	as Timo)	itle				Signature	111	1	Date	,
The second secon	or type)		ator				SHI		4-4	/-/
Completed By (Print Mark Griffin	or Type) T	itle Estima	ator			Signature	Affin activities		4-4	/.

ASB-41 MAY 11

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

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Date of Notification (1)			100000000000000000000000000000000000000		Name	of Buildin	g Own	er/Operator ((2)							1
4/	3 /	14	_		SPC	:/Matawa	an					×	201	A	18	
Agencies Notified	Type Notific	ation			Street	Address		15			APR	0	201	-		1
☑ EPA				ı	130	1 Interna	ationa	al Parkway	sui	ite 550					6	1
□ DOLWD □	☐ Amende	- T		Ì	City, S	tate, Zip (Code						77.77	•	1	
☑ DHSS	Amendn	1000			Sun	rise, Flo	rida				V-12-7		31	- 94		
☐ DCA (NJAC 5:23-8)	☐ Emerger justificat		auding	ŀ	Name	of Contac	t			— (т	elephone Nu	umber	1			
(110/10/0120/0)	☐ Cancella				Ber	gman Aı	rgiiell	0					,			
					FAC	CILITY IN	IFOR	MATION								
Name of Facility Where A	batement is	Taking	Place	(3)					Ty	ype of Facility (4)						
125 Harrison Ave.										School (K-12)						
Street Address										Subchapter 8 (C			l bui	dina		
125 Harrison Ave.									^	Other (i.e., priva homes, etc.)	ate and com	Helcla	ii Dui	iumg:	5,	
City (5)		200		31. 74.5					S		# of Floors		Bld	g. Ag	ie	(E.S.) - 12
Aberdeen, NJ 0774	7								1 -	50,000	1		9.00	5+	89	
County (6)			-		Coun	ty Code (7)(STA	TE USE ONLY)	1	urrent Use (Prior	if being dem	olishe	d)			
Monmouth						,			ш.	Warehouse						
Name of Monitoring Firm	Hired by Bui	Iding O	wner (8)	ASCM	No.	Nan	ne of Abatem	ent	Contractor (9)			-			
Atlantic Environme			•		NA					nmental Syste	ms					
Street Address	-							et Address								
5 Marine View Plaza	a, Suite 30	3					5	50 East Uni	ion	St.						
City, State, Zip Code							City	, State, Zip C	ode	9						
Hoboken, NJ 07030	ĺ						W	est Cheste	er, F	PA 19382						
Project Manager for Moni	itoring Firm			Tele	phone	No.	Tele	phone No.			License No.				30	
Arthur Rastelli				20	1-876	-9400	6	10-701-9000	0		00508					
Start Date (10)	1	Schedi	uled Co	omple	tion Da	te (11)	Nan	ne of OSHA N	Mon	nitor						-
_ 4 / 21 /		_			_ /		A	ET								
Occupancy Status During	Abatement	(Check	only o	ne)			Stre	et Address				-1.2				
☐ Facility Closed/Vacate	Same and the same				nent		LI CON	8 N. Pennel	I Ro	oad						
☐ Abatement Performed						cribe	77.0	, State, Zip C	200							
Time of Abatement: 7	AMP	M/ <u>3:30</u>	PM	/	AM.			ledia, PA 19								
Scope of Work (Check al	I that apply)															
	2.									nment with Negat	ive Pressure	9				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			∐ Re ⊠ De	novati				☐ Mini-End								
△ ≥ 100 31 01 ≥200 11			M DC	monac				⊠ Non-Exe	emp	oted (*) and Non-l	Friable Proce	edure				
				Locat						9.			Aba	ateme	ent Ty	уре
Location				lorma d Sole				Description					R	Z.	ш	ш
Asbestos-Containing TO BE ABA		M)		intena				Containing Ma rmal systems			Amount (Specify		Removal	Repair	ncar	Clo
IN Facili			Cust	odial	Staff?	(S	urfacing, VAT	T, or	r	SF or LF)		val	-	Encapsulate	Enclosure
(13)		-	.,	(12)	T	-	oth	ner miscellane	eou	s)					ate	U.
			Yes	No	N/A	-			57 - 1 - 5 - 6			- 1	4000			
Roof					\boxtimes	Roofin	g/Fl	ashing		=	7056		\boxtimes			
=																
Name of Registered Was	te Hauler			A 0.500	JDEP 1		Cub	oic Yards of		Name of Registe	red Landfill					
N.E.T.S.				H	18947		Was			Allied BFI Im	perial					
City, State					10041			oosal Date		City, State						
Hazelton, PA							Т	BD		Imperial, PA						
Completed By (Print or T	ype)	Title						Signature	. 4	e/h		Date	4			10 M
Mark Griffin	economic to K.C. (7	Es	stima	tor				100000000000000000000000000000000000000	K			1	/_	3,	-1	4
									1/1/			/		<u></u>	•	1

