STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT

	S	TATE OF NE	W JEKSET			Company and Consultation
r i	NOTIFICAT	ION OF ASB	ESTOS ABATEMENT 8:60-7 AND 12:120-7			
Cihack # Iaal _	(PURSUA	NI IO NJAC	ilding Owner / Operato	or (2)		
1 11 1 1		HOFFMAN	LAROCHE			1
Date of Notification (1)	**	Ctroot Add	ress			
		340 KINGS	LAND AVENUE			, 1
Agencies Notified Type of Notificat	on	City State.	Zip Code	A.F	PR 17 191	
EPA Initial		NUTLEY, N	J 07110	Tolonh	one Number	
	dea	Name of C	ontact	1		
DOH Ameri	dment # gency w/ justification	BILL LICH	TENAU	1t.		
DOL Emer	ellation		TODAKATION			
Callo		FACILITY IN	FORMATION			
			Type of Facility (4)			
Name of Facility Where Abatement is	Taking Place (3)					
Name of Facility Where Abutomer			School (K-	12)	(12)	1
HOFFMAN LAROCHE				er 8 (Other than h	ercial	
Street Address			Other (l.e.,	private & cmme		
340 KINGSLAND AVENUE			bldgs., ho	# Of Floors	Building Age	
	County Co	de (7)	Square reet	N/A		N/A
City (5) County (6)	County		N/A Current Use (Prior if	being demolish	ed)	
NUTLEY ESSEX						
		1.00111	O Name of Abatement	Contractor (9)		
Name of Monitoring Firm Hired by E	3ldg. Owner (8)	ASCM N	UNAME OF ADDRESS			
Name of Monitoring Firm Filed by	manad Marawak (Makes - 20) - 60	- 1	LVI DEMOLITION SE	RVICES INC.		
			Street Address			
EHI Street Address				24/47/		
Street Address 655 WEST SHORE TRAIL			32 WILLIAMS PARK	VVAY		
City, State, Zip Code			City, State, Zip Cod	ie		
NII 07871	Tolenhor	ne Number	- WOVER N	1107936		
Project Mngr. For Monitoring Firm	973-729-	5649	EAST HANOVER, N	Lic	ense Number	
BILL KIRBIL	hed. Completetion D	ate (11)	Telephone Number		008	an l
	09	/14	973-772-3660		0000	30
_05 / _01 / _14		/	COCULA MO	onitor		
/	ent (Check Only 1)		LVI DEMOLITION S	SERVICES INC.		
Occupancy Status During Abatem	I During Entire Perio	d or	Street Address			
Abatement		a ailitu	MANAGEMENT .	NOMAY.		
Abatement Performed	Outside of Normal F	acinty	32 WILLIAMS PAR	(KVVA1		
L. Doccribe			City, State, Zip Co EAST HANOVER,	N I 07936		
N	100-FR1 1:00AM-3:00PM		EAST HANOVER,	140 0, 50		
1 - 1	.00/1111 0.00					1
Scope of Work (Check All That A	.ppiy)	-	Full Containment	t with Negative F	ressure	1
	Renov	ation 🖸	Mini - Enclosure			
 □ Demolition □ ≥3sf or ≥3lf □ ≥160 sf or ≥260 lf 			Glovebag Proces	dure	le Procedure	
≥35f of ≥311 ≥160 sf or ≥260 lf		[") and Non-1165	le i locour	
☑ ≥100 st ot ====					Abatement Type	. 15
		Des	scription of	1 1	R	E E
Location of	ls Location	Ashest	os - Containing	Amount	ER	1. 1.
Asbestos Containing	Normally	Ma	terial (ACM)	(Specify	ME	C C
Material (ACM)	Used	(l.e., th	nermal systems n, surfacing, VAT,	SF or LF)	O P	P 0
TO BE ABATED	Solely	insulatio	r miscellaneous)			s s
in Facility	by Main-	or otne	i illisochanos sej	1	A I R	lu lu
(13)	tenance/			1	- "	L R
1	Custodial				-	
	Staff (12)					
	YES NO N/A			_		1-4-4-
						
SEE ATTACHED	- 					
			Figure of Book	stered Landfill		
	The second secon	EP Waste Co		GEMENT		Senter-boy exact
Name of Registered Waste Ha	luiei	iler ID No. Y	ards VVASTE IV.			
LVI DEMOLITION SERVICES	NJ-	750	Waste State		100,150,000	
			isposal City. State TULLYTOWN,	, PA		
City, State		l _D		1		Date
EAST HANOVER, NJ			Sig	gnaturé	(/	0414016
Completed by (Print or Type	Tit	le OJECT MAN	AGER	100.7	Just .	04/16/1
STEVEN STILES	PR	(03201 112 114	<u>.</u>	Mark		57
SICATIA OLITTO						

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BLDG. 66		VAT & MASTIC	50 SF	V	- Ho	-Fi	—H
BLDG. 66		LAB TOP	100 SF		-Fi	一市	T T
BLDG. 66		COVE BASE	360 LF	7	一百十	- <u>Fi</u>	
BLDG. 66		GLAZING/WINDOWS	110 EA				
BLDG. 66		CAULK	40 LF	V			
BLDG. 66			37 EA			- 	
BLDG. 66		FIRE DOOR	37 LA				- H
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BLDG. 66A		ROOF	54 EA	\[\sqrt{1}\]		+	ᅮ
BLDG. 66A		FIRE DOORS	54 EA			- 片	-H
			050.05		-		ㅡH
BLDG 66B		FLASHING	650 SF	<u> </u>		-	- H-
BLDG 66B		FIRE DOORS	54 EA	<u> </u>			-
			2000 05			_	
3LDG 100		DUCT INSULATION	2280 SF	✓			
3LDG 100		PIPE & FITTING	2300 LF	7		-0-	- □-
3LDG 100		VAT/MASTIC	31300 SF				
3LDG 100		FIRE DOORS	206 EA	<u> 7</u>			
BLDG 100		CAULK	100 LF	7			
3LDG 100		FLASHING	720 SF	7			- H-
				H			- H $-$
			20.00	<u></u>			
BLDG 70		FLASHING	80 SF				
BLDG 70		FIRE DOOR	4EA				
BLDG 70		CAULK/WINDOW	6 EA	V			_ H
BLDG 70		GLAZING/WINDOW	4 EA	V			⊢
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, APR 1 7 2014

CK#24500

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

Date of Notification (1)	15/14		T	Name	of Buildin	g Owner/Operator Flemin	(2) gton Union H	lotel, LLC.				
Agencies Notified	Type Notification		1	Stree	t Address		Bloomfield	AFA	17	2014		_
DEP	Amended Amendment #		.	City, S	State, Zip C	Code	mington, NJ				ı.	-
DOH DCA	justification) Cancellation	oluumg		Name	of Contac David			Telephone Num	nher			
	L			FA	CILITY INF	ORMATION		<u> </u>			-	
Name of Facility Where		g Place n Hot					Type of Facility School (K-1)	2)		HES.		
Street Address	76 Ma	in Str	eet						cial buil			
City (5)	Flemin	gton	NI		1		Square Feet 6000	# of Floors	В	dg. A	ge 50	
County (6)	nderdon	gton,	IVJ		nty Code (7	7) (STATE		rior if being demol	ished)		,,,	_
Name of Monitoring Firm		Owner	- r	ASCM	No.	Name of Abatem	nent Contractor (9					=
(8)	MECS						ens Environi	nental Servic	es, Ir	ıc.		
Street Address	PO Box 34	ı				Street Address	PO F	30x 322				
City, State, Zip Code	1 O DOX 34.	L				City, State, Zip C		JOX JEE				=
	osswicks, NJ	08515					Allentow	n, NJ 08501				
Project Manager for Mon	SAME AND STREET			phone		Telephone No.	n neoo	License No.	0049	2		
Start Date (10)	_aureti	duled Co			8-4070 ate (11)	(609) 25 Name of OSHA			0043			$=$ \mid
4/25/14	Joshed		/30/:		(1.17	Traine of oother		ECS				_
Occupancy Status Durin				70		Street Address	DO E	201.241				
						City, State, Zip C		Box 341		-	-	-
Other - Describe:				- T		Oity, Otato, Zip o		ks, NJ 08515				
Scope of Work (Check a	all that apply)					T Eull Cor	stainment with Ne	gative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Rei Der	novati molitio	on n		☐ Mini-End Gloveba	ntainment with Ne closure ag Procedure empted (*) and No		ure			
			ocatio			Description of			A	bater Typ		
Location Asbestos-Containing N TO BE ABA IN Facility (13)	Material (ACM) TED	Main Cu S	tenand stodia taff? (12)	ce/		thermal systems in surfacing, VAT, other miscellaned	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		D: T - 1-4		221 16	1		(D)	
Baseme			×			Pipe Insulati VAT	ion	231 lf 2130 sf	×			-
Hallway / sta	iliwells	-				VAI		2130 31		-	-	\dashv
									-			\neg
Name of Registered Was	ste Hauler			JDEP \		Cubic Yards	Name of Regis	stered Landfill				
Stevens En	nvironmental		_ "	auler ID 182	292 292	of Waste 8 CU		T.R.R.F., I	nc.			
City, State	Allentown, N	IJ				Disposal Date 5/30/14,	City, State	Tullytown,	PA			
Completed By Mahlon E. Ste	Title		oject	Man	ager	Signature		Date	4/15	/14		

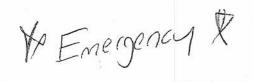
ASB-41

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

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CHECK	È.	8484

gencies Notification 1 EPA Type Notification LEPA Type Notification		Na	me of Bu	ding Owner/O	Jeraics (4)	APR 1 7 2	()]4		
gencies Notified Type Notification		1	7.11		11/06/17				Ц
EPA 1/2 Initial		10	eet Addre	SAN UN	1 HOFFER.				
EPA E Initial) on		TOTOWA	AUF				Ļ
		1	y, State,	Zip Code			¥.		إل
DEP Amended Amended Amended		. [PAT	ELSON.	N.J 0752	Telenkone Nimbe	MT.		ㅓ
T Emercency (inclusive	ing	N	une of Go	nfact	•	TOWNS IN			diple
DOH justification)		1	Su	SAN U.	M HOFFER	L			4
1 0011			FACILI	YESTORMAN	ON Type of Facility (4)				
lame of Faully Where Abelement is Taking Plan	æ (3)				☐ School (K-12)				1
RESIDENCE							-7-Franc	homes	
Sirest Address		11			ec)				
11 TOTOWA AVE					Square Feet	#of Floors	Hidg.		1
到(5)					1,700	2.		50	
Paterson		-10	country Co	de (7)	Current Use (Prior	if being demolished)	* *	
County (6)		16	TATEUS	EONLY)		SIDONTIAL.			-
PUSSUI(ar (8)	_	ASCM	No.	Name of Abstracting Inc.	Eliceur (a)			
ASSEST OF RECORDSHIPS LANGE TO A TOTAL OF THE PARTY OF TH									
Sirest Address		-			Street Address 105 Lowell Road				2006
mice! made					1:				
City, State, Zip Gode		20000			City, State, Zip Code Glan Rock, NJ 07452				
	·			· · · · · · · · · · · · · · · · · · ·		License No.			
Project Manager for Monitoring Firm	- 47	- 1	Telepho	me No.	Telephone No. 201-262-5841	00156			
				(44)	Name of OSHA Monitor				
Start Date (10) 4/24/14	ciedulet	i Com	pletion D		Omega Environmental	Services inc.			
			1		Street Address				
Occupancy Status During Abatement (Check C	Only One ind of Ab	e) exience	snit		280 Hayer Street City, State, Zip Code				,
Occupancy Status During Abatement (Citeda V El Facility Closed/Varaned During Entire Peri II Abatement Periformed Outside of Normel I	racially H	iours			Hadiensack, NJ 07606				
Offier-Describe:					1				
Scope of Work (Check All That Apply)		_	2000		II Fol Contains	ni with Negative Pre	159WE		
T SSOTS II		movati moldii			Mini-Encosure	adum.			
☐ ≥160 sfor≥260 ff			7650 10 2 0		Giovenag Piot	(°) and Non-Friable	Proced	ne	
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	is	Locali Iomnai	ion Ibr		Description of		1		1
Location of	Use	d Sole	ly by	Animolec f	Containing Malierial (ACM)	Amount (Specify	2		Emolosure
Ashesios Containing Material (ACM) TO BEABATED	Ma	intena Lodial :	ncei		mel systems insulation, miscing, VAT, or	SFORLE)	Pappoya	mappinulate	MBO
In Facility (13)	1	(12)		oth	er miscellaneous)		=	불	9
(13)	Yes	No	N/A				++	-	┿
		-	17	P	PE INSULATION	724	V	-	-
Basemonr	-	-	+		icon Packing	5 SF	M		1
BUSEMENT	-		V	506	THE LACIONS				
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				100	nic Yards Name o	Registered Landid			
			NUDEP VI Hawler ID	Mo. of	The second	A Bethlefrem Landiil			
Name of Registered Whole Flauler		E 1			0 1				
Name of Registered Waste Hauter			20785			also Tim Paralle			
Ronic Transport			20785	Di	3000	ale, Zip Code hom, PA 18015			
			20785	Di	4 24 14 Best-lei	hem, PA 18015	ate (
Rusic Transport	Title	afons		D	30000	D D	4/1	4/14	Secret 200

YW C, WOCK		(Pursuant to NJAC 8:60 and 12:120)															
Date of Notification (1) 4/11/2014						Building C Reinve				nent Autho	rity		S	W.	14		. 1
Agencies Notified	Туре	Notification		8	Street Ad	idress Pennsylv	ania A	venue)			APR	1 7	20	14	11.4	- 1
X EPA X DEP X DOL	×	Initial Amended Amendment		1	City, Stat	te, Zip Coo	de									-\$.	-
DOH DCA	\square	Emergency (i justification) Cancellation	ncluding	54 6		Contact na Fuent	tes		-		Tele	nhone	Numb	oer	-		
					FACIL	ITY INFO	RMATI	ON									
Name of Facility Where A	Abate	ment is Taking	Place (3)						Тур	e of Facility (4 School (K-1							
Street Address 27 Baratta Terrace	#A							*	×	Subchapter Other (i.e. p etc.)				build	ings,	home	s,
City (5) Atlantic City						-			Squ 800	are Feet	# of 2	Floors		1,75753	dg. A	је	
County (6) Atlantic	6-4				County (cde (7) ISE ONLY)				rent Use (Prio sidential	or if beir	ng dem	olishe	d)			
Name of Monitoring Firm Health & Safety Ser			Owner (8)		ASCM	No.				rprises Inc		(9)					
Street Address 318 12th Street					ļ			Street 815		ess Street							
City, State, Zip Code Hammonton, NJ 08	3037									Zip Code ton, NJ 08	3037						
Project Manager for Mon James Proctor	itorin	g Firm		15.93	Telephoi	ne No. 04-8850		Teleph 609-		No. 1250		Licens 0117		S 3			
Start Date (10) 4/18/2014			Schedule 5/5/201		pletion I	Date (11)				SHA Monitor Safety Se	rvices	Inc.					
Occupancy Status During	g Aba	tement (Chec	k Only On	e)				Street									_
Facility Closed/Vaca Abatement Perform Other – Describe:	ed O	Ouring Entire F utside of Norm	Period of A	batem	ent			City, S	state,	Street Zip Code							
The state of the s			•				Time!	Ham	mor	nton, NJ 0	8037						
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	al Tha	t Apply)	_	lenova emolit				>	N G	ull Containmo fini-Enclosure Blovebag Prod Ion-Exempted	e cedure					е	
				Locati							3.7.2			77.5	Abate	ment	
Location		rial (ACM)		lormal d Sole		A-1		scription		-1 (40044)					.,		
Asbestos-Containing TO BE AB. In Facil (13)	ATED lity		Ma Cust	intenar todial 8 (12)	nce/ Staff?		thermal surfa	taining if system cing, VA miscella	s insu AT, or	# A	(8	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
stairw	21/		Yes	No	N/A		hootro	ok oor	2201	ınd		00sf				-	
roof			+		X	, s		ck cor		ina		90sf		x			
felt					×			roof	9			80sf		x	-		
				-	1												
Name of Registered Was	ste H	auler			JDEP V		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Yards		Name of	Registe	red La	ndfill				
Site Enterprises Inc.				lauler ID 035220		of Wa			ACUA								
City, State Hammonton, NJ							5/5/2			City, Stat		wp., l					
Completed by Thomas Rock			Title					Signatur	w	mas K	OCA		500000	e 5/20)14		+



CK 4036

Date of Notification (1) 4/11/14					uilding Ow gikis Priv			(2)				c	20	_	1	
Agencies Notified	Type Notification		75.51	reet Add	iress t 23rd St	reet			1/10		\$ 00°		MAN HPR		77	
EPA DEP DOL	Initial Amended Amendment #				, Zip Code ttom NJ)8				600		7	دَـ		1
DOH DCA	Emergency (in justification) Cancellation	ncluding	3000	ame of C lark	Contact				-	Teler	hone N	imber	-	-;		7
land				FACILI	TY INFOR	MATI	ON		F - 1115 - 741			-	-	ب		-
Name of Facility Where A Mark Ligikis Private Street Address		Place (3)				*		Sc Su	Facility (4) hool (K-12 bchapter 8) (Other	than K-	12)	RO1.		台	
111 east 23rd Stree	et							etc			commer	- Can		s, h	********	_
City (5) Ship Bottom NJ 080	008				34			Square 1000 -	+	1			35+			
County (6) Ocean				ounty C	ode (7) SE ONLY)			Current	Use (Prior	r if bein	g demoli	ished)				
Name of Monitoring Firm	Hired by Building C	Owner (8)	7	ASCM			52	of Abate	ment Cont	ractor (9)					
N/A Street Address							Street	Address					-			
011 011 71 011							- 00	30x 329 State, Zip								_
City, State, Zip Code							Wes	t Berlin	NJ 0809	91						
Project Manager for Mor	roject Manager for Monitoring Firm						856-	hone No. 753 - 98	00		License 00727					
Start Date (10) 4/14/14		Scheduled 4/21/14	Comp	oletion D	Date (11)		Name		A Monitor							
Occupancy Status Durin	ng Abatement (Chec	k Only One)				Stree	Address	3							
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire I ned Outside of Norm	Period of Ab nal Facility F	ateme	ent		-	City,	State, Zip	Code							
Scope of Work (Check /	All That Apply)							7		0.0000000000000000000000000000000000000		_				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novati molitic			(3		Mini Glov	Containme -Enclosure vebag Prod -Exempted	edure						
		Т						11011	LXCIIIpto	7 411				bate	nent	
Location Asbestos-Containing TO BE AF In Fac (13	g Material (ACM) BATED cility	Used Mair Custo	ocation ocatio	y y by ice/		os Co therma surf		Material ns insula AT, or		(8	mount Specify For LF)		Removal	Typ	e Encapsulate	Enclosure
		Yes	No	N/A		Eve	orior C	idina		12	00 SF	×	+	-		_
Exterior	Siding			X		EX	terior S	laing		- 12	.00 01	- ^	+	-		_
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										-						
Name of Registered Wa	Name of Registered Waste Hauler				Vaste		ic Yards		Name of		ered Lan	dfill				
United Containers				auler ID 2459	No.	3	/aste	0	G.R.O.							
City, State Elm NJ					osal Da 1/14	te	City, Stat		A 1906							
Completed by Anthony T Perna		Title Presid	dent		1		Signatu	ire				Date 4/11				

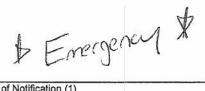
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Date of Notification (1) 4–8–14			Building O				J.C	4,	1-11		1	-	-		
Agencies Notified	Type Notification		10000000000		idress		No escales						3		4
₩ EPA	☐ Initial		1	301	North	1 31s	t st	reet	:			e t	13	9	
□ DEP	Amended	1		(B)	e, Zip Cod			200	202029-1700			60	,	P	
Ď DOL	Amendment	#_ including	F	Phil	Ladelph	nia,	PA	1912	21	F		اکمے	, (*		2
M DOH	☐ Emergency (including	Nan	ne of	Contact		+			Tele	ephone Nu	ımpér	1		1/2
□ DCA -	☐ Cancellation			ACII	ITY INFO	PMATIC)N						1	4	·.
Name of Facility Where A	Abatement is Takin	Place (3)		ACIL	III INFO	RIVIATIC)N	Type	of Facility	(4)			- (c)	100	, -
15 Washington	Street	-							School (K-					G.	8 1
Street Address									Subchapter		er than K-1	12)			4
15 Washington	Street								Other (i.e. p	orivate 8	commerc	cial bui	ldings,	hom	15E
City (5)									etc.) re Feet	# 01	Floors	Ti	Bldg. A	Age €	49
Newark									,000	1			50y:		
County (6)			Cou	inty C	ode (7)	-			ent Use (Pri			shed)	30y.		
Essex	14				SE ONLY)		_		cant	OI II DEI	ig demons	sileuj			
Name of Monitoring Firm	Hired by Building (Owner (8)	TA	SCM	No.	Т	Name	of Aba	tement Cor	ntractor	(9)				
EHS Environmen		, ,		1					h Envi			Co.,	Inc.		
Street Address				100			Street							-	
411 Southgate	Court, Suit	e E					923	Haw	s Aven	ue					
City, State, Zip Code				-			City, S	tate, Z	ip Code						
Mickleton, NJ	08056								own, P	A 194	01				
Project Manager for Moni	itoring Firm		Tele	ephon	e No.		Teleph				License I	No.	71 (1-2)		
Jack Carney						0	55		-9920		00398	В			
Start Date (10)		Scheduled (Complet	tion D	ate (11)		Name	of OSI	HA Monitor						
4-15-14		4-15-					EHS	Env	<i>i</i> ronme	ntal	, Inc.				
Occupancy Status During	Abatement (Chec	k Only One)					Street				ene energi				
	ated During Entire F	Period of Aha	tement				411	Sou	ıthgate	Cou	rt, Su	ite	E		
☐ Abatement Performe									ip Code		1.1926	500000000000000000000000000000000000000	7		
☐ Other – Describe: _				_		-	Mic	klet	con, NJ	080	56				
Scope of Work (Check Al	l That Apply)		-												
□ ≥3 sf or ≥3 lf		Ĕ Ren	ovation				×	Ful	I Containm	ent with	Negative	Pressu	ıre		
≥160 sf or ≥260 lf		1997	olition				×	Mir	ni-Enclosure	Э					
									ovebag Pro- n-Exempte		l Non-Eria	hle Pro	cedur	_	
				- 1			<u>×</u>	140	II-Exemple	J () all	NOII-FIIA	DIE FIG	566	ement	
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Name of Registered Was	te Hauler		NJDE	P Wa	The state of the s	Cubic Y			Name of	10000000	red Landfi	-			-
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City, State				3).00		Disposa			City, Stat	e				200	
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James Kelly		Pre	sider	nt			DM	190	IWI	/	4	-8-1	4		
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ASB-41 (R-06-08)						1	go no	t use t	his form for	asbest	os licensur	re exer	npted	activit	ies.

