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

Date of Notification (1)			140111				C 8:60 and 5:16			· C	177	· -	
Q	Date of Notification (1)				Name	of Building	Owner/Operator (2	2)			3	- D	
Q	04/	27 / 16	_		Divi	sion of P	roperty Manage	ement & Const	ruction IPD	30	***	ia)	
County (S)													
County (S)	V				1000 B				Assert	C 3			
County (S)	0 - 0	The state of the s							& LIC	FW:	UN	IRE	)L
Cancellation											1111	1	
Statistic   State	(NJAC 5:23-8)								Telephone Numbe	r.			
Name of Facility Where Abatement is Taking Place (3)		Cancellation			10.000.00								_
School (K-12)   Subchapter 8 (Other than K-12)   Other (i.e., private and commercial buildings, homes, etc.)   Other (i.e., private and commercial buildings, homes, etc., private a	N	AL -4	Disease	(2)	FAC	ILITY IN	FORMATION	Tune of Facility	(4)				
Subchapter 8 (Other fine, prival and commercial buildings, homes, etc.)   Square Feet	Section 1 Section 1997 Section 1997		Place	(3)				15.50					
City (5)								Subchapter 8	(Other than K-12)				
Square Feet	Street Address									al bui	Iding	s,	
County (6) Ocean    County Code (7)(STATE USE ONLY)   Current Use (Prior if being demolished)   County Code (7)(STATE USE ONLY)   Current Use (Prior if being demolished)   County Code (7)(STATE USE ONLY)   Current Use (Prior if being demolished)   County Code (7)(STATE USE ONLY)   Current Use (Prior if being demolished)   County Code (7)(STATE USE ONLY)   Current Use (Prior if being demolished)   County Code (7)(STATE USE ONLY)   Current Use (Prior if being demolished)   County Code (7)(STATE USE ONLY)   Current Use (Prior if being demolished)   County Code (7)(STATE USE ONLY)   Current Use (Prior if being demolished)   County Code (7)(STATE USE ONLY)   Current Use (Prior if being demolished)   County Code (7)(STATE USE ONLY)   Current Use (Prior if being demolished)   County Code (7)(STATE USE ONLY)   Current Use (Prior if being demolished)   County Code (7)(STATE USE ONLY)   Current Use (Prior if being demolished)   County Code (7)(STATE USE ONLY)   Current Use (Prior if being demolished)   County Code (7)(STATE USE ONLY)   Current Use (Prior if being demolished)   County Code (7)(STATE USE ONLY)   Current Use (Prior if being demolished)   County Code (7)(STATE USE ONLY)   Current Use (Prior if being demolished)   County Code (7)(STATE USE ONLY)   Current Use (Prior if being demolished)   County Code (7)(STATE USE ONLY)   Current Use (Prior if being demolished)   County Code (7)(State Use (7	City (5)									Bld	lg. Ag	je	1000
Name of Monitoring Firm Hired by Building Owner (8)	Eagleswood												
Name of Monitoring Firm Hired by Building Owner (8)   ASCM No.   ALL PRO MANAGEMENT LLC	County (6)				Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Pr	ior if being demolish	ed)			
Street Address	Ocean												
Street Address	the state of the s	(Z. (Z.))	Owner (	8)	ASCM	No.							
P.O. Box 1224   27 Outwater Lane   City, State, Zip Code   Union, NJ		S	2:					NAGEMENT L	rc.				
City, State, Zip Code Union, NJ  Project Manager for Monitoring Firm Rick Eustaquio  Telephone No. 973-494-3762  Telephone No. 973-2928-4888  Telephone No. 1188  Telephone No. 118  Telephone No. 118  Telephone No. 1188  Telephone No. 118  Telephone N													
Union, NJ  Project Manager for Monitoring Firm Rick Eustaquio  Scheduled Completion Date (11) 04 / 28 / 16													
Telephone No.   Telephone No.   973-494-3762   973-928-4888   1188													
Rick Eustaquio         973-494-3762         973-928-4888         1188           Start Date (10)         Occupancy Status During Abatement (Check only one)         Scheduled Completion Date (11)         Name of SHA Monitor           ALL PRO MANAGEMENT LLC         Street Address           27 Outwater Lane           City, State, Zip Code           Garfield, NJ 07026           Scope of Work (Check all that apply)           □ 3 sf or ≥3 if		nitorina Firm		Tele	nhone	No		01020	License No.				
Start Date (10) 04		illoring i iiii		25				3					