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) The Robbins Agency APR 14 1 4 Street Address Type Notification Agencies Notified 1150 W. Chestnut St. ☐ Initial ⊠ EPA City, State, Zip Code **⊠** DOLWD Union, NJ 07083 Amendment #1 Telephone Number ☑ DHSS ☐ Emergency (including Name of Contact ☐ DCA justification) (NJAC 5:23-8) Kenneth Rendall ☐ Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) Union Plaza Shopping Center - Space2401E Other (i.e., private and commercial buildings, homes, etc.) Street Address Bldg. Age # of Floors 2401 RT 22 West Square Feet 45+ 100,000 1 City (5) Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) Union, NJ 07083 Retail County (6) Name of Abatement Contractor (9) Union Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Alliance Environmental Systems Omega Environmental Services,Inc. NA Street Address 550 East Union St. Street Address 280 Huyler St. City, State, Zip Code West Chester, PA 19382 City, State, Zip Code License No. So. Hackensack, NJ 07606 Telephone No. Telephone No. Project Manager for Monitoring Firm 00508 610-701-9000 201-489-8700 Name of OSHA Monitor Geiser Fajardo Scheduled Completion Date (11) Start Date (10) AET 4 / 15 / 14 4 / 9 / 14 Street Address Occupancy Status During Abatement (Check only one) 28 N. Pennel Road ☑ Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-____PM/3:30PM-___AM Media, PA 19063 Scope of Work (Check all that apply) ☐ Mini-Enclosure □ Renovation
 □ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Abatement Type Is Location Encapsulate Remova Description of Normally Asbestos Containing Material (ACM) Amount Location of Used Solely by (Specify Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, Maintenance/ SF or LF) surfacing, VAT, or TO BE ABATED Custodial Staff? other miscellaneous) IN Facility (12)(13)No N/A Yes \boxtimes 3648 SF VAT / Mastic X П X 624 SF Space 2401E Wall Mastic \boxtimes П Space 2401E П Name of Registered Landfill Cubic Yards of NJDEP Waste Allied BFI Imperial Name of Registered Waste Hauler Waste Hauler ID No. 15 18947 N.E.T.S. City, State Disposal Date Imperial, PA City, State TBD Date Hazelton, PA Signature 4-2-Title Completed By (Print or Type)