Check# 10418

Date of Notification (1) 4-1-14				Name Per	of Buildin Inrose	g Owner/ Prope	Operator erties	(2) , LLC	- 1					A 1400000A
Agencies Notified	Type Notification	n		Street	Address		st Str			77	19	;	73	4
型 EPA ロ DEP 粒 DOL	Initial Amended Amendmen	nt#		City, S	tate, Zip (Code	PA 19					108/		7
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City (5) Newark						***********		etc.) Square Feet 150,000	(100000000	Floors	\neg	Bldg.		
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Name of Monitoring Firm EHS Environmen		Owner (8))	ASC	M No.		Plym	of Abatement C Nouth Env			.,	Inc	•	
Street Address 411 Southgate	Court, Sui	te E					Street A	ddress Haws Aver	nue					
City, State, Zip Code Mickleton, NJ					,			ate, Zip Code ristown, I	PA 194	.01				
Project Manager for Mon Jack Carney				Telepho	one No.	00	Telepho			License N				
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☐ Facility Closed/Vaca	ated During Entire	Period of A	Abate				411	Southgate	e Cour	t, Sui	.te	E		
☐ Abatement Performe ☐ Other – Describe; _	ed Outside of Norr	mal Facility	Hour	rs				ite, Zip Code leton, NJ	08056					
Scope of Work (Check Al	l That Apply)													
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City, State Newark, NJ	N	-					al Date	City, Sta						\neg
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Date of Notification (1)				IN	lame of E	Building O	wner/Op	perator	(2)	-0/4	PA	1	<u></u>			
4/11/14	2			F	Paul Gl	en Priva				" Spire.	17/	AM 5:				
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City, State, Zip Code			,						tate, Zi _l t Berlir	p Code n NJ 0809	91					
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									753-98			00727				
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Anthony T Perna			Pres				(1			1953	11/1	4			
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Ch 4037

Date of Notification (1) 4/11/14					Building C Yaiser P				CITY			20/4		73	``	
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City (5) Manahawkin NJ 08	050							Square 1000	Feet	# of l	Floors		Blo 35	ig. Aç	je	
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City, State, Zip Code								tate, Zip t Berlir	Code NJ 0809	1			7-17-			
Project Manager for Mor	nitoring Firm		T	elephor	ne No.			none No 753-98			Licens 0072					
Start Date (10) 4/14/14		Scheduled 1/21/14		pletion [Date (11)		Name		A Monitor							
Occupancy Status Durin	g Abatement (Check	Only One)				Street	Address	s							
	ated During Entire Pened Outside of Norma			ent			City, S	state, Zip	Code							
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City, State Elm NJ	*				-	Dispo 4/21	sal Date /14		City, State Morrisvil	le PA	1906	57				
Completed by Anthony T Perna	12	Title Presid	dent				Signațur	e				Date 4/11/	14			

Emergency *

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

CK 4038an Name of Building Owner/Operator (2) Date of Notification (1) Richerd Aszman Private Home 4/11/14 Street Address Agencies Notified Type Notification 121 Harry Dr Initial **EPA** City, State, Zip Code × Amended DEP Manahawkin NJ 08050 Amendment # DOL Emergency (including Name of Contact × DOH justification) Jeff Cancellation DCA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Richerd Aszman Private Home School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, × 121 Harry Dr etc.) Square Feet # of Floors Bldg. Age 1000 +35 +Manahawkin NJ 08050 Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Home Ocean Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Pernaco Inc. Street Address Street Address PO Box 329 City, State, Zip Code City, State, Zip Code West Berlin NJ 08091 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00727 856-753-9800 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) same 4/23/14 4/29/14 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ (Specify Enclosure (i.e. thermal systems insulation, Remova TO BE ABATED Repair Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)Yes No N/A 1200 SF Exterior Siding x X Exterior Siding floor tile 300 sf Through out piled on floor Cubic Yards Name of Registered Landfill NJDEP Waste Name of Registered Waste Hauler Hauler ID No. of Waste G.R.O.W.S. United Containers 22459 Disposal Date City, State City, State 4/29/14 Morrisville PA 19067 Elm NJ Date Title Signature Completed by 4/11/14 President Anthony T Perna

(MONT BAYCI P	ursuant to N.	JAC 8:60 and 12:1	120)				
Date of Notification (1)		ilding Owner/Opera		(7	AFR	17	2012
3-26-14 Agencies Notified Type Notification	-	AMERICAN	Deneco	otion Cor	0		
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☐ DCA ☐ Cancellation	Name of Cos			Telephone		===	
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Name of Facility Where Abatement is Taking Place (3)	FACELITY	INFORMATION	1 S 58				
- West chint			Type of Fa				
Street Address 207 Korthand All	20		7 Suibcha	oter 8 (Other than	K-12)	220000	
City (5)			armes,	.e., private & comm etc.)			
- Ventos			Square Fee	# # of Floors		Bldg.	Age
County (6) Atlantic	County Code USE ONLY)	(T) (STATE	Current Use	(Prior if being den	miste	d)	
Name of Monitoring Farm Hired by Building Corner 1	ASOM No.	Name of Ahatem	ant Contracts	× (0)			
(8)		ANI	1	LC			
Street Address		Street Address		f 1			
City, State, Zip Code				on have			
		Delane		05005			
Project Manager for Monitoring Firm Telep	hone No.	Telephone No.		License No.	===		
Start Date (10) Scheduled Completic	an Delo /111	LOG 346 Name of OSHA M		010	70		
4-4-14 4-12-1	4	Name of USHA III	se Se	16			
Occupancy Status During Abatement (Check only one)		Street Address					
Facility Closed/Vacated During Entire Period of Abetern Absternant Performed Outside of Normal Facility Hours	ant (City, State, Zip Con					
Other - Describe:		Cay, 088, 29 600					
Scope of Work (Check all that apply)							
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Delanco N3		707		oun Pa			
JEHII THE UP		Signature		3-2	1/0-	j4	
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^{*} Do not use this form for asbestos licensure exempted activities.

(Mack # 5000			NJAC 8:6								7		7	
Date of Notification (1),	3000	ame of E	Building Ow B.	ner/Op	erator (2	2)								
Agencies Notified Type Notification		treet Add	dress ADLEY F	ROAD		1		ÁFR	17	2014			1	
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DCA Cancellation		Jo H	ITY INFOR			33///		t						
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Street Address 13 VAN VLIET	52	-				SI X O	ubchapter 8 ther (i.e. pr	(Other	than I	K-12) ercial l	ouildi	ngs, t	nomes	s,
City (5)	COURT				-	Square		# of F				lg. Ag		
County (6) 1		County C					148 It Use (Prio	if being			i)		87,	IRS
Name of Monitoring Firm Hired by Building Ow		ASCM	No.	\equiv	Name o	of Abate	Sw /			SIA	T_{l}	OK)	\dashv
ENVIRONMENTAL TACTICS		0045				UE S'	YSTEMS	OF A	MER	RICA				-
Street Address 64 BROAD STREET				*	396 V	VHITE	HEAD A	VE.					ya.c.e.	
City, State, Zip Code MATAWAN, NJ 07747						tate, Zir TH RI	VER, NJ	08882						
Project Manager for Monitoring Firm TOM GEIGER		Telephor 732-29	ne No. 2-2217			one No 432-83		13 8	Licens 0111	se No. 1				
Start Date (10) 4 /23 /14	Scheduled Com	- 1	Date (11)				A Monitor YSTEMS	OF A	MER	RICA	91			
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Scope of Work (Check All That Apply)	Z -				Г	1 5.0	Centainma	ent with N	Mogat	ivo Pr	accur.	0		
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WASTE MANAGEMENT	н	lauler ID 1125		of Wa	3		GROW		RTH					
City, State ELIZABETH, NJ				1117	sal Date	•	City, Stat		E, P	Α	500			
Completed by CAROL RAIMO	Title OFFICE M	/IGR.		8	Signatur	e kal	? La	imi	a)	Dat 4	2/4	7/	14	!

Date of Notification (1)	4-9-201	4	L	. 1	ding Owner/Operator	1					
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Name of Facility Where Lo KING Street Address 570 TREMO				<u></u>		10 Other (i.e. p	2) 8 (Other than K-12 rivate & commerci	2) al buildi	ngs,		
ORANGE	a me	-WUE	×			Square Feet	# of Floors		Age O Y		٠,
ESSEX				unty Code	(7) (STATE USE		rior if being demol		/		
Name of Monitoring Firm	n Hired by Building	Owner	ASCM No	-	Name of Abates	ment Contractor (9)				
(8) Street Address					Street Address						
,				*/		River St	:				
City, State, Zip Code							J. 07601			verence in	
Project Manager for Mor	niloning Firm	Te	elephone P	lo. ,	Telephone No.	7111	License No.	. [95	
Start Date (10)	. Sabadi	uled Completi	an Data (143	201-329- Name of OSHA		00388				
4-28-201	4 4-	29-2	014	11)	Omega En	vironmen	ital Inc				
Occupancy Status Durin				ř.	Street Address 280 Huy	ler St					
Pacifity Closed/Vacate Abatement Performed Other – Describe:	Outside of Norm				City, State, Zip (Code	k, N.J.	0760	6		
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RVELDRAN	Es	timato			R. Velara			4-9	2-1	010	
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State of New Jersey State of New Jersey ATION OF ASBESTOS ABATEMENT Control of the state of t

te of Notification (1) 4/09/2014		Name US C	of Buildi	ing Owner/Ope S OF ENGIN	rator (2 IEER,	2) , PICATINN 	Y ARSI	ENAL FIELD	OFFIC	E		-
encies Notified Type Notification		Street	Address STR	s EET BUILD	ING 3	8002N	1	APR 1 7	2014			
EPA Initial DEP X Amended Amendment #	4	City, S	State, Zi	p Code Y ARSENA	_, NJ	07806						
Emergency (incl	uding	Name	of Con				Te	elephone Numbe	<u> </u>		2	
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ame of Facility Where Abatement is Taking Pl BUILDING #620	ace (3)						K-12)	ther than K-12) e & commercial	buildings	s, hon	nes,	
itreet Address BEAR SWAMP ROAD						etc.) Square Feet	#	of Floors	Bldg.	Age		1
City (5) PICATINNY ARSENAL		T Cour	nty Cod	e (7)		9,000 Current Use	(Prior if t	peing demolishe				1
County (6)		(STA	TE USE	ONLY)	Nome	BALLISTIC e of Abatement	Contrac	tor (9)				-
Name of Monitoring Firm Hired by Building Ov ENVIRONMENTAL HEALTH INVES	mer (8) TING	A	SCM No	0.	PAL	ENVIRONI et Address	MENTA	L SERVICE	S			+
Street Address 655 WEST SHORE TRAIL					11-0	02 QUEENS		A SOUTH				_
City, State, Zip Code SPARTA, NJ 07470					LO	State, Zip Cod NG ISLAND	CITY,	NY 11101 License No	0.			_
Project Manager for Monitoring Firm BILL KERBELL		Tel 97	ephone 3-729	No. -5649	718	phone No. 3-349-0900		00853				_
Start Date (10)	Scheduled 02/10/20	Comple 14	etion Da	ate (11)	MA	ne of OSHA Mo ARTIN MCR	EA					
01/06/2014 Occupancy Status During Abatement (Check					Stre 71	et Address 4 KENNED	Y BLVD)				
	prior of At	atemer	nt		City	, State, Zip Co AYONNE, N	de					
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State of New Jersey

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Date of Notification (1)		-		Name	of Buildin	g Owner/Operator (2)	· · · · · · · · · · · · · · · · · · ·	-		*	15-1
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Agencies Notified ☑ EPA ☑ DOLWD	Type Notifica Initial Amended	i		Street 158 G	Address Sarden Av State, Zip	/enue	1 "	, AP	R 1	7 2	014	
☑ DHSS ☐ DCA	Amendm	-	-		nus, NJ 0'			4.				1
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	Cancella	tion		Joe G	orga							
				FA	CILITY II	NFORMATION			-			
Name of Facility Where Private house Street Address 158 Garden Avenue	Abatement is	Taking Plac	e (3)				Type of Facility School (K-1 Subchapter Other (i.e., homes, etc.)	12) 8 (Other than K-1 2 private and comme	2) rcial bu	uilding	şs.	
City (5)							Square Feet	# of Floors	В	ldg. A	ge	
Paramus, NJ 07652												
County (6)				Cour	nty Code (7)	(STATE USE ONLY)	Current Use (F	Prior if being demoli	shed)			
Bergen Name of Monitoring Fire	m Hirad by Buil	dina Oussa	76)	10011		Ti						
reame of Monitoring Fin	iii mileu by buil	allig Owner	(0)	ASCM	No.	Name of Abatem	ent Contractor (9	9)				
Street Address						Gr Tech LLC						
Olicot Address						Street Address						
City, State, Zip Code	-					576 Valley Rd #						
-11,1 -1210, <u>-1</u> p -0000												
Project Manager for Mo	nitorina Firm		Tele	ephone	No	Wayne, NJ 074	70	License No.				
			1	.,	,,,,,	973-638-1777						
Start Date (10)		Scheduled	_i Comple	tion Da	ate (11)	Name of OSHA	Agnitor	01127			-	
04 / 19		04			- 100 PO							
Occupancy Status Durin	ng Abatement (Envirovision Co	onsultants, inc					
▼ Facility Closed/Vaca	ted During Enti	re Period o	f Abate	ment		20-21 Wagaraw	Road Bldg #	311				
Abatement Performe	ed Outside of N	ormal Facil	ty Hou	rs - Des	scribe	City, State, Zip C	ode	3474			1	
Time of Abatement:	AW-	PM/	PINI_		_AM	Fair Lawn, NJ 0						
Scope of Work (Check a	all that apply)					Clean u	p and decontam	ination with negativ	e press	sure	erca-error	-
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Name of Registered Wa	ste Hauler	10.	N.J		e Hauler ID No	Cubic Yards of Was	tel Name of Rec	istered Landfill		<u>ابا</u>		
						F 18 19	Access and the					
Gr Tech LLC City, State				00337	63	TBD Disposal Date	T.R.R.F. Inc					e Cesanin
50.000.0												
Wayne, NJ 07470 Completed By (Print or	Type)	Title				TBD	Tullytown, I					
Completed by (Fillit Of	, Abe)	11110				Signature		I D	ate			

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

Owner

04/09/2014

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Trenton, NJ		19		itle	Various Signature	Morrisville,	PA	Date			
City, State	200 - 100 A 100 CO 100				Disposal Date	City, State					
Name of Register		uler	Ha	JDEP Waste auler ID No. 0033330	4	Name of Regis		ill			
Exterior					Siding		2000				
Asbe M	Location of estos-Containing laterial (ACM) BE ABATED in Facility (13)		Normally to Solely to Maintenan Custodial Solely Yes No	Used by ace or	Asbestos-Conta Material (AC (i.e., thermal sy insulation, surfact or other miscella	aining M) stems ing, VAT aneous)	(Specify SF or LF		Repair	Encapsulate	Enclsoure
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Occupancy Status Facility Clo Abatement Describe:	During Abater	utside of Norma	ellog of Aba	itement 7am to 3pm	Street Address 107 Haddon City, State & Zi Westmont, N	Ave. p Code					
Scheduled Start Da	ate (10)	Scheduled Com			Name of OSHA EMSL Analyt	Monitor		0124		_	\neg
City, State & Zip Co	_	irm i	Telephone N	Number	PO Box 8297 City, State & Zip Trenton, NJ Telephone Nun	nber	License	Number 0122			
Name of Monitoring Street Address	Firm Hired by	y Building Owne	er (8)	ASCM No.	Name of Abater Alpha Enviro Street Address	nent Contractor	ices	-			-
30 Jackson Mills City (5) Freehold		County (6) Monmouth	County Co	ode (7)	Square Feet 2000 Current Use (Pr	# of Floors ior if being dem	2 nolished)	Bldg. Age	80		
Name of Facility Wh Abandoned Resi Street Address	dence	nt is Taking Plac	ce (3)		Type of Facility (School (K-1) Subchapter Other (i.e. p	2) 8 (Other than I private & comm	ercial buildin	gs, home	s, etc	.)	
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□ DEP □ DOL □ DOH □ DCA	☐ Initial ☐ Amend ☐ Emerg ☐ Cance	ency	Avon b	y the Sea, f Contact	NJ 07717	-		[elephone	Nun	nber	
Agencies Notified EPA	Type Notificat	ion	Street Ac		de	£ 16 E					1
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ate of Notification (1)						ding Owner/Operator Palumbo	(-)						7	-
pril 14, 2014		SON POOLS			et Addres									
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] DCA	LI Caricella	(tion		FΔ	CILITY	INFORMATION							5	
		Taking Place /	3)				Тур	oe of Facility (4)					
lame of Facility Where	e Abatement is	Taking Flace (J)					School (K-12)						
A/A							\neg	Cubchanter 8	(Other th	nan K-1 2)	huildings.			
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Project Manager for I	Monitoring Firm	1	lele	phone	NO.	973-478-4			001	20				
			-latio	n Data	(11)	Name of OS	HA Mo	nitor						
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April 24 2014		April 27, 20	14	n Date	(11)	McCabe I Street Addre	Envir	onmental	Servic	es, L.L.	C.			_
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Date of Notification (1	tate of Notification (1) $4/10/14$					ng Owner/Operato	Contract to the contract of th	1				
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Agencies Notified EPA	Type Notificatio	n		Strei	et Address		75 Jefferson	Ŕd.			AU M	
DEP	☐ Amended Amendment ☑ Emergency		_	City,	State, Zip		inceton, NJ (08540				
⊠ DOH	justification)	g	Nam	e of Contac	Market and the second s	inceton, rvj	Telephone	l,		_	
□ DCA	☐ Cancellation				Nic	holas Matthey	WS	4				
	-			FA	CILITY IN	FORMATION		1) =				
Name of Facility When	e Abatement is Tak	ing Plac	e (3)				Type of Facility	(4)				
	Residen	tial Pr	oper	ty			School (K-1					
Street Address							Subchapter	8 (Other than I	<-12)			
	75 Jef	fersor	Rd.				Other (i.e., phomes, etc.	orivate & comm	ercial bu	ilding	S,	
City (5)							Square Feet	# of Floors	E	Bldg.	Age	
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County (6)	Mercer			USE	inty Code (E ONLY)	7) (STATE	Current Use (P	rior if being den Resident				
Name of Monitoring Fire	lame of Monitoring Firm Hired by Building Owner					Name of Abaten	nent Contractor (9			_		_
(8)	MECS					192	ens Environ	23	rices. I	nc.		
Street Address	treet Address					Street Address						_
	PO Box 34	11					. PO E	30x 322				
City, State, Zip Code						City, State, Zip C					_	
	Crosswicks, NJ	0851.	5			-	Allentow	n, NJ 0850	1			
Project Manager for M			(950008)	phone		Telephone No.		License No				
	Veisgarber Jr.		_		8-4070		59-9688		0049	3		
Start Date (10)	Sche	eduled C			ate (11)	Name of OSHA						
4/11/14			1/12/	14				ECS				
Occupancy Status Dur Facility Closed/Vac						Street Address	DO D	Sox 341	-::::::::::::::::::::::::::::::::::::::			
Abatement Perform						City, State, Zip C		OX 341		_		
Other - Describe:		ar r dome	, , , , ou			City, State, Zip C		NIT NOE 1	5			
Scope of Work (Check							CIUSSWICK	s, NJ 0851.	<u> </u>			_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	7,7		enovati emolitio			Mini-End Gloveba	ntainment with Neg closure ig Procedure empted (*) and No	-				
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TO BE ABA IN Facili		1	ustodia Staff?	ıl	(i.e.,	thermal systems in surfacing, VAT,		(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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Stevens E						of Waste 1 CU		T.R.R.F.,	Inc			
City, State						Disposal Date	City, State	1.IV.IV.I'.,	111Ç.			=
	Allentown, N	ŊJ				4/14/14	1 2 7 1	Tullytown	РΔ			
Completed By	Title					Signature//	W	Date	, 1 11		_	=
Mahlon E. St	evens	Pro	oject	Man	ager	_///			4/10	/14		
D 44						1						