Occupancy Status During Abatement (Check only one)  Seculity Closed/Vacated During Entire Period of Abatement  Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement.  AMPMAM  Scope of Work (Check all that apply)  Soppoof of Seculation of Abatement (ASCH)  Asbestos-Containing Material (ACM)  TO BE ABATED  IN Facility (13)  IN Facility (13)  Entire House  Amame of Registered Waste Hauler  Future Sanitation  Street Address  27 Outwater Lane  City, State, Zip Code Garfield, NJ 07026  Street Address  27 Outwater Lane  City, State, Zip Code Garfield, NJ 07026  Street Address  27 Outwater Lane  City, State, Zip Code Garfield, NJ 07026  Street Address  27 Outwater Lane  City, State, Zip Code Garfield, NJ 07026  Scope of Work (Check all that apply)  Full Containment with Negative Pressure  Mini-Enclosure  Glovebag Procedure  Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A  RACM  Entire House  Factive House  Abatement Type  Abatement Type  Abatement Type  Abatement LC  Abatement LC  City, State, Zip Code Garfield, NJ 07026  Street Address  27 Outwater Lane  City, State, Zip Code Garfield, NJ 07026  Future Sanitation  Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A  Abestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Abestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Abatement Type  Abatement Particle Academic Ac	13 13 13 13 13 13 13 13 13 13 13 13 13 1	Sched	duled C			100000000000000000000000000000000000000	Name of OSHA N	Monitor					
Second Facility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours - Describe   Time of Abatement:AMPM/PMAM   City, State, Zip Code   Garfield, NJ 07026	20 00						ALL PRO MA	NAGEMENT L	LC				
Abatement Performed Outside of Normal Facility Hours - Describle Time of Abatement:AMPM/PMAM	Occupancy Status Durin	g Abatement (Chec	k only o	ne)			Street Address	11					
Time of Abatement:AMPM/AM	The state of the s	14일 : [1] [1] [1 [1] [1] [1] [1] [1] [1] [1]					27 Outwater	Lane					
Scope of Work (Check all that apply)    Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Mini-Enclosure   Glovebag Procedure   Non-Exempted (*) and Non-Friable Procedure   Renovation   Mini-Enclosure   Rouse   Rous													
Same of Registered Waste Hauler   Pull Containment with Negative Pressure   Full Containment with Negative Pressure   Mini-Enclosure   Mon-Exempted (*) and Non-Friable Procedure   Mabatement Type   Mabeting (ACM)   Amount   Manual (Specify Service)   Mini-Enclosure   Mabatement Type   Mabeting (ACM)   Mini-Enclosure   Mabatement Type   Mabeting (ACM)   Manual (	Time of Abatement.	AIVIF				Alvi	Garfield, NJ	07026					
≥3 sf or ≥3 lf   Renovation   Glovebag Procedure   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non	Scope of Work (Check a	III that apply)					☐ Full Con	tainment with Ne	native Pressure				
Some of Registered Waste Hauler   Normally   Section of   Custofian of   Custof							☐ Mini-End	closure	gativo i roccaro				
S Location   Normally   Used Solely by   Maintenance   Custodial Staff? (12)   Yes   No   N/A	≥160 sf or ≥260 lf		⊠ De	molitic	on				n-Friable Procedure	)			
Normally Used Solely by Maintenance/ Custodial Staff? (12)   Yes   No   N/A   N/A   N/A   N/A			Is	Locat	ion			7 /	2001711730001001000000000000000000000000	T	ateme	ent T	уре
IN Facility (13)    Custodial Staff? (12)   Surfacing, VAT, or other miscellaneous   SF or LF   SF or LF										Z.	R	Щ	Щ
IN Facility (13)    Custodial Staff? (12)   Surfacing, VAT, or other miscellaneous   SF or LF   SF or LF									100 TO 10	emo	epai	ıcap	nclos
Yes No N/A     Entire House □ □   □ □ □   □ □ □   □ □ □   Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Name of Registered Landfill   Future Sanitation Waste Grows Landfill	IN Faci	lity	Cus		Staff?	(	surfacing, VAT	, or	SF or LF)	Val	7	sula	sure
Entire House	(13)		Yes		N/A		other miscellane	eous)				ite	
Name of Registered Waste Hauler  NJDEP Waste Hauler ID No.  Name of Registered Landfill  Registered Landfill  Grows Landfill	Entire House			П	-	RACM			Entire House				
Name of Registered Waste Hauler  NJDEP Waste Hauler ID No.  Name of Registered Landfill  Grows Landfill				П	1000								
Name of Registered Waste Hauler  NJDEP Waste Hauler ID No.  Name of Registered Landfill  Waste Grows Landfill					-					П	П	П	П
Name of Registered Waste Hauler  NJDEP Waste Hauler ID No.  Cubic Yards of Hauler ID No.  Waste  Grows Landfill													
Future Sanitation Hauler ID No. Waste Grows Landfill				Ц		Masta	Cubic Vards of	Name of Deci	stered Landfill				
22051 As Needed		ste Hauler		100			Programme and the second of th						
City, State Disposal Date City, State					2205	1	The state of the s	7.000	27065555	-			
City, State Disposal Date City, State  Farmingdale, NJ TBD Morrisville, PA									e, PA				