Mark Griffin

Estimator

ASB-41 MAY 11

Name of Building Owner/Operator (2) Date of Notification (1) The Robbins Agency 21 14 Street Address Type Notification Agencies Notified 1150 W. Chestnut St. **⊠** EPA City, State, Zip Code ☐ Amended ☑ DOLWD Amendment #0 ☑ DHSS Union, NJ 07083 ☐ Emergency (including Telephone Number ☐ DCA Name of Contact justification) (NJAC 5:23-8) Kenneth Rendall ☐ Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Union Plaza Shopping Center - Space2401E ☐ Subchapter 8 (Other than K-12) ☑ Other (i.e., private and commercial buildings, Street Address homes, etc.) 2401 RT 22 West Bldg. Age # of Floors Square Feet City (5) 45+ 100,000 Union, NJ 07083 Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) County (6) Retail Union Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Alliance Environmental Systems NA VERTEX Street Address Street Address 550 East Union St. 700 Turner Way City, State, Zip Code City, State, Zip Code West Chester, PA 19382 Aston, PA 19014 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00508 610-701-9000 610-558-8902 Don Heim Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 4_ / _11 / _14 4 / 7 / 14 Street Address Occupancy Status During Abatement (Check only one) 28 N. Pennel Road □ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code PM/3:30PM-____AM Time of Abatement: 7AM-__ Media, PA 19063 Scope of Work (Check all that apply) ☐ Mini-Enclosure □ Renovation ≥3 sf or ≥3 lf ☐ Glovebag Procedure ☐ Demolition Non-Exempted (*) and Non-Friable Procedure ≥160 sf or ≥260 lf Abatement Type Is Location Normally Repair Description of Encapsulate Enclosure Remova Location of Amount Asbestos Containing Material (ACM) Used Solely by Asbestos-Containing Material (ACM) (Specify (i.e., thermal systems insulation, Maintenance/ TO BE ABATED SF or LF) Custodial Staff? surfacing, VAT, or IN Facility (12)other miscellaneous) (13)Yes No N/A X 3648 SF VAT / Mastic M Space 2401E П \boxtimes П 624 SF Wall Mastic \boxtimes Space 2401E П П П Name of Registered Landfill Cubic Yards of NJDEP Waste Name of Registered Waste Hauler Hauler ID No. Waste Allied BFI Imperial N.E.T.S. 15 18947 Disposal Date City, State City, State Imperial, PA TBD Hazelton, PA Signature Title Completed By (Print or Type) Estimator Mark Griffin * Do not use this form for asbestos licensure exempted activities.

MAY 11

Date of Notification (1)					Name	of Building	Owner/Operator (2	2)			37.5		
04/	03/	14					tar Capitol, LLC		/ Job # 1404-18	2014		3529	, ,
Agencies Notified ⊠ EPA	Type Notif ☑ Initial	ication				Address Route 7	70 East		73. 13	2014	t		
⊠ DOLWD	☐ Amend			-	City, S	tate, Zip C	ode				. 4	•	1
⊠ DHSS		ment #_	- Judina		Che	rry Hill, I	NJ 08034			dr.		-	
DCA (NJAC 5:23-8)	☐ Emerge justifica		duaing	-	Name	of Contact			Telephone Number	er			
(,	☐ Cancel				D. N	lanrel		1					
					FAC	ILITY IN	FORMATION				_		
Name of Facility Where	Abatement is	Taking	Place	(3)			2-300-071	Type of Facility (4	1)				
Residential Proper		i cicio di la						☐ School (K-12)					
Street Address									(Other than K-12) vate and commerc	ial bu	ldina		
1300-1312 Chetwyr	nd Avenue							homes, etc.)	vate and commerc	iai bu	luling	٥,	
City (5)								Square Feet	# of Floors	Blo	g. Ag	je .	
Plainfield								3000	3	1	920		
County (6)		3.75	***********	-	Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pric	or if being demolish	ed)		W- 2-	
Union								Residential					
Name of Monitoring Firm	Hired by Bu	uilding C	wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)	30334				
Horizon Environme	ental						Asbestos and	d Mold Services	s, Corp.				
Street Address	2000						Street Address						
PO Box 336							3859 Sylon B	oulevard					
City, State, Zip Code							City, State, Zip Co	ode			9.		
Thorofare, NJ 0808	86						Hainesport, N	NJ 08036					
Project Manager for Mon	itoring Firm			Tele	phone	No.	Telephone No.		License No.				- 2.22
Dave Flanigan				85	6-848	-0800	609-702-0400	Č.	00862				
Start Date (10)	n manage	Sched	uled C	omple	tion Da	te (11)	Name of OSHA N	lonitor					
04 /15 /	14		4_ /	18	_ / _	14	EMSL Analyt	ical, Inc.					
Occupancy Status Durin	g Abatemen	t (Check	only o	ne)			Street Address					10.220-12.2	
☑ Facility Closed/Vacate							200 U.S. Rou	te 130 North					
Abatement Performed							City, State, Zip Co	ode					
Time of Abatement: _	AM	PI	VI/	PIVI-		AIVI	Cinnaminsor	n, NJ 08077					
Scope of Work (Check a	Il that apply)						Meno			0010	CHA	7	
☐ >3 sf or >3 lf			⊠ Re	novati	on				ative Pressure	1010	VUI		
≥160 sf or ≥260 lf			De				⊠ Gloveba	g Procedure					
					2055000		☐ Non-Exe	mpted (*) and Nor	n-Friable Procedure	T			
1				Locat Norma			Description of				atem		
Location Asbestos-Containing		CM)	Use	d Sole	ly by	Asbe	stos Containing Ma		Amount	Rer	Repair	Enc	Enc
TO BE AB	ATED	<i>y</i>	100000000000000000000000000000000000000	intena todial		(i.e	., thermal systems	insulation,	(Specify	Remova	air	Encapsulate	Enclosure
IN Facil	lity		Ous	(12)	Jun:		surfacing, VAT other miscellane		SF or LF)	<u>m</u>		ulat	re
(10)			Yes	No	N/A			1				Ф	
Basement						Floor ti	le & Mastic		1,000 SF	\boxtimes			
Basement					\boxtimes	Pipe In:	sulation		120 LF	\boxtimes			
				П	П								
Name of Registered Was	ste Hauler			IN	JDEP V	Vaste	Cubic Yards of	Name of Regist	tered Landfill			_	
Freehold Cartage,				Н	auler II 02265		Waste 5	GROWS La		21			
City, State							Disposal Date	City, State					
Freehold, NJ							4/19/14	Morrisville,	PA 19067				
Completed By (Print or T	Гуре)	Title	9				Signature	۸	Da	S 00			
Kimberly A. Trumb	etti	C	office (Coord	linato	r	MAN	1		4-3	-14		

