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

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Date of Notification (1)			0.5%	Т	Name	of Building	Owner/Operator (2	2)	1 1 1	- 4	11	- '	- 1			
4 / 22	2 /	14				13	perties Mgmt. Ll					1				
Agencies Notified Ty	pe Notificat	ion		-	Street	Address			APR 2	3 201	À.	- 0				
	Initial	3435 Winchester Rd., Ste.101									10		-			
	Amended										E:		-			
☑ DHSS	Amendmer	nt # <u>1</u>				n e e e e e										
	Emergency	y (includ	ing				PA 18104									
(NJAC 5:23-8)	justification		0.50		Name	of Contact		1,4	Telephone Number							
	Cancellation	on			Jim	Pintabo	ne									
					FAC	ILITY IN	FORMATION									
Name of Facility Where Abat	ement is Ta	aking Pla	ice (3)				Type of Facility								
222 Red School Lane								School (K-12								
Street Address								Subchapter 8			l bui	ldina	2			
222 Red School Lane								homes, etc.)	ivate and co	minercia	Dui	iunig	٥,			
City (5)								Square Feet	# of Floor:	S	Bld	g. Ag	e			
Phillipsburg, NJ 08865	5							22,000	1.5		5	0+				
County (6)					Coun	hy Codo /7)(STATE USE ONLY)	Current Use (Pri	305	molishe	d)					
					Coun	ty Code (/)(STATE USE ONET)	Vacant Office		ariolishe	u)					
Warren							TV		e					_		
Name of Monitoring Firm Hire		8		1	ASCMI	No.	Name of Abateme									
Accreditted Environm	ental Tecl	hnolog	ies		NA			ironmental Sys	tems							
Street Address							Street Address									
28 N. Pennell Rd.							550 East Uni	on St.								
City, State, Zip Code					1.11.00		City, State, Zip Co	ode			15.00					
Media, PA 19063							West Cheste	r, PA 19382								
Project Manager for Monitori	ng Firm		Π.	Tele	phone I	No.	Telephone No.		License N	lo.						
Dave Turotsy				61	0-891	-0114	610-701-9000)	00508							
Start Date (10)	So	chedule	d Cor	nplet	tion Dat	e (11)	Name of OSHA N	Monitor								
4 / 28 /						/ <u>14</u> AET										
Occupancy Status During Ab	atement (C	heck on	ly on	e)			Street Address				-					
☐ Facility Closed/Vacated D			1599	350	nent		28 N. Pennel	Road								
Abatement Performed Ou						cribe	City, State, Zip C	ode						-		
Time of Abatement: 7AM	PM	/ <u>3:30</u> PN	Λ- <u></u>		MA		Media, PA 19									
Scope of Work (Check all that	at apply)			71 / July 10 10 10 10 10 10 10 10 10 10 10 10 10			<u> </u>						380.000	12.5		
		_		<u> </u>				tainment with Neg	gative Pressu	ire						
≥3 sf or ≥3 lf ≥3 sf or ≥3 lf ≥3 sf or ≥3 lf			Rend				☐ Mini-End									
⊠ ≥160 sf or ≥260 lf		ш	Dem	Olltic	n		☐ Non-Exe	g Procedure empted (*) and No	n-Friable Pro	cedure						
			Is I	ocat	ion			,			Aha	ateme	ent T	vpe		
Location of				rma			Description of	of		-				_		
Asbestos-Containing Mat	terial (ACM)				ly by	Asbe	stos Containing Ma	aterial (ACM)	Amour	nt	en l	Repair	S	Enclosure		
TO BE ABATE			Main		10070700	(i.e	e., thermal systems		(Specify		Removal		aps	losi		
IN Facility				(12)	Staff?		surfacing, VAT		SF or L	F)	<u>a</u>		Encapsulate	Te		
(13)		V	es	No	N/A	1	other miscellane	eous)					ē			
Basement						Floor N	lastic		2000		\boxtimes	П	П	П		
			-		-								1			
1 st Floor] [Floor N	Mastic		16,00	0	\boxtimes	<u> </u>	Ш	П		
] [
							9000									
Name of Registered Waste H	lauler			IN	JDEP \	Vaste	Cubic Yards of	Name of Regis	stered Landfi	i '			100			
N.E.T.S.				Н	auler II		Waste	Allied BFI								
City, State				1	18947		100 Disposal Date	City, State						_		
							TBD	Imperial, F	۸							
Hazelton, PA			- 357-3		sti.			imperial, F	^							
Completed By (Print or Type)	Title					Signature	-1411		Date	1		1			
Mark Griffin	11	Esti	nato	r				1////		14	1	22	//	4		
ASB-41		X220025	100	900	NS (MAIN	19 10 0	57 63	1/1/1			1		1	1		
MAY 11		* Do	not u	se th	is form	for asbes	tos licensure exem	pted activities.		/		/				