04/10/2014 5:52AM FAX

State of New Jersey

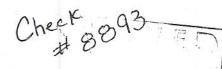
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	Type Notific	etlan		Str	ook Ado	robe		ar 1	SELL DA		Jant	/	1	اللواد
Agencies Notified	0.000			_				15 15	fferson Rd.	1 July	///	50	11	<u>M_</u>
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MI DOH	jestifica!	tion)					las Maithe	W5	\	=				920
					FACILI	TY INFO	RMATION	1 1	e of Facility (4)	- H				\neg
Name of Facility Where	Abatamani la Resi	Taking F dential	ace (3 Prop	erry					School (K-12) Subchapter 8 (Other (i.e., prive		12) clai bulid	ngs.		
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County (8)			1		County USE 0	NEY)	(STATE			Residenti	al	_		=
Name of Monitoring Fil	Mercer m Hired by Bu	alliding Ow	mer	-	SCM No	a. [Name of Abst	emeni even	Contractor (9) S Environm	ental Serv	ices, li	C.		
(8) Street Address	MECS						Street Address	10	PO Bo	× 322			_	_
City, State, Zip Code	PO Bo	-	9515				City, State, Zi	P Cobe	Allentown				_	_
	Crosswicks	8, 1V() U	1313	Telep	hone N	O.	Telephone No).	0000	License No	0049	3		
Project Manager for N	Meisgarber	11.		(60)) 298	4070	(609)				00 11			-
Start Date (10)	71	Schedu		mpleti /12/1		(11)	Name of OS		MI	CS .				_
Occupancy Status D	ring Abstation	ni (Ched	K ONLY	ens)			Street Addre	35	PO B	ox 341				
Facility Closed/V8	cated During F	Nomal			nent s		City, State, 2	ip Cod	Crosswick	s, NJ 0851	.5	_		_
2 Other - Describe:	LUSTR- 4.	19111					C 5 0	Contra	inment with Neg	silve Pressur	e			
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lst Fl	Kuchen		-	×	+	-	400000					+	-	+
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Name of Registered	Winds Houle	ī		1	NJDEP	Wasto	Cubic Yard	8	Name or reg	T.R.R.	R Inc.			
Steven	s Environ	mental			Hauter I 18	292	of Wasie CU Disposal D	ale	Cily, State	1		`		
City, State	Aller	ntown,	-	_			4/14/1 Signe	1 A A	10/	Tullyto	ala	/10/	11	
Completed By Mahlon E	. Stevens		<u>}</u>	'roje	ct Ma	nager	_//	T	ated activities					

ASB_41 MAR 00

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

1	dr Chark	(Pursuant to NJAC 8:60 a	nd 12:120)	
the [Date of Notification (1) 4-14-14	Name of Building Owner		1 7 2014
Wea	Agencies Notified Type Notification	Street Address		*
3	□ EPA Initial Amended Amendment #	City, State, Zip Code	Hional Pack, NJ	08063
J	DOL Amendment # Emergency (including justification)	Name of Contact	Tolonhana Ni	mher
Ă	□ DCA □ Cancellation	FACILITY INFORMA	hitehead i	1
_	Name of Facility Where Abatement is Taking Place (3	3)	Type of Facility (4)	† •
- QU	Street Address	selling	School (K-12) Subchapter 8 (Other than K- Other (i.e. private & commercial	12) cial buildings, homes,
ter	City (5) HI3 ASbury AU		etc.) Square Feet # of Floors	Bldg. Age
8	National Park	N 5" 68063 County Code (7)	Current Use (Prior if being demoli	75+ T
±	County (6) Cloucesten	(STATE USE ONLY)		
the	Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) EPC Technolo Street Address	gies Inc
ds	Street Address R.O. Box 337		P.O. Box 337 City State, Zip Code	
Nee	City, State, Zip Code	7 08533	New Egypt License	08533
	Project Manager for Month in low Firm	Telephone No. 609 758-336	5 609 758-3365	0394
三上	Start Date (10) Schedu	led Completion Date (11) -30 - 14	Name of OSHA Monitor EPC Technologie	s Inc
S	Occupancy Status During Abatement (Check Only O		Street Address P.O. Box 337	
\$.	Facility Closed/Vacated During Entire Perioc of Abatement Performed Outside of Normal Facility	Abatement by Hours	City, State, Zip Code	
Jyna.	☐ Other – Describe:		New Egypt NJ	08533
Ŏ	EC 20 31 01 20 11	Renovation Demolition	Full Containment with Negative	e Pressure
`		池	☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Fri	
ate	1	s Location Normally	5	Abatement Type
ے	Asbestos-Containing Material (ACM)	sed Solely by Asbestos C	Description of Containing Material (ACM) mal systems insulation, (Specify	R _ R
	In Facility	stodial Staff?	urfacing, VAT, or SF or LF)	Enclosure Encapsulate Repair
7	(13) Yes	No N/A	CI Missonariouci	al relate
binpletion	Basement X	Paper	weapon Air Duds 601	FK
- 3	<i>()</i> -3-47.62			
=				++++
9	Name of Registered Waste Hauler	MODE: Trade	ubic Yards Name of Registered Land	2000
langed	EPC Technologies	Hauler ID No. of	Waste 2 Waste Manag	enest of PA
20	City, State	Di	sposal Date City, State 0-30-14 Mornisville	PA
U	Completed by Title	120	Signature Call	Date
V	Steve Schenker Pr	resident_	Deepolen	4-14-14

4-17-14



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Date of Notification (1)	7-14		٠.			Whi	teh	ead	O 11	1 /	20	14	
	otification	Si	treet Add	413	A	sbury	i F	IVEN	rue				
□ EPA . Init	nended	C	ity, State	e, Zip Code	1		ก	1.	7	1	2	15	>
DOL ATT	nendment #	- L			ition	nal	Par	K 1	<u>~7</u>	0		6:	2_
	nergency (including tification)	N	ame of (Contact wth W	19.1.	0		Telen	ne Niimh	er		*	
	ncellation					nead							-
	at in Taking Place (3	· -	FACIL	ITY INFORMATIO		Type of Fa	cility (4)					٠.	-
Name of Facility Where Abatemer			_				ol (K-12)						
Street Address	ity Dwe	Cuire) —			☐ Subc	hapter 8	(Other tha	an K-12)	i No vintaci			
Street Address Li 12 L	tsbury	An	5			Other etc.)	r (i.e. pri	vate & cor	nmercial	buildi	ngs, h	omes	5,
						Square Fe	et	# of Floo	ors	Blo	ig. Ag	e	
City (5)	1 Park,	N.	T	08063				2	_		75	7-	•
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(glouces	ten	(3	STATE U	SE ONLY)	-								
Name of Monitoring Firm Hired by	Building Owner (8)		ASCM	No.	Name	of Abateme			1		9	> .	_
EPC Tech	helesic	5		MA		PC	166	has	pledi	169	-	50	6
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New Equa	TH NO		79	333		E LUS	94		W	U	9	10,	2
Project Manager for Monit ri g	irm		elephon	5124 1024 5	85 0.53	none No.	211		ense No	2	0	U	
Steve Sche	nkea	6	,09°	758-3365	609	758- S	300	>	UL			1	_
Start Date (10) 4 - 17 - 1			pletion D	Date (11)		EPC			- · · - ·	T			
			0	17		Address	reci	1710-0	2162		ıC		
Occupancy Status During Abaten						20 i	Box	337					
Facility Closed/Vacated Dur Abatement Performed Outsi	ing Entire Period of ide of Normal Facilit	Abatem v Hours	ent		City, S	state, Zip C	ode						
Other – Describe:	ac of realists				No	ew Eg	vot	N	J C	185	53	3	
Scope of Work (Check All That A	pply)						15						
25 ≥3 sf or ≥3 lf		Renovat	tion		×	1 Full Co	ntainme	nt with Ne	gative Pr	essur	е		
☐ ≥160 sf or ≥260 lf	20 mm	Demoliti					ag Proce						
						Non-E	cempted	(*) and N	on-Friable	e Proc	ædure	3	
		s Location	on								Abate Ty		
Leastien of		Normall	у	De	scription	n of					1 9	pe	T
Location of Asbestos-Containing Materia		ed Solel aintenar		Asbestos Con	taining N	Material (AC	CM)	Amo (Spe	C100	73		En	Ē
TO BE ABATED	100	stodial S		(i.e. therma	acing, VA		٠,	SF or		Remova	Repair	aps	Enclosure
In Facility (13)		(12)			miscella					oval	air	Encapsulate	sure
	Yes	No	N/A									0	
		-	+	Paper W	20.0	. Δ is 1	Dete	600	LF	X			
Gasement	X	-	-	rapere u	near c	on price a	Jac. 5			1			
		-	-							+			\vdash
										+	-		-
							ļ.,	Doe'st-	d London				
Name of Registered Waste Haul	er		JDEP V lauler ID		c Yards aste			Registered				,	7. R
EPC Techno	Jogies	1	170		6	7	Wast	eMa	nager	nen	to	E 1	Y
City, State	~		<u>,,,,</u>	Dispo	osal Date	e C	ity, State			A			
New Egyp	t NJ			17	Signatu		2/0/2/0	A. Soliti	Da	te	-		
Completed by Schenke	a D.	resid	ent		51	ELAP)	che	ha		4-	7-	14	

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

		(Pursu	ant to NJAC 8:	:60-7 and 12:120-7)					
ate of Notification	1 (1)			ling Owner/Operator	(2)				
4-11-14			Kevin Pu	ircell					
gencies Notified	Type Notifi		Street Address 72 Colli			APR .	1 7 20	14	
[]EPA	[X]Initial	cation	City, State,	Zin Code					
[]DEP	[]Amended			eld,NJ,07003					3
[X]DOL		cation			Telmhan	**b			
[X]DOH	[]EMERGE	AC.A	Name of Conta	**************************************	Parit				-
[]DCA			Kevin P	arcerr					
	[]Cancel:	Lation	FACTI.	ITY INFORMATION					
Name of Facility Wh	ere Abatemen	t is Tak			Type of Facili	ty (4)			
Same as above					[X]Other (i	K-12) er 8 (Other .e., privat	e & com	mer-	
					Square Feet	# of Floor		g. Ag	re
5.1. /F		County	(6) Essex	County Code (7)	1800 sf	2	8		10000
City (5		Councy	(0,200	(STATE USE ONLY)	Current Use (I	Prior if bei	ng demo	lish	ed)
Name of Monitoring	Firm hired h	y Buildi	ng ASCM No.		ement Contractor				
Owner (8)				AZTECH	Management	, inc.			
N/A Street Address				Street Addre			*****************		
				86 Chri	stopher St	•			
City, State, Zip Co	ode			City, State,	Zip Code				
51027				Montcla	ir, NJ 070				
Project Manager fo	r Monitoring		elephone Numb	er Telephone Nu (973)74		L	icense 1		r
Scheduled Start Da 4-21-14	te (10) S		pletion Date 2-14	(11) Name of OSH	Monitor				
	losed/Vacated	Month ent (Che During	Day Year ck only one) Entire Period	Street Addre	ess .			-	111 121
Hours - De	Performed Ou	ours Desc	Normal Facili	city, State	Zip Code				
[]other - De	scribe: «Othe	Occupar	cy Descript»				<u> </u>		
Scope of Work (Che	or >3 lf	apply)	[X]Renovation	n []Min	l Containment wi i-Enclosure vebag Procedure	ith Negative	e Pressu	ıre	
[]≥160 s:	f or ≥260 lf		[]Demoircio	[]Non	-Friable Procedu	ire	1350		nt Typ
8			Is Location	Descript	ion of			Leme	E I
	ion of Containing		Normally Used	Asbestos-C	ontaining	Amount	E	RE	C
Materia	l (ACM)		Solely By Main-	Material	(ACM) mal systems	(Specify	0	PA	A P
	ABATED cility		tenance/ Custodial	insulation, su	rfacing, VAT,	LF)	V A	I R	U
	.3)	-	Staff (12)	or other mis	cellaneous)		L	1	L
		- 1	No N/A	Pipe Insula	ation	75 lf	X		
Basement									
		-							
	d Waste Vis. 3		NJDEP Waste	Cubic Yards	Name of Reg	istered Lan	dfill		
Name of Registere AZTECH MAN			Hauler ID No 17040	. of Waste 1.5	G.R.O.W				
City, State Montclair, I	NJ 07042			Disposal Date	City, State Morrisv	ille, PA	1900	67	
Completed By (Pri	nt or Type)	Title Presi	dent	Signat	ure		Date 4-11		

No almore		N			OF ASBE O NJAC 8										\Box
Date of Notification (1) 4/11/14			1000		Building C		perator (2)							
Agencies Notified	Type Notification			Street Ad	ldress oomfield	l Ave			<u> </u>	PR 1	7	2014	ļ		
L EPA DEP X DOL	Initial Amended Amendment	ł 1	1		e, Zip Coo										
	Emergency (i		_	Name of	ell, NJ 0	7000			Tele	nhone h	Jumb	er			+
DOH DCA	justification) Cancellation			Al Sch				3	1 164				8	-	
	Para Carrochador.			Walter Street	JTY INFO	RMATI	ON						_		
Name of Facility Where	Abatement is Taking	Place (3)					Type of Facil	ity (4)						
Student Center Bu	ilding							School	(K-12)						
Street Address								Subchar G	pter 8 (Othe			huild	inac	homo	
120 Bloomfield Av	е							Other (i. etc.)	e. private 8	k COMMINE	al Clair	Duna	iiiys,	HOITE	۵,
City (5)	0							Square Feet		Floors			dg. A	ge	
Caldwell								10,000	2			1	+ 0		
County (6) Essex				County C	Code (7) ISE ONLY)		_	Current Use Student C	·	ng demo	olishe	d)			
Name of Monitoring Firm		Owner (8)		ASCM	No.			of Abatement							
Environmental Co	nsulting Group			<u> </u>				ica Manag	ement Co	orp					
Street Address							1	Address							
PO Box 8466								roy Ln							
City, State, Zip Code	•							tate, Zip Code							
Haledon, NJ 0753				=				oln Park, N	3 07035	11	- 51-				
Project Manager for Mo Fernando Villa	nitoring i-irm			Telephor	ne No.		1	one No. 706.7950		Licens 0119					
Start Date (10)		Schodul	ad Con	onletion I	Date (11)			of OSHA Mon	itor	0113	J				
4/12/14		4/14/1		ipicuon	Jale (11)		0.0000000000000000000000000000000000000	ronmental		a Grou	OIL				
Occupancy Status Durin	na Abatement (Chec							Address		9	<u>-</u> -		11.7-2-2-		
	cated During Entire F	21 1250	1/27	nont			POE	3ox 8466							
	ned Outside of Norm						City, S	tate, Zip Code							
Other – Describe:			-4-1-2			-	Hale	don, NJ 07	538						
Scope of Work (Check /	All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	= 2	The state of the s	Renova Demolit				×	Mini-Enclo Glovebag	inment with sure Procedure opted (*) an					e	
34		Is	Locati	ion										ment	Ŀ
Locatio	n of		Normal				scription				-	-	13	pe	_
Asbestos-Containin TO BE AB In Fac (13)	SATED	Ma	ed Sole intena itodial 8 (12)	nce/ Staff?		thermal surfa			(\$	mount Specify F or LF)	Α	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A											
Student (Center			х		Pip	e Fittin	gs	9 [Elbows		х			
										7.7					
Name of Registered Wa	aste Hauler		IN	JDEP W	/aste	Cubic	Yards	Nam	e of Registe	ered Lan	ndfill				
Loznica Manageme			71	lauler ID 33137		of Wa			OWS No				8.4		
City, State						1	sal Date		State		-				
Lincoln Park, NJ 07	7035					TBD			rrisville, F	'A					
Completed by		Title					Signature				Date		2		
E. Cirovic		Seci	retary				2.00	Corovii 4/11/12							

Project #		N		CATION	te of New OF ASBE to NJAC 8	STOS	ABATE			Ch	eck#	2434			7 5	= 1	
Data of Natification (1)					Name of	Building ()wner/	Operator	(2)		- 12:-110		-				
Date of Notification (1) 04/01/2014				- 1		mboy E		оролаго.	(-)			/ D	_				
Agencies Notified	Type	Notification		-+	Street A		JOL					A D	1	7	201	4	\neg
Agencies Notified	Туре	Nouncauon				rracks S	Stree	t									
EPA .		Initial				te, Zip Co					-			_			
DEP DOL		Amended Amendment	#	- 1				2061								- 17	
■ DOL	П	Emergency		— إ	Name of	mboy,	NJ U	1 000			Tal	ephone l	Numbe	r	Ł	-	
DOH		justification)									Lieu	spriorie i	4 umbe	•	15		
DCA	Ш	Cancellation	1	!	Mario (1						-	
	A1 -4-	ti- Takia	= Dlass /2		FACI	LITY INFO	DRMAT	TION	Type	of Facility	(4)						
Name of Facility Where			ig Place (3)					_								
Perth Amboy High	Sch	ool								School (K-		ar than k	Z 12\				
Street Address									H	Subchapter Other (i.e.)	orivate	comme	ercial b	uildi	ngs,	home	es,
300 Eagle Ave						Sought - Vision				etc.)	1						
City (5)		00004							Squa	are Feet	# 0	Floors		Blo	dg. A	ge	
Perth Ambo	y,NJ	08861				15											
County (6)						Code (7)			Curr	ent Use (Pri	or if bei	ng demo	olished)	i i		
Middlesex					(STATE	USE ONLY)											
Name of Monitoring Firm	n Hire	d by Building	Owner (8)		ASCN	No.		Name	e of Aba	atement Co	ntractor	(9)					
AHERA								Nick	Rest	oration L	L·C						
Street Address							_		t Addre			-	_	_			
P.O BOX 385										ide Rd							- 1
										Zip Code					-	-	_
City, State, Zip Code	204										co						
Oceanville, NJ 082	The state of the s									NJ 078	09	Licens	o No		_	_	
Project Manager for Mo	nitorin	g Firm			Telepho			-	ohone N								
John Smoyer						52-1833			933-2			0113	3				
Start Date (10)			E		. 78	Date (11)				HA Monitor							
04/14/2014			04/17/2	2014						onmenta	<u> </u>						
Occupancy Status Durin	ng Aba	tement (Che	ck Only Or	ie)					t Addre								
Facility Closed/Vac	cated I	Durina Entire	Period of A	Abate	ment			2333	BRT 2	22							
Abatement Perform Other – Describe:	ned O	utside of Nor	mal Facility	Hour	rs			100000000000000000000000000000000000000		Zip Code 07083							
Scope of Work (Check /	All Tha	t Apply)		-			-	101110		0,000				100			
		(PPI)	- I							ull Containm		Name	un Dro				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			and the same of th	Renov Demol				1		uli Containn ini-Enclosui		n Negati	ve Pres	ssur	е)	
E 100 SI 01 2200 II				ZCITIOI	10011				☐ G	lovebag Pro	cedure			_	-		
									N	on-Exempte	ed (*) ar	Non-F	riable				
			ls	Loca	tion								-+			ment	t
Location	Location of			Norma				escriptio	on of				-		1 9	ре	т—
(A) 1/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2	Asbestos-Containing Material (ACM) Used S					tos Co	ntaining	Materia	al (ACM)		mount		_		Щ	l	
TO BE A		2			Staff?	(i.e.		al syster		lation,		Specify F or LF)		Ren	Re	cap	ncl
In Fac			1000000	(12))			facing, V r miscella)	3	r OI LF)		Remova	Repair	Encapsulate	Enclosure
1.0	,				T	1				,				<u>a</u>	7	ate	9
			Yes	No	N/A	-								1.020			-
Various Rooms 3rd	d flo	or		×		scienc	e bea	aker ho	olders		12 pc	cs	_	x			
*													_	_			_
Name of Registered Wa	aste H	auler			NJDEP V			ic Yards		Name of	f Regist	ered Lar	ndfill				e afglio
Nick Restoration L	LC				Hauler ID 33782	No.	TBE	/aste)		G.R.O.	W.S						
City, State Randolph	1. N.I	07869						osal Dat	te	City, Sta		۸					
	.,		- Marie - 1				TBI	25		Tullyto	wn, P	M	Date	_	_		
Completed by			Title	٠ لم				Signatu	JI) . 1. 1	~ /1	6010				Λ + <i>A</i>		
Elvira Mrda			Presi	aent	Ľ.			(Level	u Nu	rda		04/0	1/2	U 14		