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

State of NJ Notification of Asbestos Abatement

B & G proj. #: 25-229

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

Check #6464

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Date of Notification (1)	I I Name o	f Building Own	er/Operator (2)				
0 4 / 0 4 / 1 4	Janis	& James Q		20			
Agencies Notified Type Notifica	Outcol/		<u> </u>				
DEP Initial		Central Aver	nue		¥	APR	⁸ 2014
	diamental designation of the second	ate, Zip Code					
	IVIOI	itclair, NJ 07	042				
DOH Cance	Hatiaa	Contact			Telephone	Number	31:
DCA Carice	Jan	is & James (Quinn				
		FACI	LITY INFORMA	ATION			
Name of facility where abatement	is taking place (3)		V.,	2000	Type of Facility (4		
Janis & James Quinn						(K - 12)	han K 12\
Street Address						apter 8 (Other t Private/Comme	
132 Central Avenue					Bldgs./f	Homes, etc.	
City (5)	County (6)			County Code (7)	Square Feet	# of Floors	Bldg. Age
Montclair, NJ 07042				(State use only)	Current Use (Pr	ior if being den	nolished)
	Essex		Ü.		residential		
Name of Monitoring Firm Hired by	/ Bldg. Owner (8)		ASCM No.	Name of Abater	ment Contractor (9)		
N/A				B & G Resto	oration, Inc.		
Street Address		8, 18		Street Address			
City, State, Zip Code				105 Ryerson City, State, Zip C			······································
Oity, State, Zip Code				100	k, NJ 07035		
Project Manager for Monitoring Fir	m	Phone Numb	er	Telephone Num		License Num	ber
				973-696-68	669	0378	
Scheduled Start Date (10)	Sched. Com	pletion Date (11	1)	Name of OSHA		35.0	
04/14/2014	04/14/2	014		B & G Resto	oration, Inc.		
Occupancy Status During Abateme	ent (Check only on	e)		105 Ryerson	Road		
Facility closed/vacated durin				City, State, Zip (
Abatement performed outside Describe:	le of no <mark>r</mark> mal facility	hours-					
Other-Describe:				Lincoln Par	k, NJ 07035		
Scope of Work (check all that app	oly)					wrap & cu	ıt
☐ Demolition	Renovation				w/negative pressure	Glovebag p	
	≥160 sf or ≥260	f		Mini-enclosure		Non-friable	procedure
Location of	Is location norm		1			e R	REE
asbestos-containing material to be	staff(12)		Description material (on of asbestos-containing	ng Amount (Specify S	F or o	p c n
abated in facility (13)	Yes N	o N/A	material	, tolli,	ĹF)	v	a a L
boiler room		X	pipe insula	ation	7 If	e e	
Doller TOOM							
Registered Waste Hauler	NJDEP Ha 19563	uler ID# C	ubic Yards of V	The state of the s	tered Landfill Lesource & Recovery	Center	11
B & G Restoration, Inc. City, State	19303	Disposal D		City, State	tesource & Receivery	Contor	
Lincoln Park, NJ 07035			5/2014	Tullytown,	PA		
Completed by (Print or Type)	Title		Signature	Gordana Lu	,	Date	
Gordana Luna	Secretary/Tre	asurer		Yordana Lu	na	04/04/201	4