Completed By (Print or Type)

Allen Monchik

Project Manager

Signature

CK 1500

## 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	2)		Fre 7-	5.	7 1	1
04 / 25 /	16			Divi	sion of F	Property Manage	ment & Constr	ruction				
Agencies Notified Type Notifi	ration			Street	Address			2016 A	PR 2	9	MI	1.5
⊠ EPA	odtion					Street, 3rd Fir.						
☑ DOLWD ☐ Amende	ed		-		tate, Zip C			<del> </del>	LICE	Ŝ.	HUIT	Floor
□ DOH Amendr     □ Ame					nton, NJ			23	LICE	NE	INC	NU
DCA Emerge (NJAC 5:23-8) iustifica		luding	+		of Contact			Telephone Numb			1110	-
(NJAC 5:23-8) justifica	FORCES IN			0.00000 0	c Ferrera			Telephone reamb	01			
Garicen	20011											
			(0)	FAC	ILITY IN	IFORMATION	T (F 11)	4)				
Name of Facility Where Abatement is	Taking I	Place	(3)				Type of Facility (					
Residential House							☐ School (K-12)	) (Other than K-12)				
Street Address							Other (i.e., pr	ivate and commerc	cial bu	ilding	s,	
							homes, etc.)					
City (5)							Square Feet	# of Floors	Blo	lg. Ag	ge	
Berkely, NJ						*		S				3
County (6)				Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ned)			
Ocean												
Name of Monitoring Firm Hired by Bu	ilding Ov	wner (	8) /	ASCM	No.	Name of Abateme	ent Contractor (9)					
Bio Terra Solutions						ALL PRO MA	NAGEMENT LI	LC				
Street Address						Street Address						
P.O. Box 1224						27 Outwater	Lane					
City, State, Zip Code						City, State, Zip Co	ode					
Union, NJ						Garfield, NJ	07026					
Project Manager for Monitoring Firm			Tele	phone	No.	Telephone No.		License No.				
Rick Eustaquio				3-494		973-928-4888		1188				
Start Date (10)	Schedu	iled Co	omplet	tion Da	te (11)	Name of OSHA M	lonitor					
04 / 28 / 16					16	ALL PRO MA	NAGEMENT LI	LC				
Occupancy Status During Abatement			97			Street Address						
☐ Facility Closed/Vacated During Er				ment		27 Outwater	lane					
☐ Abatement Performed Outside of					cribe							
Time of Abatement:AM						City, State, Zip Co						
						Garfield, NJ	07026					
Scope of Work (Check all that apply)						⊠ Full Con	tainment with Neg	ative Pressure				
☐ ≥3 sf or ≥3 lf			novatio			☐ Mini-End	losure	• # 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
≥160 sf or ≥260 lf	Į.	⊠ De	molitio	n			g Procedure	n-Friable Procedur	0			
	1	le	Locati	ion		M MOII-EXE	Inpled ( ) and No	II-I Habie i Toceddi	1	atem	ont T	vno
Location of	Ì		Normal			Description of	of					
Asbestos-Containing Material (AC	(M		d Sole			stos Containing Ma	iterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABATED			intena todial S		(i.e	e., thermal systems surfacing, VAT		(Specify SF or LF)	VOV	ar.	aps	lso
IN Facility (13)	L	000	(12)			other miscellane		SF UI LF)	<u>n</u>		ulat	Гe
(10)		Yes	No	N/A			,				Ф	
Throughout Interior					VAT &	Mastic		790 SF			$\boxtimes$	
Exterior					Cemen	t Board Shingle	3	1,050 SF			$\boxtimes$	
Throughout Interior					Sheet I	Flooring/Mastic		20 SF			$\boxtimes$	$\boxtimes$
		П	П									
Name of Registered Waste Hauler			IN	JDEP V	Vaste	Cubic Yards of	Name of Regis	stered Landfill				
Future Sanitation			100	auler II	O No.	Waste	Grows Lar					
				22051		As Needed Disposal Date	City, State					
City, State Farmingdale, NJ						TBD	Morrisville	, PA				
Completed By (Print or Type)	Title					\$ignature /	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Da	te /	1		
Allen Monchik			Man	ager			1. ~	- 4	F/2	41	b	