Check#	1522

Date of Notification (1) 04/14/2014				Owner/Operato			P.				
Agencies Notified Type Notification			Address (ING GEO	ORGE ROAL	D	ΔPR	1 7 20	14	1	, t	
EPA Initial Amended Amendment #			tate, Zip Co RRY HILL	de . NJ 08034	į.	- PA I - L		4.1.			
Emergency (ii DOH DCA Emergency (ii justification) Cancellation	ncluding		of Contact ENIA			Teler	nhone Nun	nber	*		
		FA	CILITY INFO	DRMATION		-		See See			
Name of Facility Where Abatement is Taking RESIDENTIAL Street Address	Place (3)				Type of Facility (School (K-1 Subchapter	(2)	than V 1	n.			
502 KING GEORGE ROAD					Other (i.e. p	orivate &	commercia	al build			es,
City (5) CHERRY HILL					Square Feet 1583	# of F	Floors	6 6	ldg. A O	ge	
County (6) CAMDEN			Code (7) USE ONLY)		Current Use (Prior RESIDENTIA		g demolish	ed)			
Name of Monitoring Firm Hired by Building C CONNELL GREEN CONSULTING	wner (8)	ASC	CM No.		of Abatement Cor SURED ENVIRO	A CONTRACTOR OF THE	100	RVI	CES	INC.	
Street Address 904 KINGS ARM DRIVE					t Address CLEMS RUN						
City, State, Zip Code DOWNINGTOWN PA 19335					State, Zip Code LLICA HILL NJ	08062					
Project Manager for Monitoring Firm RICK PELLISSIER			none No. 432-9363		hone No. -304-4676	- 1	License N 01145	0.			
	Scheduled 0 04/18/201		n Date (11)	Name EMS	e of OSHA Monitor						
Occupancy Status During Abatement (Check	Only One)				t Address RT 130 NORT	н					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe: RESIDENTIAL-VACA	al Facility Ho	urs	SENCY	City,	State, Zip Code		7	Ю			-
Scope of Work (Check All That Apply)				- Cile	MAININGON, N	3 0007	<u> </u>				-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	The same of the sa	ovation olition			Full Containm Mini-Enclosure Glovebag Pro	e cedure				_	
	T		Т —		Non-Exempte	u () anu	NOII-FIIAU		Abate		ı
Location of	Norr	cation nally		Descriptio	n of			_	Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainte Custodi	olely by enance/ al Staff? 2)			Material (ACM) ns insulation, AT, or	(Sp	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
\$5 6.29	Yes N	lo N/A								te	6
KITCHEN-HALLWAY-DINNING RM		Х		FLOOR 1	TILE	150) SF	X			
								-	_		
	-	-					-				
Name of Registered Waste Hauler		NJDEP	Waste	Cubic Yards	Name of	Register	ed Landfill				L
ASSURED ENVIRONMENTAL SER	VICES	Hauler 00348		of Waste 5			ALLEGH	ENIE	S		
City, State MULLICA HILL, NJ				Disposal Dat 04/18/2014	DAVID		, PA				
Completed by RON SWANSON	Title PROJE	CT CO	ORDINAT	OR Signatu	ude Tu	uva	M Da	ite 1/14/2	2014		

State of New Jersey - Notification of Asbestos Abatement

×	9	State of	New	Jersey	- Notifica	ation	of Asbestos Aba	tement		ku	i K	78	
			(1	Pursuan	t to <u>N.J.A.C</u> .		7 and 12:120-7)	\$- - - 1	C	lvar	100	7	
(A) We alian (1)						Name	e of Building Owner/Oper	rator (2)					
Date of Notification (1) April 14, 2014							endondo & Compa	iny				, 1	
Agencies Notified		Notifica	tion Ty	ype	tion	Stree	et Address Station Place	APF	1 1 7	2014			
		X	Initial	Notifica	ntion		State, Zip Code						
EPA DCA		□ Am	ended	Certifica	luding		mford, CT	27 A				_+	
x DOL		□ Em	erge	ncy (incl	luuliig	Nam	e of Contact	Te	lenhone	Numh	er :	1	
X DEP		□ Ca	stifica	ed	4	Joh	n Arrendondo	12			\$		-
x DOH		I L Ca	licent	cu	FACILITY INF	ORMA	TION						_
Name of Facility Where Abat	ement is T	aking Plac	e (3)				of Facility (4)						
Commercial Building	q						school (K-12) ubchapter 8 (other than K-	12)					
	# # <u> </u>				*7	100	au de minete P cor	nmercial build	ings, hon	nes, etc	:.)		
Street Address 65 Commerce Way						Sq.	Feet: Unknown	# of Floors:	1 Bldg	. Age:	60 y	ears	
City (5) Hackensack	County			County Co (State Use	ode (7) e Only)	7	rent Use (prior if being de						
						Nam	ne of Contractor (9)						
Name of Monitoring Firm Hir	red by Bld	g. Owner (8	9	00120		-		MENT CO	THIS	ANTS	INC.		
Omega Enviro Sei	rvices,	inc.		00120			EENWOOD ABATE	MENTCOL	SOLI	AIV. 0	,		
Street Address						Stre	eet Address						
280 Huyler Street						26	8 MAIN STREET						
S 30 10 10 10 10 10 10 10 10 10 10 10 10 10						City	State, ZipCode						
City, State, Zip Code South Hackensack,	N.I						tler, NJ 07405	Т	icense N	lumber			
Project Manager for Monito	ring Firm			lumber		Tel	ephone Number	1)		
Anton Rezin		201	.489.	.8700		97	3-492-0477		00840				-
101 10-1-(10)		Sche	duled C	Completion	Date (11)	Na	me of OSHA Monitor						
Scheduled Start Date (10) April 28, 2014		May	30,	2014		E	MSL inc.						
1000 - 1000 000 000 000 000 000 000 000							eet Address						
Occupancy Status During Facility Closed	Abateme	ent (Check	only o	ind of Abat	tement		and Ot Hand Dood						
Abatement Perform	vacated L	de of Norm	nal Fac	cility Hours	i -	1	056 Stelton Road by, State, Zip Code						
Describe						-		190 (20)					
Other - Describe:	Non-S	ub 8				P	iscataway, NJ 088	54					
Source of Work (Check all	that apply	<i>i</i>)						Full Contains	nent with	n Nega	tive Pre	essure	
Source of Work (Orical an	Criary application	1						Mini-Enclos					
≥ 3 sf or ≥	3 If				Renovation Demolition			Clayobag Pi	ocedure				- 4
□≥ 160 sf or	≥ 260							xNon-Exem	pted (*) :	and No	n-Friab nent Typ	e Proc	equie
Location of Asbestos-Con	taining T	Is Location	Norma	ally Used	Description of	Asbest	tos Containing Material	Amount (Sp SF or LF)					Enclose
Material (ACM) in Facility	(13)	Solely by I	Maint./0	Custodial	(ACM) (i.e. the surfacing, VAT	ermai s	systems insulation, ner miscell.)			Remove	Repair	Encap	Eliciose
	60 M	Staff? (12) YES	NO	NA	Surracing, VV	100000000000000000000000000000000000000		0.000 CF		X	T	T	T
ast Flore		T		X	VAT			3,900 SF 27,000 S	F	X			
1 st Floor	1			X	Built Up R	Roofii	ng	27,000 S	358	X		17	
Roof Roof				X	Roof Tar		Cubic Yards of Waste:	1200.	Name	of Regis	stered L	andfill	
Name of Reg. Waste Hau	uler	NJI	DEP W	aste Haule	r ID#	2	400 Cu. Yds		Mead	owfill l	Landfill		
See Hauler Below #	1 & 2	Se	e Belo	JW					G.R.C).W.S	t. Ohio		
								Disposal Da		va LII	City, St	ate	
Hauler #1) Greenwe	ood Aba	tement C	Consu	ıltants, İr	nc Butler, N	NJ 07	405	May 30,	2014		Route 2	2, Box 6	
	49554	MV INFE	22					,	n. en 1884 (1994)		304-84	ort, WV 2-2784	Ω
	7	no New	vark !	NJ 04509,	NJ DEP # 195 DED #10501	100							0004
Hauler #2) Newark (Hauler #3) Tri State-	-Bronx N	Y DEP #	NY 10	14 /4 – NJ	DEI #17371						9000 N	linerva l sburg, (koad OH
									Date		VVayine	32-31	
Completed by (Print or T	vpe)	Title					Signature		Apri	1 14. 2	2014		
Marin Graure	OFFICE DE LECT				CT	Maria Graure April 14, 2014							

MANAGER

Marin Graure

Print Form

			(Purs	uant to N	NJAC 8:60	and 12:120	- No. 2 - 1 - 1 - 1 - 1					4	
Date of Notification (1) 04/11/14					ilding Owne Graphite L		(2)					-	
Agencies Notified	Type Notification			eet Addr	_{ess} Main St.		1	£,	PR 17	2014	32		
EPA X DEP X DOL	Initial Amended	#	Cit	y, State,	Zip Code NJ 08802)		-	
x DOL	Amendment Emergency			ame of Co				— <u>і</u> т	elenhone Nur	nhar			
DOH DCA	justification) Cancellation				n Kalmar						95		_
				FACILIT	Y INFORM	ATION	T	Facility (4)			_	-	\dashv
Name of Facility Where Office Building	Abatement is Takir	ng Place (3)					Scl.	nool (K-12)	Other than K-1	2)			
Street Address 409 Old Main St.						6	⊠ Ott	ner (i.e. privat :.)	e & commerc	ial buildir			
City (5)				8-15-1-1-1			Square		of Floors		g. Age 4Yrs		
Asbury					d = (7)	830	2300s	. 1 .	being demolis				-
County (6) Warren			(5	ounty Co	E ONLY) _		Office						
Name of Monitoring Fire	m Hired by Building	Owner (8)		ASCM N	No.	Les	sco Serv		tor (9)				
Street Address						156	et Address 6 Maple	Ave.					
City, State, Zip Code						Wa	-	NJ 07057					
Project Manager for Mo	ct Manager for Monitoring Firm Date (10) Schedu				e No.	97	phone No. 3-406-73	341	License 01107	No.			_
Start Date (10)	/21/14 05/02				ate (11)	Le	ne of OSH/ slaw Nal	odka				11	
Occupancy Status Dur							et Address 6 Maple						
Facility Closed/Va Abatement Perfor Other – Describe	ecated During Entir med Outside of No	e Period of A ormal Facility	batem Hours	ent		City	, State, Zip						
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lt			lenova emolit				Min	i-Enclosure	with Negative dure ') and Non-Fri			e	
		lo	Locati	on		-	110				Abate Ty	ement	
Asbestos-Contain TO BE	Location of Use Asbestos-Containing Material (ACM) Mai			ly by nce/ Staff?	(i.e. th	Descrip s Containin nermal syst surfacing, other misce	ng Material ems insula VAT, or	(ACM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		res	No	*		plaster	ceilina		900sf.	*			
	Floor			*	window caulk 1400lf. *								
Wind	dows										-		-
Name of Registered	Waste Hauler		1 1 2	NJDEP W	P40200	Cubic Yar of Waste	ds	Name of R	egistered Lan	dfill			1
Newark Carting I	nc.		(5409		30 Disposal I	Date	City, State			_		
City, State Newark, NJ						05/03/14	4	Morrisvi		Date			
Completed by Leslaw Nalodka		Title Pre:	siden	t		Sigil	Signature 04/11/14						

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

Initial Friable Notification Check #: 5777

					M 1	31 - 2	Owner/Operat	or	(2) %					-
Date of Notification			Name	e of	Bull	aing	Owner/Operac	O1				7 (5 5	7
0 4 1/10			Ber	rgen	Coun	ty							, ,	- ' }
Agencies Notified	Type Notifice	tion	Str	eet A	ddre	SS								. 1
[X]EPA	[X]Initial		On	e Bei	rgen	Coun	ty Plaza			APR 1	7 20	114		
(X) DEP	Notifica	ation	Cit	y. St	ate,	Zip	Code		120					
(X)DOL	[]Amended		Ha	cken	sack,	NJ 0	7601							_
(X) DOH	Notific		Nam	e of	Cont	act			Teleph	one Number			~	
DX)DCA	[]Cancell	ation	los	seph	Pont	icorv	o, RPPS, Buye	er	1			4		
			1100				FORMATION				12.00			
Name of Facility Wh	ere Abatemen	t is Ta	king					T	ype of Facilit	y (4)				
									[]School	(K-12)	+ h	an K	-121	
Bergen County Justi	ce Center							-	f löther (ter 8 (Other	ate &	COM	mer -	
Street Address								S	cial bu	ildings, he	Bld	g. A	ge	
10 Main Street						10	ity Code (7)	110	25,000	3		50		
City (5)		County	(6)			(STA	TE USE ONLY)		urrent Use (Pr	ior if bei	ng de	moli	shed)
Hackensack, NJ 076	601	Berge	n					110	Courthouse	761				-
Name of Monitoring	Firm Hired	y Build	ling	ASCN	1 No.		Name of Abat	eme	nt Contractor	(3)				
Owner (8)	Candoos			000	12		Four Strong	Buil	ders, Inc.					
DAI Environmental Street Address	services			1000	15	-1	Street Addre	ess						
300 Grand Avenue							180 Sargean	nt Av	venue					
City, State, Zip C	ode						City, State,	. Zi	p Code					
Englewood, NJ 076	31					.	Clifton, NJ 0	701	3-1935	Licen	20 N			
Project Manager fo	r Monitoring	Firm !	Telep	hone	Numb	er	Telephone No	umbe	er			ambe		
Steve Jarozewski		1	201-5	69-6	708		973-614-037	7		0080	7			
Scheduled Start Da		hed.Com					Name of OSK	A Mo	onitor					
0 4 1/ 2 5 1/1	1 4 1	0 4 1 / 1.	2 9	1/11	Year		Four Strong							
Month / Day / Occupancy Status I	Ouring Abatem	ent (Ch	eck c	only	one)		Street Addr	ess						
[]Facility Clos						1	180 Sargear	nt A	venue					
[]Abatement Fer	formed Outsi	de of N	ormal	L Fac	1111	y	City, State	. Z	ip Code					
Hours - Desci [X]Other - Desci	ribe: Facility Occ	cupied				-	Clifton, NJ 0	701	13					
Scope of Work (Che	eck all that	apply)					(Y) Fu	3.1	Containment wi	th Negativ	e Pre	ssui	e	
[]Demoli	tion		(X	Reno	vati	on	r 1Mi	ni -	Enclosure bag Procedure					
(X)>3 sf (or >3 if f or >260 if						[]No	n-F	riable Procedu	ire				
				Is	- 1						Abat	emer	E E	7pe E
****	tion of			cation rmal)			Descript	ion	of		R		N	N
Asbestos	tion of -Containing		1	Used	- 1		Asbestos-Co Material	iAC	ining	Amount (Specify	E	R E	C	C I.
	al (ACM) ABATED		by	olel; Mair	1-		(i.e., therma	al s	ystems	SF or LF)	0	PA	P	0
in Fa	cility 13)			nance		11	or other mi	isce	ellaneous)	22,	A	I	U	S U R
. 1	13,		St	aff(N/A				100-00			Α.	-	E
Water Meter Mech	anical Boom		X	1		Pipe	Insulation			125 LF	X			
VVAIGI MICIGI MICON			1	1						an and an an an an an an an an an an an an an				
			+-	1										
			+-	+-	\vdash									
Name of Registere	d Waste Hau	er	1 18	JDEP	Wast	e e	Cubic Yards		Name of Regis	tered Landi	ill	-		
Mame of Medistere		(1) T	Н	laule	r ID	No.	of Waste		CROWS I	10				
Four Strong Builde	ers, Inc.		1	12609	9		Disposal Da	te	G.R.O.W.S., Ir	IC.				
City. State							Prohoger pa		1200000000					
Clifton, NJ									Tullytown, PA		TR	ate		
Completed By (Pri	nt or Type)	Title				S AND S	Signat	ure	£ .		-	4.5		
Bilyana Kulakovsk	a	Office	Admi	nistra	ator	-	K	K	su		1	1/3/1	4	

State of New Jersey - Notification of Asbestos Abatement

ANN

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1)					Name of Building Owner/O	perator (2)			
April 10,2014					High Point Regional	Board of	Educa	tion	7 3
Agencies Notified		Notification	Type al Notific	cation	Street Address 299 Pidgeon Hill Roa	ad			
X EPA		Amende			City, State, Zip Code			_	
xDCA					Sussex, NJ		AF	°R 17	2014
x DOL	- All Line all In	⊠ Emerg		iciualing	The state of the s		Tolophor	Alumbar	7 (116.)
		justific	ation)		Name of Contact	25	i elebiic.		
X DEP		☐ Cance	lled		R. Nedo	2 10 10			
x DOH				. FACILITY INF	ORMATION				
Name of Facility Where Abate	ment is Tal	cing Place (3)			Type of Facility (4)	*			
High Point Regional	High Sc	hool			School (K-12)				
High Follit Regional	i iigii oo				Subchapter 8 (other than	K-12)			
Street Address					Other (i.e. private & com	mercial buildir	ngs, home	s, etc.)	
299 Pidgeon Hill Roa	d				Sq. Feet: Unknown	# of Floors:2	Bldg.	Age: 60	years
			T County /	Code (7)	Sq. r ect. Officion		-		
City (5) Wantage	Sussex	T-8		Code (7) Ise Only)	Current Use (prior if being	demolished):			
Name of Monitoring Firm Hire	d by Bldg. (Owner (8)	ASCM N	No.	Name of Contractor (9)				
			0007	2000	5000 M				_
EnviroVision Cons	uitants	mc.	5007	5)	GREENWOOD ABAT	EMENT CO	DNSULT	ANTS, IN	U
Street Address					Street Address				
20-21 Wagaraw Road	Ridat	34A			The second secon				
ZU-ZI Wayaraw Noac	A, Diag n	<u> </u>			268 MAIN STREET				
City, State, Zip Code					City State, ZipCode				
Fairlawn, NJ 07410					Butler, NJ 07405	1 02			
Project Manager for Monitorin	na Firm	Telephone	Number		Telephone Number		License	Number	
	19 1 11111	973-636			1				
Fred Larson		3/3-030	7.0140		973-492-0477		00840		
Scheduled Start Date (10)		Scheduled	Completion	n Date (11)	Name of OSHA Monitor				
		April 22		the state of the s	Name of the last o				
April 17,2011		April 22	,		EMSL inc.				
Occupancy Status During A	hatement	(Check only	one)		Street Address	18/10/10/10			
▼ Facility Closed/Va	cated Duri	ng Entire Pe	riod of Aba	atement	1056 Stelton Road				
Abatement Performe	d Outside	of Normal Fa	cility Hour	S -	City, State, Zip Code				
Describe		. 164 - 7	En 0 !	Enm 1cm	2.11, 2.11, 11, 11, 11, 11, 11, 11, 11, 11, 11,				
Other - Describe: D	ouble Si	nitts-/am	-opm &	opiii- i diii	Piscataway, NJ 088	854			
	1 13								
Source of Work (Check all the	at apply)					Full Contain	nment with	h Negative F	ressure
				D	_		closure		
≥ 3 sf or ≥ 3	lf			Renovatio	11			·a	
□≥ 160 sf or ≥	260			Demolition	1	x Glovebag	nted (*) a	nd Non-Frial	ole Procedure
22-11-1		eri – Woodson – e		1 6 1 2 2 2	- Lastas Cantaining Material		nt I	Abatement T	vpe
Location of Asbestos-Contai		ocation Norm	ally Used	Description of A	sbestos Containing Material mal systems insulation, surfac	ing, (Speci	fy SF	15.20	
Material (ACM) in Facility (1:	3). Sol	lely by Maint./	Custodial	VAT, or other m	iscell.)	or LF)		Remove Repa	air Encap Encl
	YE	aff? (12) ES NO	NA	VAI, or outer in	W. Carrier				
		140	1	TSI		21	.F	X	
Aud /Mech Rm Attic						118		X	
Gym/Mech Attic				TSI		9 LF		X	
Gym/Roof Drain Fit				TSI	A	1 9 LF			Landfill
Name of Reg. Waste Hauler		NJDEP W	aste Haule	r ID#	Cubic Yards of Waste:		Name o	f Registered	Lanunii Ifili
See Hauler Below # 1 8	2	See Bel				1	Meado	owfill Land	
		omont Co	neultan	te Inc - Rut	ler NJ 07405	Disposal D		City, S	
Hauler #1) Greenwo	od Abai	ement Co	iiouitali	io, iiio. – Dui	, 110 01 100	April 22,	2011		2, Box 68
NJ DEP	# 12561	2.3			4 10551				eport, WVA 42-2784
Hauler #2) Newark C	Carting, I	nc. – Newa	rk, NJ 0	4509, NJ DEP	# 19551			304-8	74-2104
PERIODIS N. 1850	1-81								
				1			I Deta		
Completed by (Print or Type	2)	<u>Title</u>			Signature		Date	140 2044	
Marin Graure		SENIOR	PROJE	CT	Marin Graure		Apr	il 10,2011	
		MANAG			marin grawie				