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

2014-46 B & G proj. #: Check #6465 Date of Notification (1) Name of Building Owner/Operator (2) 0 4 / 0 4 / 1 4 Mirjana Lee Agencies Notified Type Notification Street Address ☐ EPA 251 East High Street Initial DEP City, State, Zip Code DOL Amendment Somerville, NJ 08876 Telephone Number DOH Name of Contact Cancellation Mirjana Lee □ DCA **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Mirjana Lee Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age 251East High Street Square Feet | # of Floors County (6) County Code (7) City (5) Current Use (Prior if being demolished) (State use only) Somerville, NJ 08876 Somerset residential Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Phone Number Project Manager for Monitoring Firm 0378 973-696-6869 Name of OSHA Monitor Sched, Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 04/18/2014 04/17/2014 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: wrap & cut Scope of Work (check all that apply) Glovebag procedure Full Containment w/negative pressure Renovation Demolition Non-friable procedure Mini-enclosure ≥160 sf or ≥260 lf >3 sf or >3 lf E Is location normally used solely Е Location of n by maintenance/custodial Amount n m Description of asbestos-containing asbestos-containing C (Specify SF or staff(12) С material (ACM) 0 a material to be abated in facility (13) p N/A Yes No 180 If pipe insulation basement Name of Registered Landfill Cubic Yards of Waste Registered Waste Hauler NJDEP Hauler ID# Tullytown Resource & Recovery Center 2 1/2 19563 B & G Restoration, Inc. City, State Disposal Date 04/18/2014 Tullytown, PA Lincoln Park, NJ 07035 Signature Gordana Luna Completed by (Print or Type) 04/04/2014 Secretary/Treasurer Gordana Luna