S 1.				(1 41	Juun		0 0.00 4114 0.10	-1	PECC	VIE	f.,		
Date of Notification (1)	til.				Name	of Building	Owner/Operator (2	2)	4 - May 8- 8 1	1 1_	52		
04 /	25 /	16			Divi	sion of F	roperty Manage	ement & Consti	ruction				
Agencies Notified	Type Notifica	ition		-	Street	Address	***		816 APR 29	AMII	: 21	ý	-
⊠ EPA	☑ Initial						Street, 3rd Flr.						
☑ DOLWD	☐ Amended					tate, Zip C			-DESTOS	JUNI	NEI		
☑ DOH	Amendme					nton, NJ			& LICEN	SING		-	
☐ DCA	⊠ Emergend	cy (includ	ling	-		of Contact	2017/2010/00/2015		Telephone Num				
(NJAC 5:23-8)	justificatio				and the second	V 2000							
	☐ Cancellati	ION			10.000	( Ferrera			11	17			
					FAC	CILITY IN	FORMATION		9000				
Name of Facility Where		aking Pla	ace (	(3)				Type of Facility (					
Residential House	9							School (K-12	) (Other than K-12	٥١			
Street Address								Other (i.e., pr			ilding	IS,	
								homes, etc.)					
City (5)								Square Feet	# of Floors	Blo	dg. A	ge	
Lavallette, NJ													
County (6)	1(				Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demol	shed)			
Ocean													
Name of Monitoring Firr	m Hired by Build	ding Own	er (8	3)	ASCM	No.	Name of Abateme	ent Contractor (9)					-
Bio Terra Solution	ns		•				ALL PRO MA	NAGEMENT LI	LC				
Street Address			77.0	1 1			Street Address						
P.O. Box 1224							27 Outwater	Lane					
City, State, Zip Code			1000				City, State, Zip C	N 1975 N 1040					
Union, NJ							Garfield, NJ						
Project Manager for Mo	nitorina Firm			Tele	phone	No	Telephone No.	0.020	License No.				
Rick Eustaquio	intorning i intri				3-494		973-928-4888		1188				
Start Date (10)	10	Schedule	4.00	3.8			Name of OSHA N		1100		====		
04 / 28					1011 Da 1 /			NAGEMENT L	C				
				4	_ ′ -	10_		MAGLINENT					
Occupancy Status Durin				-			Street Address						
☐ Facility Closed/Vaca							27 Outwater						
Abatement Performe Time of Abatement:							City, State, Zip C						
Time of Abatement.				_,		,	Garfield, NJ	07026				89455	
Scope of Work (Check	all that apply)						M Full Con	tainment with Neg	ativo Proceuro				
≥3 sf or ≥3 lf			Rer	novati	on		☐ Mini-End		gative riessure				
≥160 sf or ≥260 lf		-		nolitic				g Procedure	E: II B				
	215218 N			1 1			⊠ Non-Exe	empted (*) and No	n-Friable Proced				_
1			1000	Locat lorma			Description of	of		Ab	atem		1
Locatio Asbestos-Containing		0   0	Jsec	d Sole	ely by	Asbe	stos Containing Ma		Amount	Rer	Repair	Encapsulate	Enclosure
TO BE A	BATED			ntena	nce/ Staff?		., thermal systems	insulation,	(Specify	Removal	air	aps	sols
IN Fac			Just	(12)	Stall?		surfacing, VAT other miscellane		SF or LF)	<u>a</u>		ula	ure
(13)	)	Y	es	No	N/A		Office Infiscentific	sous)				te	
Throughout Interior	r		1	П		VAT &	Mastic		160 SF				
Exterior				$\overline{\Box}$		Chimne	ey Flashing		20 SF				-
Shed			-			Mastic	, ,		2 SF				
Throughout Interior	,		-			Linoleu	ım		8 SF				-
Name of Registered Wa			1		JDEP '		Cubic Yards of	Name of Regis					1
T T				200	lauler II		Waste	Grows Lar					
Future Sanitation					22051	1	As Needed		I MITTER				
City, State Farmingdale, NJ							Disposal Date TBD	City, State Morrisville	, PA				
	Tuno	Title					Signature			ate /			
Completed By (Print or Allen Monchik	ype)		ect	Man	ager		Tight I	1/_	_	4/2	1//	1	
Alleli Mollellik		1 10	501	man	2901		11 7/2		,	110	4		