GAC # 2014-441

04/10/2014 14:27

9528 P.002/004

State of New Jersey - Notification of Asbestos Abatement

272 2014

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Data ad National - 10								1	100	m	
Date of Notification (1) April 10,2014					Name of Building Owne High Point Regio		of Educ		10 E	AY	-
Asencies Notified		Notification Init		ification	Suest Address 200 Pidgeon Hill R				/	,	
X EPA	136626	Amend			City State Zip Cade		A	-	1. 11	-	. 5
a DOL		III Emer	gency !	(including	Sussex, NJ			BUIL			
X DEP	1	justific			Name of Contact	1 0	1		-War		J
и рон		□ Cance	lled	EACH IT IN	R. Nedo FORMATION						١
Name of Facility Where Abales	ment is you	no Pinon (3)	1	PAGINITIA	Drop of English (d)			-		-	
High Point Regional I	ligh Sch	001			Subchapler 8 (other th	0 - H. 491					VS.
299 Pidgeon Hill Rose	d				Other (i.e. private & co	ind lebronne	dings, hen	nee, etc	.) - AA 🚕	· =	
City (5)	COURTY (6)			y Gode (7)					99)		-
Wantage	Sucsex		Ento	Use Only)	Current Use (prior if bair	ng demolished	1):				
Marrie of Montrodne Firm Hired			ASCM		Name of Contractor (6)						
EnviroVision Consu	iltants is	nc.	0001	79	GREENWOOD ABA	TEMENT C	IIISHO	TAMT	e INC	.	
Simel Addrana			1		Street Address	A PANEAU C	CHOOL	I PAIN U	9, 1146	-	
20-21 Wagaraw Road	Bldg #	14A	A	<i>W</i>	288 MAIN STREET						- 1
Cliv. Stata. Zio Code			-		City State, ZoCode						
Fairlawn, NJ 07410	-				Butler, NJ 07405	105					
Project Manager for Monitoring Fred Larson	Elm	15 16 16 16 16 16 16 16 16 16 16 16 16 16			Talestone Number	Cicenne Number					
			7		973-492-0477 00840						
Scheduled Stern Cale (10)		Fichardylad C		on Date (11)	Name of OSHA Monitor		1 3 3 3 3				
April 17,2011					EMSL inc.						
Occupancy Stalus During Ab	stement (C	hack only o	00)		Sirent Address					-	\neg
Abelement Performed	Bandy Status Duting Abstament (Crinek only o El Facility Closed/Vacated Duting Entire Peri Abstement Performed Outside of Normal Fac		of of Ab	alement	1056 Stelton Road						
Describe	Describe				Chy. State Zin Code						
Other - Describs: Des	ıble Shii	ts- 7am-6	lpm &	Spm-1am	Piacataway, NJ 08	1854					
SOMICE OF WORK (Check all that	Neelv					-					
≥ 3 uf or ≥ 3 (f				Desembles		Full Contai		h Nega	tive Pre	Doure	
□≥ 180 sf or ≥ 26	80			Renovation Demolition		E Glovebag		_			- 1
						Non-Exem			-Friable	Proces	dure
Location of Asbestoe-Combinin Material (ACM) in Facility (13)		ation Normal by Maint/Cu		(ACM) (Le therm	bestos Containing Material	ing, (Space		Abalam	ONL TWO		
	Staff? YES	(12)		VAT. or other mis		or LF)		SELECAS.	Remit	DEDA_	neisee
Aud /Mech Rm Attic	YES	NO	NA	TSI		54 (-	FET	_		$\overline{}$
Gym/Mech Attle	1			TSI		118		NEN .			
Gym/Roof Drain Fit				TSI		9 LF		570			
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP WAR			Cubic Yards of Waste:		Name of				
Hauler #1) Greenwood	Abatem	ent Cons	ultani	is, Inc Butie	r. NJ 07406	Disposal Dr			lly. Sint		
NJ DEP # 1	2561			* 40.750 27.000		April 22,	2011		oute 2, i		
Houler #2) Newark Car	ting, Inc.	- Newbik	NJ 04	1509, NJ DEP #	19551				04-842-2		
Completed by (Print or Type)	IIN	le .			Cinantura		Onto				
Marin Graure	3	ENIOR PE	ROJEC	7	Signature		April	10.20	211		
		ANAGER			Marin Grauns April 10,2011						

GAC # 2014-441

State of New Jersey - Notification of Asbestos Abatement

CV\$,6850

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Pate of Notification (1)			17		Name of Building Drew Univer	Owner/Operator sity	<u>(2)</u>				3 -	7
April 11, 2014		N			Street Address	39						.1
gencies Notified		Notification T	<u>ype</u> Il Notifica	tion	36 Madison A	venue						-1
	111000000	IXI Initia	I NOUIICa	-4: # 2	City, State, Zip C			AFT	17	2014		.1
X EPA		⊠Amende	d Certific	ation # 2	Madison, NJ						1153	
x DCA	, market	□ Emerge	ency (incl	uaing			TTe	lepho	ne Numb	er		1
x DOL		justifica	ation)		Name of Contact James Hall		1				1	1
X DEP		☐ Cancell	led							- 2	2	1
DOH				FACILITY IN	FORMATION							-
ame of Facility Where Abate	ment is Taki	ing Place (3)			Type of Facility (4	1						
rew University- Hall	of Scien	ices			☐ School (K-12)							
Ifem Officerally - Han	0, 00.0.				Subchapter 8	(other than K-12)			-a oto l			
					Other (i.e. priv	vate & commercia	buildings	s, nom	es, etc.)	70 ves	ars	
Street Address 36 Madison Avenue					Sq. Feet: Un	known # ot	Floors:	DIU	Auge.	/ O y Oc		
36 Madison Avenue												
City (5)	County (6)	1	County Co (State Use	ode (7)	Current Use (pri	or if being demoi	isnea).					
Madison	Morris		(State Us	e Only)								
					Name of Contract	tor (9)						
Name of Monitoring Firm Hire	ed by Bldg. C	Owner (8)	ASCM No	<u>D.</u>	A STATE OF THE PARTY OF THE PAR							
Briggs Associates,	Inc.				GREENWOO	D ABATEME	NT COP	ISUL	TANTS	, INC.		_
					Street Address							
Street Address												
3 Crosswicks Street					268 MAIN ST							_
					City State, ZipCo	<u>ode</u>						
City, State, Zip Code					Butler, NJ 07	7405						-
Bordentown, NJ	Fi-m	Telephone	Number		Telephone Num	<u>oer</u>	11	icense	Number			
Project Manager for Monitori	ng Firm	609.298	5520					00840	1			
Michael Hoodak		005.230	.0020		973-492-047			0004				
2 to dated Start Date (10)		Scheduled	Completion	Date (11)	Name of OSHA	Monitor						
Scheduled Start Date (10)		May 3, 2										
April 25, 2014		10.00			EMSL inc.							
Occupancy Status During	Abatement	(Check only	one)		Street Address							
Facility ClosedN/aca	ated During	Entire Period	of Abatem	ent	1056 Stelto	n Road						_
Abatement Perform	ed Outside	of Normal Fa	cility Hours		City, State, Zip							
Describe - Occup	ied				City, State, Zip	0000						
Other - Describe: P	hase 1- 12.	13.2013 to 0	1.14.2014		Piscataway	, NJ 08854						
P	hase 2- 03.	.17.2014- Api	rii 1, 2014		1 100	,						
D	hase 3- 04	.25.2014- Ma	y 05, 2014									
P	hase 4-05.	28.2014 to 09	9.30.2014									
Source of Work (Check all t	hat apply)					x Fu	II Contain	nment	with Neg	ative Pre	essure	
				(C) D		10000000	Mini-En					
≥ 3 sf or ≥	3 If			Reno Reno		Glo	vehan Pr	ocedu	re			
	> 260			Demolit	ion	No	n-Exemp	ted (*)	and Non	-Friable	Proced	lure
					Asbestos Containing		Amount		Abatem	ent Type		
Location of Asbestos-Conta		Location Norm	nally Used	Description of	nermal systems insula	ation, surfacing,	(Specif	y SF	Demove	Repair E	encap E	Encl
Material (ACM) in Facility (13) Sc	olely by Maint.	Custodiai	VAT, or other	miscell.)		or LF)		Kemove	(topuli s		
495-650-656-900-655-650	51	aff? (12) ES NO	NA	7711, 61 51								Г
	-+	ES NO	T	Spray On	Fireproofing		1,100		X	1		1
HS -3		X		VAT & Ma	astic		2,300		図			
Rms # S105&S106		لما		TSI			140		X	1		
1st Fl. Area Adj				131	Eiroproofing		800 s	f	X			1
3rd Floor Mech Roo	om	X		Spray Or	Fireproofing							1
				- ID #	Cubic Yards	of Waste:		Nam	e of Regis	stered La	ndfill	
Name of Reg. Waste Haul	er		Vaste Haule	I IU#	30				dowfill L	andfill		
See Hauler Below # 1	& 2	See Bel	low		30			G.R	.O.W.S	wage oo		
								Min	erva Ent	. Ohio		
					N 1 0740F	Disposal Date	City	State				
Hauler #1) Greenwo	od Abate	ment Cons	ultants, Ir	nc. – Butler,	NJ 0/405	May 3, 201	# Roi	ite 2 F	30x 68	004.040	2704	
		V DED#				Islay o, ao i	I BIII	igepor	t, WVA	304-842	-2/84	
		T DEP#		200 1000			1					
NJ DEP # Hauler #2) Newark C		. – Newark.	NJ 04509,	NJ DEP # 19	551		900	00 Mine	erva Road urg, OH	E .		

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

	L Title	Signature	<u>Date</u>
Completed by (Print or Type) Marin Graure	SENIOR PROJECT MANAGER	Maria Graure	April 11, 2014

GAC # 2013-414 Amendments- New start date and completion date for phase 3

Chack# 10871

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

-		(Pursuant	to N.J.A.C. 8	:60-7 and 12:120-7)							_\		
C Project # 2014-442				10	perator (2	2)	1		0.5				
Date of Notification (1)			1	Name of Building Owner/O NORTHERN HIGHLA	ANDS F	REGIO	NAL	H.S. E	5.U.E.		-		
April 11, 2014	N. CC - Con	Type		Street Address			AP				-		
gencies Notified	Notification	Notification		298 HILLSIDE AVEN	UE		7(1	14			\neg		
	□ Ameno	led Notificat		City, State, Zip Code									
I EPA	☐ Emer	gency (inclu	ding	ALLENDALE, NJ 07	401	Tele	ephone	o Nimh					
IDCA I DOL	inetific	cation)		Name of Contact MR. JAMIE ATCHIS	ON -	The state of the s					-		
DEP- No Longer REQUIRED	□ Cance	elled			0.11	i							
DOH	L Carlo	J.110 G		Board Secretary									
3 DOI1			FACILITY INFO	ORMATION			Ι				\dashv		
	Li Dissa /2		PACIEITIM	Type of Facility (4)									
lame of Facility Where Abatement is T	School (K-12)							1					
IORTHERN HIGHLANDS HIGH	SCHOOL			☐ Subchapter 8 (other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.) ☐ Other (i.e. private & commercial buildings, homes, etc.) ☐ Bldg Age: ~50+ years									
Street Address				Other (i.e. private & cor	nmercial t	f Floors	· 2 F	Sida. Ad	ge: ~50)+ yea	rs		
298 HILLSIDE AVENUE				Sq. Feet: ~200,000S	12 - 1 1 1 1 1 1					(5)			
Cauph	(6) County Code (7)			Compat Lice (prior if being	a demolis	hed): H	IGH S	CHOOL	-				
City (5) ALLENDALE BI	ERGEN	(State Use	Only)	Current Use (prior if being demolished): HIGH SCHOOL									
		100111		Name of Contractor (9)									
Name of Monitoring Firm Hired by Bldg	. Owner (8)	ASCM No 0090	<u> </u>	GREENWOOD ABATEMENT CONSULTANTS, INC.									
PK OCCUPATIONAL &					IEMEN	I COM	301	7	,		-		
ENVIRONMENTAL ANALYSI	5, INC.			Street Address									
Street Address				268 MAIN STREET									
401 ST. JAMES AVENUE													
7.0-4				City State, ZipCode									
City, State, Zip Code PHILLIPSBURG, NJ 08865		200		BUTLER, NJ 07405 Telephone Number License Number									
Project Manager for Monitoring Firm	Telephor	e Number		Telephone Number									
JON GILBERT	908-4	54-6316		973-492-0477] 0	0840						
	Cahadul	ed Completion	Date (11)	Name of OSHA Monitor									
Scheduled Start Date (10)	04/24/	13	200		10					1911/2/2019			
04/23/13				ENVIROVISION, INC. Street Address									
Occupancy Status During Abateme	ent (Check on	ly one)	outp o)	III.									
= Olegad Vacated During	Entire Periou	UI Abatomon	(NOT SUB 8)	8) 20-21 WARGARAW ROAD									
				City, State, Zip Code									
	POTION -	LLU. OCCUP	ancy by										
Custodial & Sports Leams	in oniei	110000.00	illaing	FAIRLAWN, NJ									
				Truncario in									
Hours WEDS 7AM - THU	K2 / LIAI /5	4 Hours as	S Heeded)					th Noga	tive Pres	sure			
Source of Work (Check all that apply	Ω			<u> </u>	J Full C			illi ivege	ilive i ioc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
			X Renovation	on Mini-Enclo									
□≥ 3 sf or ≥ 3 lf ⊠≥ 160 sf or ≥ 260 lf			■ Demolition	ion Glovebag Procedure Non-Exempted (*) and Non-Friab						rocedu	re		
			7	Nº 11 II WARE DESCRIPTION OF THE PARTY OF TH		Amount	1 / / C.	Abaten	nent Type	2			
Location of Asbestos-Containing	Is Location N	ormally Used	Description of	Asbestos Containing Materia ermal systems insulation, sur	(Specify SF		Remove Repair Encap Enclo						
Material (ACM) in Facility (13)	Solely by Maint./Custodial (ACM) (i.e. to			miscell.)	or LF)		110		i fil				
	Staff? (12) YES	IO NA		Company of the Compan		<6 LF 🗵		IXI	T				
Office 9 Hell	120		TSI-Pipe F	Fitting Insulation		10 L.		X					
Nurse's Office & Hall	[2		TSI-Pipe F	itting Insulation		~3 LΓ							
Custodial Closet Hall					F 63	V T	Name	e of Regi	stered La	ndfill			
by Vending Machines	NJDE	P Waste Haule	er ID#	Cubic Yards of Waste	5 C		G.R	.O.W.S	. North	Landf	īll		
Name of Reg. Waste Hauler Newark Carting, Inc.	NJI	EP# 4509								151 1557255			
Newark, NJ 04509	80%	34.				oosal Da	te		City, Sta 100 Nev	ite	Aill 🗆		
Newark, NJ 04303						24/13			100 Nev Morrisvi	v rora N lle. Pa 1	1906		
Notes: None									215-736	-1700			
140tes. 140te		110-110-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-					Date				200		
Completed by (Print or Type)	Title			Signature	21	1.	Ap	ril 11,	2014				
RAYMOND C. PEDALING		OR PROJE	CT	Raymand C. Pedalino									
IVA I MOND O' I PET IT	BAAN	AGER							100 100				

check# 10869

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-14			(210				18	100		T	,	
Date of Notification (1) April 11, 2	Name of Building Owner			EDGI	TV OF	- N I								
Agencies Notified EPA DCA DOL DEP- No Longer REQUIRED			Notifica ed Notifi gency (i cation)	fication	Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 2014 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS City, State, Zip Code PISCATAWAY, NJ 08854									
⊠ DOH		☐ Cance	elled		Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY									
Name of Facility Where Abatemen	t io Tol	ring Place (2)		FACILITY IN								_		
BISHOP QUAD, BLDG#	Type of Facility (4) School (K-12) Subchapter 8 (other than K-12)													
Street Address COLLEGE AVENUE CAR		Sq. Feet: N/A # of Floors: 3 Bldg. Age: 80+ years												
	unty (6	LESEX		y Code (7) Use Only)	Current Use (prior if being demolished): ACADEMIC									
	Name of Monitoring Firm Hired by Bldg, Owner (8)				Name of Contractor (9)									
ATC ASSOCIATES		0098	3	GREENWOOD ABA	TEME	ENT C	ONSU	LTAN	TS, IP	IC.				
Street Address 3 TERRI LANE				Street Address 268 MAIN STREET										
City, State, Zip Code BURLINGTON, NJ 0801	6				City State, ZipCode BUTLER, NJ 07405									
Project Manager for Monitoring Fir BRIAN KEARNY	<u>m</u>	Telephone 609-386			<u>Telephone Number</u> 973-492-0477 00840							20		
Scheduled Start Date (10) 04/22/14		Scheduled 04/28/14		on Date (11)	Name of OSHA Monitor 1 ENVIROVISION, INC.									
Occupancy Status During Abate Facility Closed/Vacated Durin Abatement Performed Outsid Describe Other – Describe: Shift Ho	g Entir e of No	re Period of A ormal Facility	Abatemer Hours -		Street Address 20-21 WARGARAW City, State, Zip Code FAIRLAWN, NJ		.D				100			
Scope of Work (Check all that app ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 26				☑Renovation ☐ Demolition		Mir Glo	Contain ni-Enclos vebag F Exempte	sure Procedu	ıre				re	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Sole	cation Norma ly by Maint./C (? (12) NO			Asbestos Containing Material Amount (Specify SF or LF) Amount (Specify SF or LF)						ent Type Repair Encap Enclose			
Various Rooms		X		VAT			100 S	F	X	+	-			
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Wa		r ID#	Cubic Yards of Waste:	5 CY			of Regi				II	
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJDEP # 12561 Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 NJ DEP # 22612						Disposal Date 04/28/14 City, State 100 New For Rd. Morriso 19067 215-736-176				Ford Mill sville, Pa				
Completed by (Print or Type) RAYMOND C. PEDALING	o 🤅	Title SENIOR P		СТ	Signature Raymand C. Fle	nd C. Pedalino Date Ap				pril 11, 2014				

roject#		NO.	TIFICA (Purs	TION O	F ASBESTO NJAC 8:60	SABATER	MENT		Check # 244	7		-	3
			I No	mo of B	uilding Owne	er/Operator	(2)						
Date of Notification (1)				lechi l		лорогию	(-)			4 -		K-2	
)4/11/2014	N 65 -45			reet Ado						17	20	14	٦
Agencies Notified Typ	e Notification		1		ton Rd							Y-19	
EPA E	Initial				, Zip Code								
DEP DOL	Amended Amendment #_	8			eldNJ 078	25		20	2		- 1		**
DOL .	Emergency (inc	cluding		ame of C	The second second second second		-		Telephone Num	her	4		
DOH	justification) Cancellation			eleci Ib									
DCA L	Cancellation		live		TY INFORM	ATION							
Name of Facility Where Abat	ement is Taking F	Place (3)		IAGIL		1	Туре	of Facility (4	4)				
Private House								School (K-1	2)				
Street Address								Subchapter	8 (Other than K-12 rivate & commercial	l) al buildir	nas h	omes	en e
31 Stockton Rd								Other (i.e. p etc.)	rivate & commerci	ai Duiluii	igs, ii	011100	10
							Squ	are Feet	# of Floors	Bld	g. Ag	е	
Bloomfield NJ 0	7003						0	ent Heo (Pri	or if being demolish	ned)			
County (6)				ounty C	ode (7) SE ONLY) _		Curi	ent ose (Fin	of It being demone.	,			
Essex		(0)	٠,	ACCM	No	I Name	e of Ah	atement Cor	ntractor (9)				
Name of Monitoring Firm Hir	ed by Building O	wner (8)		ASCM	NO.	1		toration LI					
							t Addr						
Street Address								side Rd					
								Zip Code					_
City, State, Zip Code						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			60				
						HIVE THE PARTY OF	phone	NO NO	License N	lo.			
Project Manager for Monitor	ing Firm		1	elephor	ne No.			2550	01133				
					2 1 (44)			SHA Monitor			_		_
Start Date (10)				pletion i	Date (11)			ronmenta	5 50				
05/01/2014)5/05/2					et Add				//	-	
Occupancy Status During A							3 RT						
Facility Closed/Vacate	d During Entire P	eriod of A	batem	ent				Zip Code			_		
Abatement Performed Other – Describe:	Outside of Norma	al Facility	Hours					J 07083					
			7			John	JII, IN	0 07000					
Scope of Work (Check All T	hat Apply)						.	- II Cantainn	nent with Negative	Pressur	e		
23 sf or ≥3 lf		The same of the sa	enova					-uii Containn Mini-Enclosu		1 100001	~		
≥160 sf or ≥260 lf			emonu	OH				Glovebag Pro	ocedure	bla Dra		_	
								Non-Exempte	ed (*) and Non-Fria			ement	
		Is	Locati	on				20				pe	!
Location o	f		Normal		20 DV 70	Descripti					Г		
Asbestos-Containing M	aterial (ACM)		d Sole intena		Asbestos	Containing	g Mate	rial (ACM) sulation.	Amount (Specify	Z	70	Encapsulate	E
TO BE ABAT In Facility		Cust	todial S	Staff?	To the second	surfacing,	VAT, c	r	SF or LF)	Remova	Repair	sde	Enclosure
(13)			(12)		٥	ther misce	llaneou	ıs)		Va.	=	late	ure
		Yes	No	N/A									
Basement area			×		pipes				60 LF	×			_
Ist Floor					floor tiles	3			200SF	×			
		-		1	plaster c	eiling			200 SF	×			
lst floor		+		-	plaster	oming							Γ
			L .	JDEP V	Naste T	Cubic Yard	s	Name	of Registered Land	fill		_	-
Name of Registered Waste				Hauler II	,	of Waste	10 Id						
Nick Restoration LLC			3	3782		TBD		G.R.C			_		
City, State						Disposal D	ate	City, St					
Randolphk,	NJ 07869					TBD			own, PA				_
Completed by		Title				Signa	ture	/	/	Date	201		
Elvira Mrda		Pres	ident				C	NIG	waa I	4/11/	2014	•	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.IAC 2:60 and 12:120)