Cl# 2593

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Date of Notification (1)	4 /	14	_				Owner/Operator (2 Broad of Educat		i.				F	, F
Agencies Notified	Type Notifi	cation			2000000000	Address Beverly-	Rancocas Rd			APR	8	201	4	
□ DOLWD	☐ Amend			1	City, S	tate, Zip C	ode					*******		
☑ DHSS	The Contract of Street	ment #_			Will	ingboro,	NJ 08046						W 33	
☐ DCA (NJAC 5:23-8)	☐ Emerge		luaing	1		of Contact	(Telephon	e Numbe	r			-
(10/10/0.20/0)	☐ Cancell				Kelv	vin Smith	i				- 40		11 95	
			75-274		EAC	II ITV IN	FORMATION				£.			
Name of Facility Where	Abatament is	Taking	Diaco	(3)	FAC	ALLI I IIA	FORMATION	Type of Facility	(4)					-
		raking	Flace	(3)				School (K-12	5.50					
Willingboro Middle	SCHOOL							Subchapter 8		n K-12)				
Street Address 451 Van Sciver Par	rkway							Other (i.e., pi	rivate and c		al bu	ildings	5,	
City (5)								Square Feet	# of Floo	ors	Blo	lg. Ag	е	
Willingboro								75,000	2		4	+0+		lui)
County (6)					Coun	ty Code (7	(STATE USE ONLY)	Current Use (Pr	or if being o	demolish	ed)		ill. Sin	
Burlington								School						
Name of Monitoring Firm	Hired by Bu	ilding O	wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
TTI Environmental	Inc.	23 23					BRISTOL EN	VIRONMENTA	L, INC.					
Street Address		-		2			Street Address			-				
1253 N. Church St							1123 BEAVE	R STREET						
City, State, Zip Code							City, State, Zip Co	ode			-			$\overline{}$
Moorestown, NJ 0	3057						BRISTOL, PA							
Project Manager for Mor		-		Tele	phone I	No.	Telephone No.		License	No.				-
Jim Guilardi	g ·			0.0000000000	6-840		215-788-6040)	0050					
Start Date (10)		Sched	uled C		tion Dat		Name of OSHA M						TOU!	
4 / 17 /	14			1900		14		VIRONMENTA	L. INC.					
							Street Address							
Occupancy Status Durin Facility Closed/Vacat					mont			DOTREET						
☐ Pacifity Closed/Vacat	_					cribe	1123 BEAVE					77.53		
Time of Abatement:							City, State, Zip Co BRISTOL, PA							
Scope of Work (Check a	ll that apply)						☐ Full Con	tainment with Neg	ative Press	sure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Re □ De				☐ Mini-End							
			ls	Locat	ion	T-	ZZ Non Zxo	mptou () una i to			_	ateme	nt T	vne
Locatior Asbestos-Containing <u>TO BE AB.</u> IN Faci	Material (AC ATED	CM)	Use Ma	Norma d Sole intena todial ((12)	ely by nce/		Description of stos Containing Ma ., thermal systems surfacing, VAT	iterial (ACM) insulation, , or	Amou (Spec SF or	cify	Removal	Repair	Encapsulate	Enclosure
(13)			Yes	No No	N/A		other miscellane	eous)					ate	
Room 115						Floor ti	le and mastic		1011	SF				
Room 604				\boxtimes		Floor ti	le and mastic		165	SF	\boxtimes			
Room 605				\boxtimes		Floor ti	le and mastic		165	SF	\boxtimes			
			П					35						
Name of Registered War		JP, INC	 ;.	115.55	JDEP V	No.	Cubic Yards of Waste	Name of Regis						
City, State	760-202-00-000				20990		Disposal Date	City, State						
NEW CASTLE, DE	19720						3.736	WAYNESE	URG, OH	44688				
Completed By (Print or 1 Brian Scafiro	ype)	Title	stima	tor			Signature	n Scole	ro / Er	Dat	e 4/4	/14	!	
ASB-41 , ,	-						/		18					

	(Pur	sua	ant	to	<u>N</u> .	J.A.	C. 8:60 and	12:1	20)	R#	254	12	F		7
Date of Notification (1) 4/4/2014			Vam Viac				Owner / Operate	or (2)					31(0)		
	l nd <mark>e</mark> d		Stree We City, Cinc	et A est Sta cin	Se te &	ess venth & Zip C i, OH	Street ode 45202		1	APR	8 20 20				
	rgency cellation	13				ntact uro					مام ۱	nnai	na N	umb	er
				ACI	LIT	Y INF	ORMATION	- A	4			4	Yes and		-
Name of Facility Where Abatem Macys Store #340032 - Mer		ce (3	3)				Type of Faci								
Street Address 275 Parsonage Road	2						Other (i	.e. priv	Other than K- ate & commer	cial buildi				etc.)	
City (5)	County (6)	Co	unty	Co	de ((7)	Square Feet	t	# of Floors		Bldg.	Age	1		
Edison	Middlesex		۵			,	Current Use	(Prior	if being demol	ished)					
Name of Monitoring Firm Hired bennoni Associates, Inc.	by Building Owner	r (8)		ľ	ASC	CM No.	Name of Aba		t Contractor (9)					
Street Address 515 Grove St.							Street Addre		eet						
City, State & Zip Code Haddon Heights, NJ 08035		<u> </u>					City, State & Bristol, PA	Zip Co	ode						
Project Manager for Monitoring I Alan Lloyd	8	56-0	hon 6 56 -	-28	75		Telephone N (215)788-6	040		License 00509	Numl	er			
Scheduled Start Date (10) 4/14/2014	Scheduled Comp		n Da 2014		(11))	Name of OS Bristol Env								
Occupancy Status During Abate Facility Closed/Vacated Abatement Performed Country Describe: 10:00 PM to	ment (Check only During Entire Per utside of Normal	one	e) of Al	bate	eme	nt	Street Address 1123 Beav City, State & Bristol, PA	ess er Stro Zip Co	eet ode						20
Facility Occupied During							Briotoi, 17	. 1000							
Scope of Work (Check all that a ≥3 sf or ≥3 If ≥160 sf ≥260 If					/atio				Full Containr Mini-Enclosu Glove Bag P Non-Exempte	re rocedures	s on-Fri	able	Pro	cedu	ıre
Location of Asbestos-Containir	ng l		oca ally				Description Asbestos-Con		,	Amount (Specify		Aba	tem	ent T	уре
Material (ACM) TO BE ABATED in Facility (13)	N	So Naint	olely tena odial (12) No	by nce Sta	or	i	Material (A (i.e., thermal s nsulation, surfa or other miscel	ACM) system icing, V	s AT	SF or LF)		Removal	Repair	Encapsulate	Enclosure
3 rd Floor				Ţ		Floo	tile and mas	tic		100 SF		X			
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				Ţ											
		4	H	1	┽						-	뮈	H	H	H
Name of Registered Waste Hau	ler		10000	aule	er II	O No.	Cubic Yards of Waste	10000000	e of Registere			1			
Service Transport Inc. City, State				2	099	90	4 Disposal Date		erva Landfil State	l .				W.A	
New Castle, Delaware							4/16/2104		nesburg, O	H					
Completed By (Print or Type) Gino Pizzigoni			P	-	ect		Signature Line 1	Pizz	rigonil	jl		ate 4/4	+/,	14	