Date of Notification (1)				Name	of Building	Owner/Operator (2	2)	ruction	1101	Sep		
04/25	_ / _16	<u> </u>		Divi	sion of F	Property Manage	ement & Const	ruction	YLI	Ī		
	Notification			Street	Address		21	116 APR 29 /	EM II.	٠.		
⊠ EPA ⊠ Ir					200 110000122000000000	Street, 3rd Flr.		10 M M Z J 1	457     :	64		
	mended mendment #			City, S	tate, Zip C	ode	5	NESTOR A				
	mergency (ir			Trei	nton, NJ	08608		MESTUS C	UHII	COL		
	ustification)			Name	of Contact	t		Telephone Num	het			
	ancellation				k Ferrera			11	i z			
		22		FAC	CILITY IN	FORMATION						
Name of Facility Where Abater Residential House	nent is Takin	g Place	(3)				Type of Facility ( ☐ School (K-12	T. 74				
Street Address							☐ Subchapter 8	Other than K-12	2)			
							homes, etc.)	rivate and comme	rcial bu	ilaing	ıs,	
City (5)		22				.:	Square Feet	# of Floors	Ble	dg. A	ge	
Lavallette, NJ												
County (6)				Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demoli	shed)			
Ocean												
Name of Monitoring Firm Hired	by Building	Owner (	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Bio Terra Solutions			4			ALL PRO MA	NAGEMENT L	LC				
Street Address						Street Address			9			
P.O. Box 1224						27 Outwater						
City, State, Zip Code						City, State, Zip Co						
Union, NJ	E 50					Garfield, NJ	07026	17)				
Project Manager for Monitoring	Firm			phone		Telephone No.		License No.				
Rick Eustaquio				73-494		973-928-4888		1188				
Start Date (10) 04 /28 /16	- Total (1997)	duled C 06 /				Name of OSHA M	lonitor NAGEMENT L	LC				
Occupancy Status During Abat	an management					Street Address						
☐ Facility Closed/Vacated Dur				ment		27 Outwater	l ane					
☐ Abatement Performed Outs	-				cribe	City, State, Zip Co			-W-50			
Time of Abatement:	AMP	M/	PM-		AM	Garfield, NJ						
Scope of Work (Check all that	apply)						F	ALES NESS 11		ď		
☐ ≥3 sf or ≥3 lf		Про	enovati	on			tainment with Neg	gative Pressure				
≥ 160 sf or ≥260 lf			molitic			☐ Glovebag	g Procedure					
					1	Non-Exe     Non-Exe	mpted (*) and No	n-Friable Procedu				
l anadism of		10000	S Local Norma			Description of	.,		Ab	atem	ent T	ype
Location of Asbestos-Containing Mater	ial (ACM)	Use	ed Sole	ely by	Asbe	stos Containing Ma		Amount	Rer	Repair	Enc	Enc
TO BE ABATED	85 - 88	100000000000000000000000000000000000000	aintena todial		(i.e	e., thermal systems		(Specify SF or LF)	Removal	air	aps	Enclosure
IN Facility (13)			(12)			surfacing, VAT other miscellane		31 01 11)	<u> =</u>		Encapsulate	F
2 3	AND THE PARTY OF T	Yes	No	N/A							Ф	
Exterior				$\boxtimes$	Stucco	on Foundation		560 SF			$\boxtimes$	
Name of Registered Waste Ha	uler		20	JDEP V		Cubic Yards of	Name of Regis	stered Landfill			1	
Future Sanitation			+	lauler II 22051		Waste As Needed	Grows Lar	ndfill				
City, State						Disposal Date	City, State		1.0			
Farmingdale, NJ						.TBD	Morrisville	, PA				
Completed By (Print or Type)	Tit	le				Signature		D	ate /		1,	
Allen Monchik	1	Projec	t Man	ager		1411	6		#1.	16/	6	