M.m n — ^		(Pursuant to	NJAC 8	:60 and 12:12	20) '	ek 5	001			
AM SUDED Date of Notification (1)		Name	of Building	Owner/Operator ((2)					
4-3-2014		Ho	CHBE	RGER RI	=ALTY	<u></u>	P 1 7 2	71/L 717	-	
Agency Notified	Type Notification	Street	Address							
		100	73 51	FERIDAN 1	TVENCE					
DEPA	initial Amended					13		4		
■ DOL	Amendment #	ELI	ZABET	I NJ	0120	Telophone A	bombor			_
m DOH ·	☐ Emergency (including justification)	Name	of Contact	-1 -1 10	12					
D DCA	☐ Cancellation			ELFELD						
		0.500	HLITY INFO	RMATION	Type of Facility	(4)				
Name of Facility Where	Abatement is Taking Place	(3)	•			¥ =				
SUPPLIDAN GO	ARDEUS HOCKE	ERGER	REALI	4	☐ School (K-12 ☐ Subchapter 8). (Other than I	(-12)			
				' :	Other (i.e. pri	vate & comm	ercial building	3,		1
1003 SHETS	21 DAN QUENU	t			homes, etc.)					1
City (5)					Square Feet	# of Floors		YRS	• •	
ELIZABER!					8,000 Current Use (P	12	- (Company)	YRS		1
County (6)				(STATE USE	RESIDE	HOT I DOME OF		20		
UNION	3 .	ONL	τ)				2/ 3-			1
Name of Monitoring Fire	n Hired by Building Owner	ASCM No.			ment Contractor (
(8)	12			Best R	Removal I	пс				1
Street Address					River St					
,				City Stelle 7in	Code					-
City, State, Zip Code				Hacker	nsack, N.	J. 076	01			
		Telephone N	la .	Telephone No.		License No				7
Project Manager for Mo	nibing Fim	1 elebtione in		201-329-	-7444 -	0038	8			4
	Scheduled Co.	mpletion Date (1	1)	Name of OSHA	Monitor	1· Tm				Ì
Start Date (10)	4 4-11-	2014		Omega En	nvironme	ital III				4
Occurrency Status Dur	ing Abatement (Check only	one)		Street Address	7 C+					
	3.7				yler St					-
Facility Closed/Vaca Abstament Performs	nted During Entire Period of ed Outside of Normal Facility	by Hours	5.	City, State, Zip	Code	ale N	0760	6		1
Other - Describe:	7AM 5PM				Hackensa					٦
Scope of Work (Check	all that apply)			© Ful	E Containment wit	h Negative Pr	essure			-
#23 sf or ≥3 ff			Renovation Demolition	m Ch	ni-Enclosure ovebag Procedure	,	* 0			1
D ≥ 160 sf or ≥ 260 lf			DENIORION	□ No	n-Exempted (*) a	nd Non-Friabl	e Procedure	Abate	ment	H
		Is Location						Ту		1
		Nomally		Descriptio	n of					-
Local Combine	ation of ning Material (ACM)	Used Solely I Maintenance		webse Containing	Menterial (ACM)		nount secify	20 20	nos	Enc
TOBE	ABATED	Custodial	- (6	e thermal system surfacing, V	AT, of	SF	or LF)	Repair	peu	Enclosure
	Facility	(12)		other miscella	aneous)			Repair Removal	late	5
1	(13)							LL		
		Yes No	N/A	a'	1/1/2 042	1	40 LF	X		
BASEMAUT B	VILOINE 1045		X TH	FRUMAL INS	DENT (B	+		\prod	П	
								\prod	П	
						+		\top	П	
				Cubic Yards	of Name of Re	gistered Land				
Name of Registered		NUDEP WE	iste Hauter	Waste	The second secon			9		
Best Remo		17109	r e	3/4 40	1	va Ente	rprise			_
		1		Disposal Dat	e City, State	sburg ,	Oh			
City. State Hack	ensack, N.J.	07601		4-11-14	wayne	Spare ;	Date			
Completed by	Title			Signature				3-20	(4	
RVEIDRA	(A) Estim	nator		R Velle	len					

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 2:60 and 12:120)

cheele 4939

Date of Notification (1)	·		Owner/Operator		10 - 1 - 1	言り
3-7-2014		HOCHBER	GER PEA	LTY		
Agency Notified	Type Nethication	1093 5	4-RIDAN	AVENUE		
D EPA	ti initial D Amended				APH 1 / 2014	1.0
E DOL	Amondment#	ELIZAB	ETH, NJ	67207		
III DOH	D Emergency (including justification)	I Marine of Conside		- I Tale		
□ DCA	© Cancellation	E. SCHIIS			**************************************	
		FACILITY INF	ORMATION ,	Type of Facility (4)		
Name of Facility Whore	Abstoment is Taking Place (3)	2001 20- 10.	1171	☐ School (K-12)		
SHERLIDAD	GARDONS HOLH	SPICECIC KE	4-19	C Spinehouster & #Olibe	er than K-12)	_
1002 5127	RIOAN AVENUE			Other (i.e. private & houses, etc.)		
Cay S	Clour The Doc			Square Feet # of	Floors Bidg.	2000
ELIZABETT	4			1.2,000 2	182	yes
County (6)		County Code (7	(STATE USE	Current Use (Prior if I		50 50
UNION.			Name of Abster	RESIDENCE	MY13.	
Name of Monitoring Fin	n Hired by Building Owner AS	CM No.		emoval Inc		
Street Address			Street Address			
,	•	•		River St		
City, State, Zip Code	2.		City, State, Zip	code sack, N.J.	07601	
Project Manager for Mo	- Tolor	phone No.	Telephone No.	Lies	asse No.	
Project Manager for Inc	HIDOUGH FIRM	Aloue No. ,	201-329-		00388	
Start Date (10)	Scheduled Completion	Date (11)	Name of OSHA	Monitor	r Tnc	
3-17-201	4 4-11-201	4	Omega KI	vironmental	LINC	
100000000000000000000000000000000000000	ng Abatement (Check only one)		280 Huy	ler St		
D. Facility Closed/Vaca	ted During Entire Period of Abaten at Outside of Normal Facility House	nent :	City State Zio	Code		;
B Other - Describe:	7 Am 5 PM		South H	Hackensack,	N.J. 0760	16
Scope of Work (Check	all that apply)			Containment with Nega	tive Pressure	
23 ± 623 F		Renovation Demolition	10 Glas	-Enclosure vebag Procedure		
D≥ 160 sfor ≥ 260 F			☐ Noi	Exempted (*) and Non	Friable Procedure	Abatement
		ocation				Type
	tion of Used	maily Solely by	Description stes Containing I		Amount .	
Asbestes-Contain TO BE	ing Material (ACM) Main ABATED Cu	stodial (i.4	thermal system	s insulation.	(Specify SF or LF)	Enclosure noapsufat Repair
		12)	surfacing, VA other miscellar	neous)	, a =)	Encapsulato Encapsulato Ropair Romovai
	•	No N/A	50			
216-21-12-12-12-12-12-12-12-12-12-12-12-12-			em AL IN SO	CATION BOE	LS EACH=15L	X
BASEMEUT'S	10.04,1013, 049 SHERIDAN V		emplies		EH 10LF	TX
1269 ALIN	IA ST	THE	RMAC I'W	SULATION 30 E	LS = 15 L	74
11 11		THE	RMAL INS	CLATTON	10 24	IX
Name of Registered W		EP Waste Hauler	Cubic Yards of Waste	Name of Registeros		
Best Remov	- 7 T (109	9 405	Minerva E	nterprise	S
Ciby Stella	1		Disposal Date	Cay, State Waynesbur	ø . Oh	189
Hacke	nsack, N.J. 0760)1	4-11-14	Maynesbur	g , on Date	
Completed by	Time Estimator		R. Volan	0.44		7-2014
IR VELDRA	O Parimeron		11. 12	100		

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

(**X 4039**)

Date of Notification (1) 4/12/14						Building O				<u> </u>					7	7	
Agencies Notified		otification	-	13.50	treet Ad East I	dress Ryerson		-		,							
EPA DEP DOL		itial mended mendment				e, Zip Cod each Tw		08008		F 0		AFT	17	2	014		
DOH DCA	ju	mergency (stification) ancellation	including	1000	ame of o	Contact	×.				Tele	phone N	lumber		- 4		
Name of Facility Where A Hermann Pleyn Prin Street Address 4 East Ryerson			g Place (3)		FACIL	ITY INFO	RMAT	ION	SSS	chool (K-1: ubchapter other (i.e. p	2) 8 (Othe	er than K	-12) rcial bu	ildir	ngs, I		s,
City (5) Long Beach Twp N	J 0800	08							Square 1000		# of	Floors		Bld 35	g. Ag	je	\exists
County (6) Ocean		-		C)	ounty C	ode (7) SE ONLY)			Currer	nt Use (Pride	or if bei	ng demol	lished)				
Name of Monitoring Firm N/A	n Hired b	y Building	Owner (8)		ASCM	No.			of Abat	ement Con	tractor	(9)					
Street Address									Addres Box 32								
City, State, Zip Code									State, Zij t Berlin	Code NJ 080	91	8 8					
Project Manager for Mor	fanager for Monitoring Firm					ne No.			hone No 753-98		,	License 00727					
Start Date (10) 4/16/14						Date (11)		Name Sam		A Monitor			WA				-
Occupancy Status Durin Facility Closed/Vac Abatement Perforn Other – Describe:	cated Du	ring Entire	Period of Ab	ateme	ement urs City, State, Zip Code												
Scope of Work (Check / ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That	Apply)		enovat emolitic					Min Glo	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure				9			
				ocatio										-	Abate Ty	ment pe	1
Locatio Asbestos-Containing TO BE AF In Fac (13)	g Materi BATED ility	al (ACM)	Used Mair	Soleh	ely by ance/ Staff? Asbestos Co (i.e. therm sur othe			Material ns insula AT, or		/I) Amount (Specify SF or LF		Remove	Removal	Repair	Encapsulate	Enclosure	
Exterior	Siding				х		Ex	terior S	iding		16	800 SF	x				
													-	-	-		
Name of Registered Waste Hauler					JDEP W		500000000	ic Yards		Name of	Regist	ered Lan	dfill				
United Containers	nited Containors				auler ID 2459	No.	4	/aste	47.2	G.R.O.							
City, State Elm NJ								oosal Dat 2/14	е	City, Sta Morris		A 1906	7_				35.
Completed by Anthony T Perna			Title President					Signatu	rę /	Date 4/12/14							

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

In Alboria				(,		O NOAO	8:60 and 5.16)						
ate of Notification (1)				N	lame of	Building C	wner/Operator (2))					
04 /	11 /	14	_		The St	ate of N	ew Jersey-The	Department of	Transportation-	7 201	4		
gencies Notified	Type Notifica	ation		5	Street Ad			,				41	
☑ EPA	☐ Initial				1035 F	Parkway	Ave-CN600				li Silverille	100	\dashv
DEP	Amended			(City, Stat	e, Zip Co	de		* 1				-
DCA (NJAC 5:16)	Amendm Emerger	200	idina		Trento	on, NJ 0	8625	F.,					-
☑ DHSS ☑ DCA	justificati		iding	T	Name of	Contact		- I	Telephone Numbe	<u> </u>			
(NJAC 5:23-8)	Cancella				James	s Brittor	1						
					FACIL	ITY INF	ORMATION						
lame of Facility Where	Abatement is	Taking F	Place (3	3)				Type of Facility (4)				
Bridge No. 11								☐ School (K-12) ☐ Subchapter 8 (Other than K-12)				
Street Address								Other (i.e., priv	rate & commercial	buildin	gs,		
Bell Road over I-29	95							homes, etc.)					_
City (5)		-						Square Feet	# of Floors		. Age		
Mount Ephraim							4	10,000	N/A	50)+		
County (6)					County	Code (7)	STATE USE ONLY)	Current Use (Prio	r if being demolish	ed)			
Camden							awa-	Bridge					
Name of Monitoring Firm	n Hired by Bu	ilding Ov	vner (8) /	ASCM N	0.	Name of Abateme	ent Contractor (9)		2023			
ATC Associates In	c. Bromley	Corp C	Center				Diamond Hu	ntbach Constru	ction Corporati	on ———			_
Street Address							Street Address						
Three Terri Lane	1.0						500 East Luz	erne Street					
City, State, Zip Code							City, State, Zip C						
Burlington, NJ 080	016						Philadelphia	, PA 19124					
Project Manager for Mo			1	Tele	phone N	0.	Telephone No.		License No.				
John R Lutz	, injerior g			60	9-386-8	3800	215-739-8166 00646						
Start Date (10)		Schedu	ıled Co	mple	tion Date	(11)	Name of OSHA						
04 / 11	/ 14				/ _		SAME AS A	BOVE			1000		155.77
Occupancy Status Duri		(Check	only or	ne)			Street Address						
☐ Facility Closed/Vaca	ited During Er	ntire Per	iod of A	bate	ment								
M Abatement Performe	ed Outside of	Normal	Facility	Hou	rs - Desc	ribe	City, State, Zip C	Code					
Time of Abatement:	AM	PN	1/ <u>6</u> PM-	<u>6</u> AM									
Scope of Work (Check	all that apply)			-					-tive Property				
	an area 477.37			24			☐ Full Cor	ntainment with Neg	ative Plessure				
≥3 sf or ≥3 lf			☐ Rer	novat	on		☐ Gloveb	ag Procedure					
≥160 sf or ≥260 lf			Z 20.				Non-Ex	empted (*) and No	n-Friable Procedu			-4 T	-
				Loca						ADa	ateme	nt 13	pe
Location		O. D.			ely by	Ashe	Description stos Containing N		Amount	Re	Re	En	=
Asbestos-Containing		CIVI)			ance/	(i.e., the	rmal systems insu	ulation, surfacing,	(Specify	Removal	Repair	aps	Elicioadia
TO BE ABATED Cust				icino:	Stanr		VAT, or	neous)	SF or LF)	<u>a</u>		Encapsulate	<u>a</u>
<u>TO BE A</u> IN Fa	BATED cility		Cust)		other miscellaneous)				ਰ	_	
TO BE A	BATED cility			(12) No				**************************************					
<u>TO BE A</u> IN Fa (13	BATED cility 3)	leo.	Yes	(12) No	N/A	Tar			255 LF			П	-
TO BE A IN Fa (13) Gas main pipe wra	BATED cility 3) p underbric	ige	Yes	(12) No	N/A	Tar							
TO BE A IN Fa (13) Gas main pipe wra Electric conduit ur	BATED cility s) p underbrid derbridge		Yes	(12) No	N/A	asbest	os concrete pi	pe	1,020 LF	×	_		
TO BE A IN Fa (13) Gas main pipe wra	BATED cility s) p underbrid derbridge		Yes	(12) No	N/A	asbest		pe		-	_		
Gas main pipe wra Electric conduit ur Telephone conduit	BATED cility p underbrid derbridge underbridge		Yes	(12) No	N/A	asbest	os concrete pi	pe pe	1,020 LF 1,530 LF	×	_		-
Gas main pipe wra Electric conduit ur Telephone conduit Name of Registered W	p underbridge underbridge underbridge	je	Yes	(12) No	N/A	asbest asbest Waste	os concrete pi	pe pe Name of Regi	1,020 LF	×	_		-
Gas main pipe wra Electric conduit ur Telephone conduit	p underbridge underbridge underbridge	je	Yes	(12) No	N/A	asbest asbest	os concrete pi os concrete pi Cubic Yards of Waste 3CY	pe Name of Regi	1,020 LF 1,530 LF	×	_		-
Gas main pipe wra Electric conduit ur Telephone conduit Name of Registered W Diamond Huntba	p underbridge underbridge underbridge	je	Yes	(12) No	N/A	asbest asbest	os concrete pipos concrete pipos concrete pipos Cubic Yards of Waste 3CY Disposal Date	Name of Regi Minerva City, State	1,020 LF 1,530 LF stered Landfill	×	_		-
Gas main pipe wra Electric conduit ur Telephone conduit Name of Registered W	p underbridge underbridge underbridge underbridge	je	Yes	(12) No	N/A	asbest asbest	os concrete pi os concrete pi Cubic Yards of Waste 3CY	Name of Regi Minerva City, State	1,020 LF 1,530 LF stered Landfill urg, OH 44688		_		-
Gas main pipe wra Electric conduit ur Telephone conduit Name of Registered W Diamond Huntba	p underbridge underbridge underbridge underbridge underbridge	je	Yes	(12) No	N/A	asbest asbest	os concrete pipos concrete pipos concrete pipos Cubic Yards of Waste 3CY Disposal Date	Name of Regi Minerva City, State Waynesb	1,020 LF 1,530 LF stered Landfill urg, OH 44688	×	_		-

ASB-41 JUL 01 * Do not use this form for asbestos licensure exempted activities.