(h) (C) #3266	(Pursuar	nt to NJAC 8:	60 and 12:12	0)	= -	* 2 · · · · · · · · · · · · · · · · · ·	1 1	Ī	3 1	7	1			
Date of Notification (1) 04/04/14		Name of Building Owner/Operator (2) MARKET HALSEY URBAN RENEWAL LLC													
Agencies Notified Type Notification			Address W.34TH ST	REET STE	2106		APR	8 20 14			, 1				
X EPA		City, S	State, Zip Code V YORK, N	В											
Emergency (initial plane) DOH justification) Cancellation	cluding	Name	of Contact			1	Telephone	Number	,			j į			
DOA GARCEMATOR			CILITY INFOR	RMATION						_					
Name of Facility Where Abatement is Taking I MARKET HALSEY BUILDING BASE					☐ so	Facility (4) chool (K-12)		14 400							
Street Address 165 HALSEY STREET					⊠ or et	K-12) nercial buildings, homes,									
City (5) NEWARK					Square 30,00		# of Floors 16	4	Bldg. Age 80						
County (6) ESSEX			ty Code (7) FE USE ONLY)		Curren	being dem	olished)								
Name of Monitoring Firm Hired by Building Ov RK ENVIRONMENTAL INC.	wner (8)	AS 00	CM No. 90		Name of Abatement Contractor (9) BAKO CONSTRUCTION & RE					ESTORATION, INC					
Street Address 401 ST. JAMES AVENUE	1			t Address A ROU	TE 46 SUI	TE 3D	7.								
City, State, Zip Code PHILLIPSBURG, NJ 08865			City, State, Zip Code TOTOWA, NJ 07512												
Project Manager for Monitoring Firm JON GILBERT		ohone No. -454-6316		hone No	Licens 0666	ense No. 66									
	Scheduled 0 04/28/201		on Date (11)		Name of OSHA Monitor BAKO CONSTRUCTION & RESTORATION, IN										
Occupancy Status During Abatement (Check		Stree	Street Address 265A ROUTE 46 SUITE 3D												
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: Thur/Fri:3:30pm-11:30	m-4:30pm	City,	City, State, Zip Code TOTOWA, NJ 07512					6							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf		Full Containment with Negative Pr Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable													
	23	cation mally					,		Abatement Type						
Aspestos-Containing Material (ACM)		Solely by enance/ ial Staff?	(i.e.	Descriptions Containing thermal system surfacing, Vother miscelland	Material (ACM) A ns insulation, (S AT, or SF		Amount (Specify SF or LF)	1 2		Repair	Encapsulate	Enclosure			
1B Boiler room water meter	-	X X		Duct Insu	lation		400 SF	x	-		_				
1B Boiler room water meter		X		Pipe Insu											
		<u>, </u>							-						
Name of Registered Waste Hauler BAKO CONSTRUCTION & REST. II	P Waste r ID No.	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S												
City, State	9	10 Disposal Da													
TOTOWA, NJ		04/29/14	/29/14 MORRISVILLE, PA												
Completed by DAMIR VALJEVAC	Title PROJE	CT MA	NAGER		gnature fulyer					Date 04/04/14					