ASB-41 JAN 13

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



				(Pu	rsuan	t to NJA	C 8:60 and 5:16	5)	PEC	P74   1	15-	<i>p</i> -	
Date of Notification (1)					Name	of Building	g Owner/Operator (2	2)		-1-	-	2	
04 / 25	1	16			Divi	ision of F	g Owner/Operator (2 Property Manage	ement & Const	ruction,	_			
Agencies Notified Type	e Notifica	tion			Street	Address			COLO APR 2	9 A	MH	: 21	
<u></u>	nitial				11000000000		Street, 3rd Flr.						(2)
	Amended					State, Zip C			& LICE	306	HET	राधा	_
	mendme					nton, NJ			& LICE	INS!	NG	101	
	mergeno ustificatio		luding			of Contac			Telephone Numb		-		
	Cancellati				1733550000000	k Ferrera	5		receptione reality	)CI			
					FAG	CILITY IN	IFORMATION		1		V V		
Name of Facility Where Abater	ment is Ta	aking	Place	(3)				Type of Facility	(4)				
Residential House								☐ School (K-12	2)				
Street Address		- 1							8 (Other than K-12		دامان.		
								homes, etc.)	rivate and commer	Ciai Di	mairig	5,	
City (5)								Square Feet	# of Floors	BI	dg. A	ge	$\overline{}$
Toms River, NJ													
County (6)					Cour	ty Code (7	)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	hed)			
Ocean													
Name of Monitoring Firm Hired	by Build	ing O	wner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9)	)		Charles Cont		
Bio Terra Solutions							ALL PRO MA	NAGEMENT L	LC				
Street Address							Street Address						
P.O. Box 1224							27 Outwater	Lane					
City, State, Zip Code	11 10						City, State, Zip Co	ode	H 0				
Union, NJ							Garfield, NJ	07026					
Project Manager for Monitoring	Firm			Tele	phone	No.	Telephone No.		License No.				
Rick Eustaquio				9	73-494	-3762	973-928-4888	1	1188				
Start Date (10)	S	chedi	uled Co	omple	tion Da	te (11)	Name of OSHA N	100	2 2				
04 /28 /16	5	0	6_/	_29	9_/_	16	ALL PRO MA	NAGEMENT L	LC				
Occupancy Status During Abat	tement (C	Check	only o	ne)			Street Address						
☐ Facility Closed/Vacated Du							27 Outwater	Lane					
Abatement Performed Outs							City, State, Zip Co	ode			-		
Time of Abatement:	AIVI	PIV	W	_PIVI		AIVI	Garfield, NJ	07026					
Scope of Work (Check all that	apply)				11				. 5				
☐ ≥3 sf or ≥3 lf			Re	novat	ion		☐ Mini-End	tainment with Ne closure	gative Pressure				
≥160 sf or ≥260 lf			⊠ De	moliti	on		☐ Gloveba	g Procedure	o santa servica				
			la.	1	tion.		⊠ Non-Exe	empted (*) and No	on-Friable Procedu	_			
Location of				Loca Iorma			Description of	of			atem		
Asbestos-Containing Mater	rial (ACM	)			ely by		stos Containing Ma	aterial (ACM)	Amount	Removal	Repair	Enc	Enclosure
TO BE ABATED IN Facility					nce/ Staff?	(i.∈	e., thermal systems surfacing, VAT		(Specify SF or LF)	NOL	<u>a</u>	aps	losu
(13)				(12)			other miscellane		Of Of Lif	<u> =</u>		Encapsulate	ē
© 335			Yes	No	N/A							CD	
Entire House					$\boxtimes$	RACM			Entire House				
				П									
					1					$\forall \Box$	П	П	П
Name of Registered Waste Ha	uler				JDEP '	Waste	Cubic Yards of	Name of Regi	L stered Landfill				
Future Sanitation	3101			10.3	lauler II	D No.	Waste	Grows La					
City, State					2205	1	As Needed Disposal Date	City, State					
Farmingdale, NJ							TBD	Morrisville	e. PA				
Completed By (Print or Type)		Title	-							ite			
Allen Monchik		1000000	oject	Man	ager		Signature	2. \		4/	الما	11-	
Alleli MOHOHIK		_ C1	oject	IAIGU	agei			~ V		11		1	