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7

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2:120-7	(The	Kall

1 2002

Date of Notification (1)			Name of Building Owner / Operator (2)									
04 / 22 / 14	_		First Energy									
Amenaica Natified True of	Netification		Street Address 76 South Street									
Agencies Notified Type of ☐ EPA ✓	Notification Initial			City, State, Zip Code								
DEP	Amended		Akron, Ohio 44308									
☑ DOH	Amendment			Name of Contact								
DOL		// justification	Jim Halse	ey .		F.						
	Cancellation	F	ACILITY IN	FORMATION			_	- 1	 			
		• •	AOILII I III	ORMATION		w).						
Name of Facility Where Abate	ement is Taking	Place (3)	****	Type of Facility	y (4)	73		40°	e e			
		*			! (V 42)							
Street Address					ool (K-12) chapter 8 (Other	than K-13	2)					
CLAYTON & GOETZE					er (l.e., private &							
					gs., homes, etc.)							
City (5) County		County Code	(7)	Square Feet	# Of Floor	S	Buildin	g Age				
BAYHEAD OCEAN				Current Hea (P	Prior if being dem	olished)	+					
				Telephone Pole		iolistica)						
Name of Monitoring Firm Hire	ed by Bldg. Own	er (8)	ASCM NO									
Environmental Health Investiga	itions			LVI Demolition								
Street Address 655 West Shore Trail				Street Address	•				3			
City, State, Zip Code				32 Williams Par	kway							
Sparta, NJ 07871		9		City, State, Zip	Code							
Project Mngr. For Monitoring	Firm	Telephone Nu	mber									
Dino Nappi Sheduled Start Date (10)	Icahad Cama	212-682-9271	4)	East Hanover, NJ 07036 Telephone Number License Number								
05 / 07 / 14	05	oletetion Date (1	14	License Number								
////	/	/		973-884-86	82	00860						
Occupancy Status During Ab				Name of OSHA	20,000 THE CO							
Facility Closed/Va	cated During En	tire Period of		LVI Demolition : Street Address								
Abatement Perform	ned Outside of I	Normal Facility		Street Address	•							
Hours - Describe:				32 Williams Par	kway							
☑ Other - Describe:				City, State, Zip								
Compact March (Charle All Th	-4.41.3			East Hanover, N	NJ 07036							
Scope of Work (Check All The	at Apply)											
☐ Demolition		Renovation		Full Containme	ent with Negative	Pressure	9					
				Mini - Enclosu	5.75							
☐ ≥160 sf or ≥260 lf				Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
				Non-Exempled	r () and reon-i na	DIC 1 1000	Julie					
Location of	ls		Descript			Abateme	nt Type					
Asbestos Containing	Location	As	sbestos - C	ontaining		R	_	E	E			
TO BE ABATED	Normally Used		Material e., therma		Amount (Specify	E M	R	N	N C			
in Facility	Solely			facing, VAT,	SF or LF)	11 174775	P	A	L I			
(13)	by Main-			ellaneous)	1	٧	Α	P	0			
84 859	tenance/					A	1	S	S			
	Custodial Staff (12)		5.			L	R	ľ	U R			
	YES NO N/A				_		_	+	-			
Exterior Telephone Pole		Transite Condu	uit		20 LF	V						
Name of Parietars - 18/2-14-11		N IDED W	Cubia	Name of Dazi-	torod andfill							
Name of Registered Waste Handler NEWARK CARTING	auler	NJDEP Waste Hauler ID No.	Yards	Name of Regis I.E.S.I.	tered Landfill							
		[] P. C. T.	of Waste			H		Com 6				
City, State			Disposal	City. State								
NEWARK, NJ		0	Date	BETHLEHEM, F	PA 18105							
Completed by (Print or Type)		Title		Isiar	naturé		_	Date				
completed by (i fill of Type)		1		10.0	J		0					
Steven Stiles		Project Manage	ər		stein	20		04/	22/14			