()/()/Y# 3	3.19			(Pi	ursuant to	NJAC 8	8:60 and	1 12:120))				- 7	7 1	5				
Date of Notification (1) 4/7/14					Name of Building Owner/Operator (2) Reldon Enterprises, LLC c/o ADCO, American Development Company														
Agencies Notified	Type Notification Initial Amended				Street Address 1105 Industrial Highway APR © 2014														
EPA DEP DOL					City, State														
	Eme	Amendment # Emergency (including			Southar Name of 0	PA 18	3966												
DOH DCA	justification) Cancellation				Dan Ble														
Name of Eacility Where	Abatamani	is Takin	a Place (2)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	FACIL	ITY INFO	DRMATI	ON	Tuna	of Facility /	4								
Name of Facility Where Abatement is Taking Place (3) Former Pathmark Supermarket Building										of Facility (School (K-1	50								
Street Address 2881 Mt. Ephraim Avenue						5-1	Subchapter 8 (Other that					an K-12) nmercial buildings, homes,							
City (5) Camden												f Floors	ors Bldg. Age 50+						
County (6) Camden		ħ.				County Code (7) (STATE USE ONLY)			Current Use (Prior if being d Retail shopping center										
Name of Monitoring Firm Hired by Building Owner (8) Environmental Management Inc.					ASCM		Name of Abatement Contractor (9) ecoservices, LLC												
Street Address 34 E. Germantown Pike, #204					Street Address 407 W. Lincoln H						Highway, Suite 500								
City, State, Zip Code E. Norriton, PA 19401					City, State, Zip Code Exton, PA 19341														
Project Manager for Monitoring Firm Ray Giordano					Telephone 610-277		Telephone No. License No. 484-872-8884 01161												
Start Date (10) 4/21/14						completion Date (11)			Name of OSHA Monitor EMSL										
Occupancy Status During Abatement (Check Only One)						1:			Street Address 200 Route 130 North										
Facility Closed/Vacated During Entire Period of Abater Abatement Performed Outside of Normal Facility Hour. Other – Describe: Work limited to unoccupied retail spa					s City, State,					tate, Zip Code aminson, NJ 08077									
Scope of Work (Check A	II That App	oly)						Ciriri	anni	5011, 145	36077								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovation Demolition					X Full Containment with No Mini-Enclosure Glovebag Procedure Non-Exempted (*) and N						4						
		Is	Locati	on	-			2 Non-Exempt		J () all	u Non-Fria	Abatement							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)			Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description Asbestos Containing (i.e. thermal system surfacing, V other miscelli			g Material (ACM) ems insulation, VAT, or		Amount (Specify SF or LF)		Remova	Repair	e Encapsulate	Enclosure			
			Yes	No N/A									a	-	late	ле			
First floor on concrete				х	3 layer V.		AT and mastic			35,	000 SF	x							
First floor on tile					x		1 lay	er ceramic			2,0	000 SF	x						
2nd floor mezzanine				X	1 layer			VAT 700 S			00 SF	x							
Name of Registered Was	sto Hauler			LN	IDED We	ata	Cubic	Varda		Nome of	Dogista	rad Landfil							
Service Transport			1 2 2 2 2 2	NJDEP Waste Hauler ID No. Cubic of Wa 80			eto			of Registered Landfill Va Landfill									
City, State New Castle, DE				Dispose TBD			City, State Waynesburg, OH												
Completed by Jack Bally		Title Sr. Project M				er	er Signature Date 4/7/14												
ASB-41 (R-06-08)	- 12	Do not use this form for asbestos licensure exempted activities.																	