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

		(	< 4	68	OTIFIC	CATION	ate of New OF ASBE to NJAC 8	STOS	BATE		г		# 7 # 7	a, pro	C	Total Total		nt Fo
	e of Notification (1) 28/16					Name of Princet	Building C	Owner/O ersity,	perator Truste	(2) ees (	of Princetor	n Univ	e2H	API	₹ 25	3 4	MII	: 3
Age	EPA DEP	Туре	Initial Amended	27		Street Ad EA Mc		uilding					A Jej					
×	DOL		Amendment Emergency justification)		_	Princet	ton, NJ Contact		<u>).</u>			Tele	phone N			.18.0	ING	
×	DCA		Cancellation			Bob O	rtega					.55						
			+	Di /0	,	FACII	LITY INFO	RMATI	ON	-	( 1114 - /	()						
325	me of Facility Where inceton	Abate	ment is Takin	g Place (3	)					_	e of Facility (4							
0.0	eet Address						-	-5-1-1-1-1-1		×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Othe			build	ings,	home	es,
30.00	y (5) inceton				Yali					Squ 3,9	uare Feet 000	# of	Floors		100000	dg. A )+	ge	
	unty (6) ercer					County (	Code (7) JSE ONLY)		_		rent Use (Prio	or if bei	ng demo	lishe	ed)			
10000000	me of Monitoring Firm atch Mott MacDor		d by Building	Owner (8)		ASCM	l No.		- pad replicated (500)		batement Cor ces, LLC	tractor	(9)					
	eet Address 1 Wood Avenue	Sout	h		7.50				Street 407	123-32	ress st Lincoln H	ighwa	ay, Suit	e 5	00			
335000	y, State, Zip Code elin, NJ 08830										Zip Code A 19341							
	eject Manager for Mor arlon MacPherso		g Firm			Telephoi 732-53	ne No. 31-5571		Teleph 484-		No. -8884		License 01161		•			
	nt Date (10) 11/16			Schedule 6/3/16	ed Con	npletion I	Date (11)		Name EMS		SHA Monitor							
Oc	cupancy Status Durin	ng Aba	tement (Ched	ck Only Or	ne)				Street									
×	Facility Closed/Vac Abatement Perform Other – Describe:	ated [ ned Or	Ouring Entire utside of Norr	Period of / mal Facility	Abatem / Hours	nent			City, S	State,	te 130 Nor Zip Code nson, NJ	ın						
Sco	ope of Work (Check A	All Tha	at Apply)															
×	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				Renova Demolit				>		Full Containme Mini-Enclosure Glovebag Prod	e cedure						
					200 200				L	1 1	Non-Exempted	d (*) an	d Non-Fr	riable		Abate		
	Location			1	Locati Normal ed Sole	ly			scription		-1.(0000)		mount				ре	
	Asbestos-Containing TO BE AB In Faci (13)	ATED ility		Ma	todial ( (12)	nce/		thermal surfa		ns ins AT, or	r	(8	Specify or LF)		Remova	Repair	Encapsulate	Enclosure
				Yes	No	N/A			200000000000000000000000000000000000000		,				<u>a</u>		ate	ге
	See Atta	ached	t l															
conserva-	me of Registered Wa aste Management				100	IJDEP W lauler ID		Cubic of Wa	Yards ste		Name of GROW			dfill				
9.2	y, State enton, NJ		= = ===================================				18		sal Date	9	City, Stat		A					
	mpleted by e White			Title Proje	ect Ma	anager	8		Signatur	e Dh	White	a		Dat 4/2	e 8/16	3		

11 Lake Lane Princeton, New Jersey

Location of	Is location normally				Abateme	Abatement Type	
Asbestos Containing Material (ACM)	used solely by						
To Be Abated	Maintenance/	Description of Asbestos Containing Material (ACM)	Amount				
In Facility	Custodial Staff?	(i.e. thermal systems insulation, surfacing, VAT, or	(Specify SF or LF)				
	Yes No N/A	other miscellaneous)		Removal	Repair	Encap	Enclosure
Basment Mechanical Area/Room	N/A	flue paste at chimney	1 sf	×			
1st Floor Kitchen	N/A	black sound proofing on sink	1 sf	×			
Kitchen Side Hall & Closet	N/A	vinyl flooring & mastic	150 sf	×			
2nd Floor Lavatory	N/A	vinyl flooring & mastic	60 sf	×			
Exterior Window Caulk	N/A	exterior windows	255 If	×			
Window Glazing	N/A	exterior double hung windows	12 ea	×			
						·	