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	Final	Emergene

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

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Date of Notification (1)			Nan Ar	ne of Bu nna Go	ilding Owner Ilden Priva	ate Hom	e	1					. :
]_	pe Notification		1000000	eet Addre Budd			i	APR 2:3	201	4	<u> </u>		
EPA DEP DOL	Initial Amended Amendment	#	City	y, State, anahav	Zip Code vkin NJ 08	3050						S	
N DOH	Emergency justification)	(including		me of Co	ontact	-	, ,	Tele	phone Numb	ner -	•		_
					Y INFORMA	ATION	<u>.</u>	acility (4)					-
Name of Facility Where Abo Anna Golden Private	atement is Taki Home	ng Place (3)					Sch	ool (K-12)	er than K-12)				
Street Address 21 Budd Drive							Oth etc.	er (i.e. private &)	commercia	buildin	gs, ho		
City (5) Manahawkin NJ 0805	50						Square F 1000 +	1	Floors	35-			
County (6) Ocean				ounty Co	de (7) E ONLY)		Current Home	Use (Prior if bei	ng demolish	ed)			
Name of Monitoring Firm H	lired by Building	Owner (8)		ASCM N	No.	2 2 2 2 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C	e of Abater	nent Contractor	(9)		200		
N/A Street Address													
City, State, Zip Code					-	City, We	State, Zip	Code NJ 08091					
Project Manager for Monit	oring Firm						epitotic ivo.			cense No. 1727			
Start Date (10)			Comp					Monitor					
4/22/14		4/25/14					et Address						
Occupancy Status During Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Enti	e Period of Al	ateme	ent		City	, State, Zip	Code			_		
Scope of Work (Check Al ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	That Apply)		enovat			3	Mini	Containment wi -Enclosure rebag Procedure -Exempted (*) a	e			е	
							110112501			Abatement Type			
Location of Use Asbestos-Containing Material (ACM) Ma			Location Iormall de Solel Internar odial Solel (12)	ly ly by nce/	(i.e. the	ermal syst surfacing	ng Material tems insula	tion,	Amount (Specify SF or LF)		Repair	Encapsulate	Enclosure
Exterior S	Siding	Yes	INU	X		Exterior	Siding		600 SF	х			
LXterior	2131119										_	_	-
											-	-	-
				LIDED !	Mante	Cubic Yar	rds	Name of Reg	istered Land	fill			_
Name of Registered Wa	ste Hauler		F	NJDEP V Hauler ID 2459	No.	of Waste		G.R.O.W.S					
City, State Elm NJ						Disposal 4/25/14		City, State Morrisville					
Completed by Anthony T Perna		Title Pres	ident	 t		Sign	patone		100	Date 4/21/1	4		
Antifolity i i ema			-										

Emergency

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

CK 4045

Commercial Commercial

			- The E publication							UI	·		' ' '					
Date of Notification (1) 4/21/14						Building O						,		1 1	2 /	77		
Agencies Notified						Street Address 501 Coral Av									0			
EPA DEP DOL	Am	ended endment #		City, State, Zip Code Beach Haven NJ 08008									Fi 2 3 2014					
DOH DCA	jus	nergency (including stification) Name of Contact Tom								1	Telen	hone Ni	ımher					
					FACIL	TY INFO	RMATI	ON										
Name of Facility Where A Tom Masterson Priva			Place (3)				4	0)4	☐ Sc	Facility (4 hool (K-12	2)	M 1/	4.00		Marie I			
Street Address 501 Coral Av									Ot etc		rivate & d	commer	cial build			es,		
City (5) Beach Haven NJ 08	8008								Square 1000 -	+	# of F 1.5		3	ldg. / 5+	\ge			
County (6) Ocean		·			County C	ode (7) SE ONLY)			Current Home	Use (Pric	or if being	demoli	ished)					
Name of Monitoring Firm N/A	Hired by	Building (Owner (8)		ASCM	No.			of Abate aco Inc	ment Con	tractor (9	9)						
Street Address					Street Address PO Box 329						4							
City, State, Zip Code							City, State, Zip Code West Berlin NJ 08091											
Project Manager for Mor	nitoring Fi	rm		1	Telephon	e No.		10000000	1 Glopiloliu 11 Gl			License No. 00727						
Start Date (10) 4/22/14			Schedule		,				Name of OSHA Monitor Same									
Occupancy Status Durin	a Abatem	nent (Chec	k Only On	e)	Stree													
Facility Closed/Vac Abatement Perform Other – Describe:	ated Duri	ing Entire I	Period of A	batem	ent			City,	State, Zip	Code					11			
Scope of Work (Check A	All That A	pply)					-											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			-	enova emoliti					Full Containment with Negative P Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friab									
			Т.												Abatement			
	70. F		10.75	Locati Normal	27130		_							Туре				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility Used Main Custon			d Sole intenar todial S (12)	ly by nce/		tos Cor therma surf	escription of ntaining Material (ACM) al systems insulation, acing, VAT, or miscellaneous)			Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure			
F. davies	Cidina						Evt	erior S	idina		200	00 SF	x	+	1			
Exterior	Slaing	-			X		LAI	enor c	nully		200	JO 01						
		-			-									+	+			
Name of Registered Wa	aste Haul	er		IN	JDEP W	Vaste	Cubi	c Yards		Name of	Registe	red Lan	dfill					
United Containers			ii	17 2420	tauler ID 2459	No.	3	aste		G.R.O								
City, State Elm NJ				•			Disp 4/25			City, Sta Morris	ite ville PA	1906	7					
Completed by Anthony T Perna			Title President					Signatu	Date 4/21/14									