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- 1	P	ri	n	+	Ε.	0	-	m	

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

Chary # 18899	NO	TIFICATIO (Pursual	ON OF ASBESTOS nt to NJAC 8:60 a	S ABATEMENT						
Date of Notification (1) 4/11/2014		Name ELAI	of Building Owner	Operator (2)	N				13	Pilotonia.
Agencies Notified Type Notification EPA Initial	1		Address HAMILTON ST	REET				, , , , , , , , , , , , , , , , , , ,		,)
DEP Amended Amendmen Emergency			state, Zip Code WAY, NJ 0706	5		APR :	7 2	914		
□ DOH □ DCA □ DCA □ DCA □ Intergency justification Cancellation)		of Contact NE DOEMAN-A	ARRINGTO	N E	Telephone N	lumber	_		•
Name of Facility Where Abatement is Takin	ag Plans (2)	FAC	CILITY INFORMAT					=	14 1/2	-1
RESIDENCE	ig Flace (3)			Туре	of Facility (4)					
Street Address 689 HAMILTON STREET					School (K-12) Subchapter 8 (C Other (i.e. privat	ther than Kee	-12) rcial bu	ildinas	hon	nes
City (5) RAHWAY				_	etc.)	of Floors		Bldg.		
County (6) UNION		County (STATE	Code (7)	Curre	ent Use (Prior if b	eing demol	ished)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASC	M No.	Name of Aba	tement Contract	or (9)			_	
Street Address				Street Addre		VIRACIII	NG, II	VC.		
City, State, Zip Code					HERFORD BI	LVD.				
City, Gtate, Zip Code				CLIETON						
Project Manager for Monitoring Firm		Telepho	one No.	Telephone N	, NJ 07014	License	Nla			
01.45				973-956-8		00494	NO.			
Start Date (10) 4/24/2014	Scheduled C 4/29/2014	ompletion	Date (11)	Name of OSI						
Occupancy Status During Abatement (Chec				SAME AS	(9) ABOVE					
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of Abate	ement Irs		City, State, Zi						
Scope of Work (Check All That Apply)										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renor Demo			Min X Glo	Containment witi-Enclosure vebag Procedure	•				
	Is Loca Norm							Abate	ment	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used So Mainten Custodial (12	lely by ance/ Staff?	Asbestos Conta (i.e. thermal surfac	scription of aining Material systems insula sing, VAT, or niscellaneous)	tion, (Amount Specify F or LF)	Remova	Repair	e Encapsulate	Enclosure
	Yes No	N/A	outer 11	iscellarieous)			val	air	ulate	sure
BASEMENT	Х		PIPE IN	SULATION	4	40 LF	Х			
									-	
Name of Registered Waste Hauler		NJDEP W	oote louis	, , ,						
TWO BROTHERS CONTRACTING	1	Hauler ID I	No. of Wast		Name of Registe					
City, State		18743	3 Dispose	al Data	WASTE MA	NAGEME	NT G	.R.O.	W.S	;. <u> </u>
CLIFTON, NJ			4/29/2	CONTRACTOR OF THE PROPERTY OF	City, State MORRISVIL	LE. PA				
Completed by VIVECA RAMOS	Title PROJEC	COOR	DINATOR	gnature	0	Da	te 11/20	11		

220		
D	rint	Earm
	1 5 6 5 1	1.631111

Cluck*	001		NOI	(Pursua	ON OF ASBE	STOS ABAT	EMENT 20)				i i		, -	7.7
Date of Notification (1) 4/9/2014	Check #260)1		Name	of Building C	wner/Operato	or (2)	<u> </u>						
Agencies Notified	Type Notification			_	Address	Elementar	y Scho	odl		ĀF	RI	7 2	014	
EPA DEP	× Initial				orth 13th S									
DOL	Amended Amendme				State, Zip Coo ville, NJ 08									-:
DOH	Emergenc justification	n)	ng	Name	of Contact			-	Te	lephone	Numbe	r		•
DCA	Cancellation	on			Karen Kol							•		
Name of Facility Where	Abatement is Tak	ing Place	(3)	FAC	CILITY INFO	RMATION	Tuno	of Facility	- (4)					
Christ the King Ele	mentary School	ol	1.5				_	1						
Street Address 99 North 13th Street	et			-				School (K Subchapte Other (i.e.	er 8 (Oth	er than	K-12)			
City (5)							6	EC.)						mes,
Manville, NJ 08835)						45,00	e Feet 00	3	f Floors		Bldg 60+	. Age	
County (6) SOMERSET				County (STATE	Code (7)		Currer	nt Use (P	rior if bei	ng dem	olished)	10 mg - 10 mg - 10 mg		
Name of Monitoring Firm	n Hired by Building	Owner (8)	ASC	M No.	Name	of Abat	ement Co	ontractor	(9)				
Street Address						EAS	Service	\$ Corp	oration	×-/				
							Address 69th S		3			-		
City, State, Zip Code							state, Zip							
Project Manager for Mor	itarias Fi					Gutte	enberg	, NJ 07	093					
1 Toject Wallager for Mor	iitoning Firm			Telepho	one No.		one No. 295-17			Licens				
Start Date (10)		Schedu	led Co	mpletion	Date (11)	The state of the s		Monitor		01074	+			
4/21/2014 Occupancy Status During	- 41-1	4/25/2	2014			ove								
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire ed Outside of Non	Period of	Abato	ment rs			Address tate, Zip							
	іі тпас Арріу)	lo I	_	50		Free Property Control of the Control	,							
≥3 sf or ≥3 if ≥160 sf or ≥260 if			Renova Demoli			×	Glove	ontainm Enclosure bag Pro Exempte	e cedure				ıre	
Location	of		s Locat									Aba	temen	ŧ
Asbestos-Containing TO BE ABA In Facilii (13)	Material (ACM)	Use	ed Sole aintena	mally Solely by enance/ al Staff? Description of Asbestos Containing Ma (i.e. thermal systems				CM) on,	(S	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							=		ate	re
Boiler Ro		×			T	ank Insulat	ion		1	SF		х		
Computer F			х			9x9 floor ti	le		3	SF		х		
Mechanical		X			Sp	ray on mat	erial		3	SF		х		
Stage Ro lame of Registered Wast			X			2x4 ceiling t				SF		x		
reehold Carting, Inc			Н	JDEP Waller ID I 5939	No. of	ubic Yards Waste		lame of F				-		
City, State O BOX 5010-Freeho	old, NJ		110	J338	Di	SD sposal Date SD	0	ity, State	,					
Completed by ina Salvador		Title Office	Man	ager		Signature		20	1	1	Date			
		1	IVIGIT	agoi			_	hua	5-	4	1/9/201	4		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Chack* 2	399		NOTII	FICATIO	State of New . N OF ASBES It to NJAC 8:0	TOS ABATE	MENT				· · · · · · · · · · · · · · · · · · ·	*****	Colonia Colonia
Date of Notification (1) 4/9/2014	Check#2599			Name The F	of Building Ov Parish of O	ner/Operator	r (2) Lourd	es	i	*		•	
Agencies Notified	Type Notification	n		Street	Address Central Ave				, i	PR 1	7	ever ye	
DEP DOL	Amended Amendmen			City, St	tate, Zip Code				,3	1 1 1	ř ;	1145	
DOH DCA	justification Cancellation	1)	g	Name	of Contact ael P. Kerr				Telenhone	Mumher			•
					ILITY INFOR	MATION		<u> </u>	_				
Name of Facility Where A Our Lady of Lourde	Abatement is Takins Church and	ng Place School	(3)	FAC	ALITY INFOR	MATION	Туре	of Facility (4)		**************************************			
Street Address 300 Central Avenue			-					School (K-12) Subchapter 8	(Other than	K-12)			
City (5)								Other (i.e. priv	ate & comm	nercial bu	ildings	s, hon	nes,
Mountainside Aven	ue, NJ 07092						Squar 20,0	re Feet 00	# of Floors		Bldg. 50+	Age	
County (6) UNION				County (STATE	Code (7) USE ONLY)		Curre	nt Use (Prior i	f being dem	olished)			-
Name of Monitoring Firm N/A	Hired by Building	Owner (8	3)	ASCI	M No.	Name EA S	of Aba	tement Contra	ctor (9)				
Street Address						Street	Addres	s					
City, State, Zip Code						City, S	tate, Zi	p Code					
Project Manager for Mon	itoring Firm			Telepho	no No			NJ 07093	16				
Start Date (10)					201-2	one No 295-1	700	0107					
April 22/2014		April 2	4/201		Date (11)	Name Same		*					
Occupancy Status During	Abatement (Che	ck Only O	ne)		West State of the	Street	Addres	S	+				
Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire ed Outside of Norr	Period of nal Facilit	Abaten y Hours	nent s		City, Si	tate, Zij	Code	1				
Scope of Work (Check All	That Apply)												
≥3 sf or ≥3 if ≥160 sf or ≥260 if			Renova Demolit			×	Glov	Containment Enclosure /ebag Procedi Exempted (*)	ıre			1	
			Locati						1	-	Abat	emen	t
Location Asbestos-Containing I TO BE ABA In Facilit	Material (ACM) TED	Use Ma	Normal ed Sole intena todial S	ly by nce/	(i.e. the	Description Containing M mal systems	aterial insulat	(ACM)	Amount (Specify	Z.	Γ	/pe	m m
(13)	,	Yes	(12)	Lava	oth	urfacing, VAI ner miscelland	r, or eous)		SF or LF)	Removal	Repair	Encapsulate	Enclosure
Kitcher	1	res	No	N/A	P	ipe Insulat	ion	-	6 LF	_		œ.	
Boiler Ro	om	х				Elbows			3		x	-	
Name of Registered Waste	- Hauter		LN	JDEP W									
Freehold Carting Inc	o i laulei		H	auler ID 5939		ubic Yards Waste		Name of Reg GROWS N					
City, State PO BOX 5010, Freeh	old, NJ 07728					sposal Date	$\neg +$	City, State Morrisville,	PΔ				
Completed by		Title				Signature	67	nornsville,		Date			
Gina Salvador							Plu	uas-		4/9/201	4		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

e , e		(Pursua	ant to NJAC 8:60	and 12:12	20)		clit	î j	Elk	11.	3		
Date of Notification (1) April 10, 201	4		Name of Buildin			anagement		0	70		1		
[] DEP [] Amo [x] DOL Amo [] Emo [x] DOH	cation ial Notification ended Notificati endment #_ ergency (includi ification) cellation	_	Street Address City, State, Zip C Name of Contact Paul	Code Wall, 1	Box 15	19	Celephone Number	7-2					
		FAG	CILITY INFOR	MATION						•			
Name of Facility Where Abatement is Takin Residence Street Address 427 Harding Ave					Туре с	f Facility (4) [] [] [x]	School (k-12) Subchapter 8 (ot Other (i.e., priva homes, etc.)				ildings,		
City	County (6)		County Code (7) (STATE USE ON	(V)	Square		# of Floors	Bld	g. Age		-		
Ortley Beach	Ocean		(STATE OSI, ON			500 sf t Use (Prior if Residen	being demolished)		38			
Name of Monitoring Firm Hired by Building N/A	g Owner (8)		ASCM No.	Name of	Abateme	nt Contractor	(9) an Contracting,	Ina					
Street Address				Street Ad	dress			mc.					
City, State, Zip Code				City, State	e, Zip Co	de							
Project Manager for Monitoring Firm	Telep	hone Number	Telephone Number 732-349-9932					ew Jersey 08755-1271 License Number 00624					
Scheduled Start Date (10) 04/23/2014	uled Complet 24/2014	tion Date (11)				. Analytical	-						
Occupancy Status During Abatement (Checl [X] Facility Closed/Vacate [] Abatement Performed [] Other – Describe			Street Add		1056 St	elton Road vay, New Jerse	v 088	354					
Scope of Work (Check all that apply) [] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf	[[x] Renova		with Negative Pre									
								Abat	ement	Туре			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	cation ly used y by c/Custodial aff 2) N/A	(i.e	Description bestos-Cont Material (AC a., thermal sy ulation, surf VAT, or ter miscellar	aining CM) stems acing,		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			
Exterior	X		Asbestos sidir	ng			120 sf	X			I I		
Name of Registered Waste Hauler Guardian Contracting, Inc. City, State	NJDEP	Waste Hauler 20223 Dispos	ID No. Cubic Ya	ards of Waste	1	ne of Register C.R.R.F.	ed Landfill						
Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola	Signature			nnsylvania		Date 4/10	/2014		-				
	*Do not a	use this form	for asbestos licer	sure exemp	ted acti	vities.							

State of INCW JUISCY

NOTIFICATION OF ASBESTOS ABATEMENT

		(Pursuar	it to NJAC 8:60	and 12:12	20)		小小木	24	04	否	
Date of Notification (1) April 10, 2014	1			Name of Building			te Work	APR	1 7	and w		
	al Notifi	cation otification		Street Address		arkertov	vn Drive		1 /	Elect		Allender
[x] DOL Ame	ndment			City, State, Zip O		Egg Ha	rbor, NJ 08	8087			•	All the second
[] DCA justi	fication) cellation			Name of Contact John	Гuck		T	elephone Number				
			FAC	LILITY INFORM	IATION						-	
Name of Facility Where Abatement is Takir Residence	ng Place	(3)				Туре о	f Facility (4)	School (k-12)		1-12)	ä	
Street Address 19 South Ensign I	Drive						[x]	Subchapter 8 (oth Other (i.e., prival homes, etc.)			ial bui	ldings,
City	Cour	ty (6)		County Code (7) (STATE USE ONL	Y)	Square 7	feet 00 sf	# of Floors	Bldg	g. Age	18	
Little Egg Harbor	Oce						Resider					
Name of Monitoring Firm Hired by Building N/A	g Owner	(8)		ASCM No.	Name of	Abateme	nt Contractor Guardia					
Street Address			Street Ad	ldress	1889 R	oute 9, Unit 61						
City, State, Zip Code			City, Star	te, Zip Co		ns River, New Jersey 08755-1271						
Project Manager for Monitoring Firm		Telephone	Number		Telephor 732-34	e Number License Number 9-9932 00624						
Scheduled Start Date (10) 04/11/2014		Scheduled 04/14/2		ion Date (11)	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check [x]] Facility Closed/Vacat	ed Durir	ne) ig Entire Peri	iod of Ab		Street Ad	ldress		elton Road				
Abatement Performed Other – Describe	Outside	of Normal I	Facility H	ours	City, Star	te, Zip Co		way, New Jerse	y 088	54		
Scope of Work (Check all that apply)					[]			with Negative Pre	ssure			
[] >3 sf or ≥3 lf		[]	Renova		[]	Glo	i-Enclosure vebag Procedi					
[X] ≥160 sf or ≥260 lf		[x]	Demoli	tion	[x]	Non	-Exempted (*) and Non-Friable I	Procedi	ıre		
		Is I ocatio	n		Descriptio	n of			Abat	ement		
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally used Solely by Maintenance/Custodia Staff (12) YES NO N/A				Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) O I F					E N C A P S U L E	E N C L O S U R E		
Exterior		Asbestos sidir	ng			800 sf	X					
		-		ļ								
Name of Registered Waste Hauler		NJDEP Wast			ards ofWast		ne of Registe	l red Landfill				L
Guardian Contracting, Inc.		2		sal Date	City, Sta	ate	r.R.R.F.					
Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola	<u> 04/15</u> er	Signature	chol	own, Pe	nsylvania		Date 4/10	0/2014	ı			

NOTIFICATION OF ASBESTOS ABATEMENT

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

Clc# 240 39

Date of Notification (1)		Name of D. 11.11	Δ 10			Cl	LŦ	OX'	10.	39	
April 10, 20	14	Name of Buildin			2) Site Work			****		71	
[] DEP [] Ar [x] DOL Ar	fication itial Notification mended Notification mendment # mergency (including	Street Address City, State, Zip (òde		own Drive	, /P	B 7	7			
[] DCA jus	stification)	Name of Contact		- Egg I	121001, 143	Telephone Numb	er				
Name of Facility Where Abatement is Tak	ing Place (3)	CILITY INFOR	MATION								
Residence	g 11dee (3)			Турс	of Facility (4						
Street Address 79 Lake Superio	r Drive				[] [x]	School (k-12) Subchapter 8 (Other (i.e., priv				uildings	
City	County (6)	County Code (7)		Squar	re feet	homes, etc.) # of Floors	B	lda Aa			
Little Egg Harbor	Ocean	(STATE USE ONI	LY)	900 sf Current Use (Prior if being			50				
Name of Monitoring Firm Hired by Buildin	ng Owner (8)	ASCM No.	No.		Reside	nce		- 30			
N/A	-5	ASCIVI NO.	Name of	Abatem	ent Contracto	r (9) an Contracting	Inc				
Street Address			Street Ad	dress	Cuaru	an Contracting	s, mc.				
City, State, Zip Code			City Stat	7: 0	1889 R	Loute 9, Unit 6	1				
			City, State, ZipCode Toms River, New Jersey 08755-1271								
Project Manager for Monitoring Firm	Telephone Number		Telephon	e Numb	er	License			12/1		
Scheduled Start Date (10)	Scheduled Comple	tion Data (11)	732-349			00624					
04/11/2014	04/14/2014	tion Date (11)	Name of 0	OSHA I		L. Analytical					
Occupancy Status During Abatement (Chec [X] Facility Closed/Vacat [] Abatement Performed [] Other – Describe	batement Hours	Street Add		1056 S	telton Road						
					Piscata	way, New Jerse	ey 08	854			
Scope of Work (Check all that apply) [] >3 sf or ≥3 lf [X] ≥160 sf or ≥260 lf	[] Renova		[] [] [x]	Mir Glo	i-Enclosure vebag Proced	with Negative Pro are and Non-Friable		lure			
							Aba	tement	Турс		
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Asb N (i.e. insu	Description estos-Conta faterial (AC , thermal sy lation, surfa VAT, or er miscellan	aining CM) stems acing,		Amount (Specify SF or LF)	R E M O V A	R E P A I R	E N C A P S U L	E N C L O S U R	
Exterior	X	Asbestos sidin				1440-6		_	E	Е	
		votos siulii				1440sf	X	-	_	\vdash	
									-		
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler 20223		ds of Waste	Nan	ne of Register	ed Landfill					
City, State Toms River, New Jersey	Disposa 04/15		City, State	i							
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	Tullytow	n, Pe	nnsylvania		Date				
	*Do not use this form	for asbestos licens	ure exempte	ed acti	vities.		4/10	/2014	6		

NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)		N			-77	0	1.7	721	In	/1
April 10, 2		Name of Build		perator (2) e Scher						0
[x] EPA [] [] [] [X] DOL	Initial Notification Amended Notification Amendment #	Street Address City, State, Zij	17 Br		d Parkwa				57 F	-
[x] DOH	Emergency (including justification)	No. CO.	Jackson, NJ 08527				7	43 3		
[] pćv	Cancellation	Name of Conta Mi	ke Scher			Telephone				_
Name of Facility Where Abatement is T	F	ACILITY INFO	RMATION							-
Residence	aking Place (3)			Type of	f Facility (4	- EA				
Street Address 17 Brookwood	Parkway				[] [x]	School (k-12) Subchapter 8 Other (i.e., pr	(other	than k	l2) percial l	huildin
City	County (6)	County Code (7)		Square	feet	homes, etc.) # of Floors		4.00		- Junung
Jackson	Ocean	(STATE USE OF	NLY)	2	000	2	- 1	Bldg. A	ge _60	
Name of Monitoring Firm Hired by Build	ling Owner (8)	ASCM No.	11 57	11	Reside	if being demolish	ied)			
Street Address	acting, Inc.	TIDEWI IVO.			t Contracto	or (9) an Contractin	a Ind			
1899 Rte 9 IIn	it 61		Street Ac	ldress						
City, State, Zip Code Toms River, NJ	08755		City, Sta	te, Zip Cod	1889 R	oute 9, Unit 6	1			
Project Manager for Monitoring Firm	Telephone Numb	er	Telephon	e Number	Toms I	River, New Jer	sey ()8755-	1271	
Nicholas Fernicola Scheduled Start Date (10)	732-349-9932	12: 15	732-349	9-9932		License 00624	Numb	er		
Occupancy Status During All Company	Scheduled Compl 04/14/2014	letion Date (11)	Name of	OSHA Mo						
Occupancy Status During Abatement (Che [X] Facility Closed/Vaca [] Abatement Performe [] Other – Describe	cck only one) ated During Entire Period of A ed Outside of Normal Facility	Abatement Hours	Street Ad	dress	1056 St	L. Analytical elton Road				
			City, State	s, z.ip Gode		vay, New Jers	ey 08	8854		
Scope of Work (Check all that apply) $\begin{bmatrix} x &] & >3 \text{ sf or } \ge 3 \text{ If} \\ &] & \ge 160 \text{ sf or } \ge 260 \text{ If} \end{bmatrix}$	[x] Renov		[x] [] []	Mini-E Glove t	ontainment nclosure bag Procedu	with Negative Pro	essure			
	Is Location		D				Aba	atement	Туре	
Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	TO BE ABATED Maintenance/Custodial Staff		Description bestos-Conta Aaterial (AC , thermal sy llation, surfa VAT, or er miscelland	nining M) stems acing,		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 N C L O S U R
nterior	X	stucco				150sf		-	Е	Е
						15031	X			
Vame of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler 20223	2	ds of Waste	Name of	f Registered	i Landfil				
Toms River, New Jersey	Dispose 04/15/		City, State							
ompleted by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	Tullytow	4	1		Date 4/10	/2014		\dashv
	*Do not use this form	for asbestos licensi	ure exempted	d activitie.	S.			-017		

NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)	(1 413)	dant to NJAC 8:	ou and 12:120))	01-	= 7	ilai	11	
April 10,	2014	Name of Build	ing Owner/Operate Glenside	or (2) Equipment C	ompany	.0	707	H	lona-
[x] DOL []	otification Initial Notification Amended Notification Amendment #	Street Address City, State, Zip	PO Bo	ox 307	APR	1 7	2014		
	Emergency (including justification)	Name of Contac		lale, NJ 07727					
[] DCA	Cancellation	Gle			Telephone Num	ber		.4 1	* a Trachesia
Name of Facility Where Abatement is T	FA Taking Place (3)	CILITY INFOR		ype of Facility (4					-
building Street Address				[]	School (k-12)				
316 3 rd St.				[x]	Subchapter 8 Other (i.e., pri	other ivate &	than k-1 k comm	2) ercial l	build
City	County (6)	County Code (7) (STATE USE ON	(LY) Sq	nuare feet 1000 sf	# of Floors		Bldg. A	ge	
Lakewood	Ocean			urrent Use (Prior i buildin	f being demolish	ed)	-	60	
Name of Monitoring Firm Hired by Buil N/A Street Address	ding Owner (8)	ASCM No.	Name of Abar	tement Contracto	r (9)				
City, State, Zip Code			Street Address 1889 Route 9,). 		
			City, State, Zi	p Code	1				
Project Manager for Monitoring Firm Scheduled Start Date (10)	the desired transport				License	Numb	08755- per	1271	
04/11/2014 Occupancy Status During Abatement (Ch	Scheduled Complete 04/14/2014	ion Date (11)	732-349-99 Name of OSH	A Monitor	00624				
[X] Facility Closed/Va	eck only one) cated During Entire Period of Ab ed Outside of Normal Facility H	patement ours	Street Address City, State, Zip	1056 St	elton Road				
cope of Work (Check all that apply)			ony, state, zip		vay, New Jers	ey 08	3854		
[] >3 sf or ≥3 lf [X] ≥160 sf or ≥260 lf	[] Renoval		[] G	ull Containment Aini-Enclosure Hovebag Procedu on-Exempted (*)	re				
	In Y					Abatement Type			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	ining Material (ACM) E ABATED A facility (13) Solely by Maintenance/Custodial Staff (12) YES NO N/A		Description of pestos-Containing Material (ACM), thermal system lation, surfacing VAT, or cr miscellaneous	is 3,	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
	X	Asbestos siding	3		30 sf	X			
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nc of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler II 20223	No. Cubic Yar	ds of Waste Na	ame of Registered	i Landfill				
, State Toms River, New Jersey	Disposal 04/15/2		City, State	T.R.R.F.	7				
ipleted by (Print or Type)	Title 104/15/2	Signature A	Tullytown P	ennsylvania?					

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)		Name of Buildi	ng Owner/On	orotos (D)							
April 14, 20				urkowsk	,	·)	07	W	Terrament .		
Agencies Notified [X] EPA [] DEP [X] DOL [X] DOH [X] DOH [X] DOH [X] Emergency (including		Street Address City, State, Zip	Code	Bay Blvo	I. NJ 08751		7 3)	71			
	stification) incellation		Name of Contact Art Turkowsky			Telephone Number					
Name of Facility Where Abatement is Takin	F.	ACILITY INFOR	RMATION						J		
Residence	ng Place (3)			Type of	Facility (4)						
Street Address						(k-12)		. 200			
304 Lanyard Roa	ad					apter 8 (other (i.e., private a			vildina		
City	County (6)	County Code (7)		C	homes,	etc.)			mumgs		
Ortley Beach		(STATE USE ON	ILY)	Square for	et # of F	Floors	Bldg. A				
Cest 107-0-01	Ocean				Jse (Prior if being de	molished)		60			
Name of Monitoring Firm Hired by Building	g Owner (8)	ASCM No.	Name of	Abatement	Residence Contractor (9)						
N/A Street Address					Guardian Cont	racting, In	c.				
City State 71 C			Street Ad	dress							
City, State, Zip Code			City, Stat	e, Zip Code	1889 Route 9,	Unit 61					
Project Manager for Monitoring Firm	ject Manager for Monitoring Firm Telephone Number				Toms River, N	ew Jersey	08755-	1271			
Scheduled Start Date (10)			Telephone 732-349			License Num 00624	ber				
4/14/14	Scheduled Comple 4/15/14	etion Date (11)	Name of	OSHA Mon	itor						
Occupancy Status During Abatement (Check [X] Facility Closed/Vacate [] Abatement Performed	only one) ad During Entire Period of Ab Outside of Normal Facility H	eatement Iours	Street Add		E.M.S.L. Analy						
Other - Describe			City, State	, Zip Code	Piscataway, Ne	w Jersey 0	8854				
Scope of Work (Check all that apply)			[]	Full Co	ntainment with Nega						
[] >3 sf or ≥3 lf	[] Renov	ation	[]	Mini-E	closure						
[X] ≥160 sf or ≥260 lf	[X] Demoi		[x]		g Procedure empted (*) and Non-	Erioble Dress					
		T			- Inpice () and Holl-	Triable Proce	aure				
	Is Location		Description	of		Al	atemen	Туре			
Location of Asbestos-Containing Material (ACM)	Normally used	Asi	bestos-Conta	aining	Amo	ount R	R	Е	Е		
TO BE ABATED	Solely by Maintenance/Custodial	l (i.e	Material (AC ., thermal sy	CM)	(Speci	- 1 5/1	E P	NC	N C		
in facility (13)	Staff	(ulation, surf	acing,	or I	F) 0	A	A P	L		
(13)	(12)	oth	VAT, or er miscellan			V	R	S	O S		
	YES NO N/A	oth	er miscellan	eous)	1	A		U	U R		
Exterior	X	Aghartas el 1				L		Ē	E		
		Asbestos sidin	ıg		900 sf	X					
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lame of Registered Waste Hauler	NJDEP Waste Hauler	ID No. Cubic Ya	rds of Waste	Nama	Registered Landfill						
Guardian Contracting, Inc.	20223	3	E2 12:577	TR.							
Toms River, New Jersey	Dispos 4/16/	al Date	City, State								
ompleted by (Print or Type)	Title	Signature	Lullytow	n, Penns	vivania	Di					
Nicholas Fernicola	Project Manager	V \.	chan	P-to	1	Dat 4/1	e 4/14				
	*Do not use this form	for asbestos licens	sure exempte	d activitie			** A T				

NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)-	Name of Building	Owner/Opera	tor (2)	-				-				
April 14, 201	4				ties, LLC	1052	41	96	4			
[] DEP [] Am	ial Notification ended Notification	Street Address City, State, Zip C	9 A Dru	ımlin I	Orive	AFR						
[x] Em	endment #ergency (including			Plains,	NJ 07950				4			
[] 20.1	ification) acellation	Name of Contact Rich	Barrese		Т	elephone Number						
	FA	CILITY INFOR	MATION									
Name of Facility Where Abatement is Takin Residence	g Place (3)			Type of	Facility (4)	School (k-12)						
Street Address 161 W. Bay Way	,				[] [x]	Subchapter 8 (of Other (i.e., priva				dings,		
City	County (6)	County Code (7)		Square	feet	homes, etc.) # of Floors	Blds	g. Age		-		
Chadwick	Ocean	(STATE USE ONI	A (1) (1) (1)		00 sf 1 60 Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building	Owner (8)	ASCM No.	Name of A	hatemen	Residen t Contractor (ce						
N/A Street Address			Traine of the	batomon		n Contracting,	Inc.					
			Street Addr	ress	1889 Ro	oute 9, Unit 61						
City, State, Zip Code	City, State, Zip Code				City, State, Zip Code Toms River, New Jersey 08755-1271							
Project Manager for Monitoring Firm		Telephone 1 732-349-		Toms R	License N	ey 087	755-1	271				
Scheduled Start Date (10)	the state of the state (11)				onitor	00624						
Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other – Describe			Street Addr		1056 Sto	. Analytical						
Comments of the second					Piscatav	vay, New Jerse	y 088	54				
Scope of Work (Check all that apply)			[]			vith Negative Pres	sure					
[] >3 sf or ≥3 lf	[] Renov	ation	Mini-Enclosure Glovebag Procedure									
[X] ≥160 sf or ≥260 lf	[X] Demol	ition	[X] Non-Exempted (*) and Non-Friable Procedure					re				
	M-20133000						Abate	ement 7	Гуре			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A	(i.e	Description of bestos-Contai Material (ACI a., thermal sys- ulation, surfa VAT, or ter miscellane	ining M) stems acing,		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		
Exterior	X	Asbestos sidir	ng			1350 sf	X		Е	E		
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Name of Posistand W VV												
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler 20223	ID No. Cubic Ya	ards of Waste		e of Registere R.R.F.	d Landfill						
City, State Toms River, New Jersey		sal Date	City, State									
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature Signature	1 ullytow	n, Pen	nsylvania		Date	/0014		\dashv		
	Troject Wallager Veller				-		4/14	/2014	6 5			

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

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

Date of Notification (1) Name of Building Owner/Operator (2) 04 11 14 The College of New Jersey Agencies Notified Type Notification Street Address ☑ EPA ☑ Initia 2000 Pennington Road ☑ DOLWD ☐ Amended City, State, Zip Code ☑ DHSS Amendment # Ewing, NJ 08628-0718 □ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation David Jurkin **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) College Campus School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 2000 Pennington Rd. homes, etc.) City (5) Square Feet # of Floors Bldg. Age Ewing County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Mercer College Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) TTI Environmental, Inc. 00003 Luzon, Inc. Street Address Street Address 1253 N Church Street 8451 Executive Ave. City, State, Zip Code City, State, Zip Code Moorestown, NJ 08057 Philadelphia, Pa. 19153 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Jim Guilardi 8568408800x31 267-284-1050 01109 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 4 / 28 / 14 <u>7</u> / <u>30</u> / <u>14</u> Joseph Maronski Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 8451 Executive Avenue Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-4:00PM/ PM-Philadelphia, Pa. 19153 Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf □ Renovation Mini-Enclosure ≥160 sf or ≥260 lf □ Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Remova Encapsulate Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation. (Specify **Custodial Staff?** IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Forcina Hall - Mechanical Room M Pipe Fitting Insulation 20 ea П Campus Wide - Exterior П M Steam & Condensate Piping 1305 LF X П П П ROAD S102 Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Management, Inc. Waste Grows Landfill 20990 70 CYS City, State Disposal Date City, \$tate Tullytown, PA 7/30/14 Tullytown, PA Completed By (Print or Type) Signature Piyush Patel 1 a 10 Program Manager o wan

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

ASB-41 MAY 11 3258 3258

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

Notification (1)	. ,		(1		NJAC 8:60 and 1:	1	.ADD 17 .	C25-22-24			- The sales
	11/129	-		7	Building Owner/Ope	rator (2)		1. 100			-
s Notified	Type Notifi	cation		Street Add	RANSFO	R MATIO	N ENTER	PR	15	50	
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11	☐ Cancella	ation			OT ILUOT		Telephone	ul maha	distance.	- 1,	-
					SARBAR	A					
					Y INFORMATION						
Facility Where Ab	atement is	Taking P	lace (3)								
NG517	DENC	-	,-,			Type of Fa					-
dress						☐ School	(K-12)				
1901 1	4.	٠.	/	1110		Subcha	oter 8 (Other than	K-12)			
6901 1	ONA	OVE	MALE			Uther (.e. Drivate & comm	ercial h	n silclin	nae	
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				USE UNLY		1	IACANT	TOTAL NEW	۵)		
Conitoring Firm Him	ed by Build	ing Own	er	ASCM No.	Name of Ahat	ement Contracto	100	-			_
NIS	4				1/	CONTRACTO	ж (9)				
iress			L-		- /6	es meo	Inc.				
			•		STOOT A Meleon	_				_	-
Zip Code					_ _ 3	695,5	PRUCE AC				
∠ID Code	1	Escale of			City, State, Zip	Code	TOUCE AL	K-			
	N.										
nager for Monitorir	ng Firm		Talen	hone No.	Telephone No.	16 21	ADE NI	100	805	2	
A) / A							l iconco Mo				-
10)	1.0				-1 -826-	779-04	72 004	UU	_		
	So	neduled	Completic	on Date (11)	Name of OSHA	Monitor		17			=
/ //	_	4/2	8/14			6/11					
Status During Aba	atement (C	heck and	V one)		Ob 11	V/N					
losed/Vacated Du	ring Entire	Dode-	J GIG)		Street Address			-	-		
nt Performed Outs	ido of the	renod o	Abatem	ent	-	L					
escribe:	HUE OF NOT	nai Facili	ity Hours		City, State, Zip (Code					_
ork (Check all that	apply)										
	real				□ E. # C			-			
3 ff .		R	enovation		Full Co	ntainment with Piclosure	Vegative Pressure				
r ≥260 If			emolition		☐ IAMII-FU	ag Procedure					
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Location of		I II	ormaliy Solely by				1	1 /		ment	Ž.
Containing Material	(ACM)	Mair	isolely by itenance/		Description of	(L	Ту	he	
O BE ABATED	()		istodial	Asbes	stos Containing Mat	erial (ACM)	Amount			-	
IN Facility			taff?	(I.e.	, thermal systems i	nsulation,	(Specify	20	_	E.	
(13)		1	(12)		surfacing, VAT, other miscellaned	or vs/	SF or LF)	em	Repair	ap	
					Outer This Oction (CC	(20)		Removal	186	Encapsulate	-
1DING		Yes	No N	/A			1	1 2		ate	
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tèred Waste Haule	·							IT			
				Waste	Cubic Yards	Name of Reg	stered Landfill				-
MCO IN	C			ID No.	of Waste	13 As		_			
	and the latest designation of the latest des		The state of the s	904	15		ACUR	7			
SHODE	. ~				Disposal Date	City, State	77			and the last	-
- JHUDE	, N.J.	Ord	50			P1 =0		U T2	59	•	
	I Title				Signature	- 07	ANTWALLS,	, (1)			_
DHILLERA	n	O WIN	FR		1	10.00	Date				
· · · · · · · · · · · · · · · · · · ·	2	W OF T	VE		- Joseph	n Kilian	Date 4/	11/14			

NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)		Name of Buildi	ng Owner/Opera	eter (2)					1-1
February 6, 20		Name of Builds	Ciel Po		ckai	11)/	Λ		
[] DEP [] Am	ial Notification ended Notification	Street Address	extinue and the second state of the second	Vall Street We		APE	17	2(1)	A
[x] DOH [x] Em	endment #ergency (including	City, State, Zip		urst, NJ 07071					
1	ification) cellation	Name of Contact Telephone Number Steven Little							
	FA	ACILITY INFOR	RMATION						
Name of Facility Where Abatement is Takin	g Place (3)			Type of Facility	(4)				
Residence				[]	School (k-12)				
Street Address 224 High Street				[x	Subchapter 8 (o Other (i.e., priv. homes, etc.)				ldings,
City	County (6)	County Code (7)		Square feet	# of Floors	Bldg	. Age		
Orange	Essex	(STATE USE ON	NLY)	2500 sf	2		- 1	80	
7.77.77.77.77.77.77.77.77.77.77.77.77.7				Current Use (Pric					
Name of Monitoring Firm Hired by Building	Owner (8)	ASCM No.	Name of A	Abatement Contrac					
Street Address	ting, Inc.				rdian Contracting	. Inc.			
1889 Rte. 9, Unit	61		Street Add	ress					
City, State, Zip Code	01		City Chat	1889	Route 9, Unit 61	l			
Toms River, NJ 0	8755		City, State,		s River, New Jers	A07	1	271	
Project Manager for Monitoring Firm	Telephone Numbe	r	Telephone	Number	License 1	Number	33-1	2/1	_
Nicholas Fernicola Scheduled Start Date (10)	732-349-9932 Scheduled Comple	ri- D. (II)	732-349		00624				
4/11/14	4/14/14	tion Date (11)	Name of O	SHA Monitor	C I A 1 1				
Occupancy Status During Abatement (Check	only one)		Street Add	ress E.IVI.	S.L. Analytical				
[X] Facility Closed/Vacate	d During Entire Period of Ab	patement	, and Address and the		Stelton Road				
Abatement Performed	Outside of Normal Facility F	lours	City, State,						
Other – Describe			Oity, State,		taway, New Jerse	ω, Λ 0 04	5 4		
Scope of Work (Check all that apply)									
((((((((((((((((((([]		ent with Negative Pres	ssure			
[X] >3 sf or ≥3 lf	[X] Renov	vation	[x]	Mini-Enclosure Glovebag Proce	0,				
[] ≥160 sf or ≥260 lf	[] Demo	lition	[]		(*) and Non-Friable	Procedur	e		
		7			() and I toll I habit	roccdur			
	Is Location		D			Abate	ment 7	Гуре	
Location of	Normally used	A	Description sbestos-Conta		Amount	R	R	Е	Е
Asbestos-Containing Material (ACM)	Solely by		Material (AC	M)	(Specify SF	E	E P	N C	N
TO BE ABATED in facility	Maintenance/Custodial Staff	(e., thermal sys	stems	or LF)	M	A	A	C
(13)	(12)	in	sulation, surfa	icing,		0	I	P	0
100 100	(12)	ot	VAT, or ther miscellane	20118)		V	R	S	S
	YES NO N/A		anor misocitation	cous)		A L		L	R
Basement	X	A 1						Е	Е
	^	Asbestos pip	e insulation		60 lf	X			
Name of Registered Waste Hauler									
Guardian Contracting, Inc.	NJDEP Waste Hauler 20223	1	ards of Waste	Name of Regis	tered Landfill				
City, State		sal Date	City, State	T.R.R.F.					
Toms River, New Jersey	4/15/			n, Pennsylvan	ia d				
Completed by (Print or Type)	Title	Signature	1. 1	- Transfivan	1	Date			
Nicholas Fernicola	Project Manager	Y 2	ch21	40	/	2/6/20	014		- 1
	*Do not use this form	n for asbestos lice.	nsure exemple	ed activities.					

NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)	***	Name of Building	Owner/Open	ator (2)				1-4	- 1				
April 11, 201	4			Wrecking	g & Disp	osal 🤵 (IM.	, -).					
[] DEP	ial Notification ended Notification	Street Address City, State, Zip C		Belmar Bl	vd.	APR 17	2014		-				
[x] Em	endment # ergency (including			NJ 07727	7.				Control of the				
I A I DON	ification) cellation	Name of Contact Doug	Name of Contact Doug						- THE SECTION				
	F	ACILITY INFOR	MATION					-	_				
Name of Facility Where Abatement is Takin	g Place (3)		THE STATE OF THE S	Type of Fa	acility (4)								
Residence				.	[]	School (k-12)							
Street Address 310 Trenton Ave	nue			Subchapter 8 (other than k-1 [X] Other (i.e., private & comme homes, etc.)					C1-00-000018*				
City	County (6)	County Code (7)		Square fee		# of Floors	Bldg	. Age	Age				
D' D' D		(STATE USE ON	LY)	200		2							
Point Pleasant Beach	Ocean			Current U		being demolished)							
Name of Monitoring Firm Hired by Building	Owner (8)	ASCM No.	Name of	Abatement (Residen								
Guardian Contrac	ABCINI NO.	I Name of	Abatement C		n Contracting,	Inc							
Street Address			Street Ad	dress			11.0.						
1889 Rte. 9, Unit City, State, Zip Code	161					oute 9, Unit 61							
Toms River, NJ 0	City, State, Zip Code Toms River, New Jersey 08755-12						271						
Project Manager for Monitoring Firm	Telephone Numb	er	Telephone	Number	I OIIIS K	License N		/33-1	2/1				
Nicholas Fernicola	732-349-9932		732-349			00624	unioci						
Scheduled Start Date (10)	Scheduled Comp	letion Date (11)	Name of	OSHA Mon	itor								
4/11/14	4/15/14	***************************************			E.M.S.I	. Analytical							
Occupancy Status During Abatement (Check [X] Facility Closed/Vacate	conry one) ed During Entire Period of A		Street Ad	dress	1056.04	. D. 1							
	Outside of Normal Facility				1030 St	elton Road							
Other – Describe	Oddide of Normal Facility	riours	City, State	e, Zip Code				alloma i					
		2002 200			Piscatav	vay, New Jerse	y 088	54					
Scope of Work (Check all that apply)			[]	Full Co	ntainment v	with Negative Pres	sure						
			[]	Mini-E	nclosure								
[X] >3 sf or ≥3 lf		ovation	[x]		ag Procedu								
[] ≥160 sf or ≥260 lf	[X] Dem	olition	[]	Non-Ex	tempted (*)	and Non-Friable I	Procedu	re					
							Abat	ement '	Туре				
	Is Location		Description				R	R	Е	Е			
Location of Asbestos-Containing Material (ACM)	Normally used Solely by		sbestos-Con			Amount	E	E	N	N			
TO BE ABATED	Maintenance/Custodi		Material (As			(Specify SF or LF)	М	P A	C	C			
in facility	Staff	No.	sulation, sur			0.121)	0	I	A P	L			
(13)	(12)		VAT, or				V	R	S	S			
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	YES NO N/A						L		E	E			
Crawlspace	X	Asbestos pip	e insulation			50 lf	X			\Box			
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							\vdash		-	\vdash			
Name of Registered Waste Hauler	NJDEP Waste Hau	ler ID No. Cubic V	ards of Waste	Name	of Register	ed Landfill							
Guardian Contracting, Inc.			or made		R.R.F.	Amidili							
City, State	Dis	posal Date	City, Star	te		6							
Toms River, New Jersey Completed by (Print or Type)	Title 4/1	6/14	Tullyto	wn, Penn	sylvania		L 5						
Nicholas Fernicola	Project Manager	Signature	chol	Te	1		Date 4/11	/2014	1				

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