PECFINEL

D-1(N-050(4)			-							A City	to it	1	1-		
Date of Notification (1)	07	40			2000.000		B	ner/Operator (2	2)			ji-	for a	d	
	/	16			St.	Luke's H	osp	oital		2016 APR	20				
Agencies Notified	Type Notifica	ation			Street	Address					()	FIN	11:	83	
⊠ EPA					185	Rosebe	rry S	St.		* 35EST	no.			- 0	
☑ DOLWD	Amended				City, S	State, Zip C	Code			211	43 C	Űħ	TE	Ði.	
□ DHSS	Amendme		_		Phi	llipsburg	ı, NJ	J 08865		LE LI	UE NS	IN	G	OF	
DCA (NJAC 5:23-8)	☐ Emergen justification		ing			of Contac	32			Telephone N			-		
(110/10/0.20/0)	☐ Cancellat					Ruhf			1						
			1111		1,27.15	1 - Leaners		DMATION				_		1175	_
Name of Facility Wilson	N I - 4			(0)	FAG	CILITYIN	IFOI	RMATION							
Name of Facility Where A		aking Pla	ice (	(3)					Type of Facility (4	)					
St. Luke's Hospital									☐ School (K-12) ☐ Subchapter 8 (	Other than K	12)				
Street Address									Other (i.e., priv			bui	ding	S.	
185 Roseberry St.									homes, etc.)				ŭ	<i>1</i> 50	
City (5)								,	Square Feet	# of Floors		Bld	g. Ag	je	
Phillipsburg, NJ 08	865								100,000+	2	1	4	1+		
County (6)					Cour	nty Code (7	)(STA	ATE USE ONLY)	Current Use (Prior	r if being den	nolished	)			
Warren									Hospital						
Name of Monitoring Firm	Hired by Build	ding Own	er (8	3)	ASCM	No.	Na	me of Abateme	ent Contractor (9)			-			
Pennonni Assoc.		J	10	*	NA		- w		ronmental Syste	ems					
Street Address								reet Address	. ominoritai oyoti						
515 Grove St.								550 East Unio	on St						
City, State, Zip Code												_			
	1.00025							y, State, Zip Co							
Haddon Heights, N				<b>*</b> .				West Cheste	r, PA 19382						
Project Manager for Mon	itoring Firm				phone		10000000	lephone No.		License No	1.				
Tom Adams					56-547			310-701-9000	-	00508					
Start Date (10)		Scheduled					200	me of OSHA M	Ionitor						
5 /11 /	16	6	. /	17	_ /	16	1	AET							
Occupancy Status During	Abatement (	Check on	ly or	ne)			Str	eet Address			J19-07.1-1.01.				
☐ Facility Closed/Vacate	ed During Enti	re Period	of A	bate	ment		2	28 N. Pennel	Road						
Abatement Performed							Cit	y, State, Zip Co	ode					-	
Time of Abatement: _	AM	PM/ <u>7:0</u>	00 P	PM- <u>7</u>	:00_AM	Ľ.	1	Vledia, PA 19							
Scope of Work (Check al	I that apply)		01-659												
									ainment with Nega	tive Pressure	9				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			Ren	ovat	on			Mini-Enc							
△ ≥ 100 St 01 ≥ 200 If		Ш	Den	nolitio	on			☐ Glovebag	g Procedure mpted (*) and Non-	Friable Proc	edure				
			ls l	Locat	ion				inplod ( ) and iteli	1 110010 1 100	1	Δha	tomo	ent T	VDA
Location	of			orma				Description of	ıf				_		1
Asbestos-Containing				l Sole ntena	ely by			Containing Ma	terial (ACM)	Amount	1	Pemoval	Repair	Enc	Enclosure
TO BE ABA		1			Staff?	(i.e		ermal systems		(Specify			air	aps	losu
(13)	ity			(12)			ot	surfacing, VAT, ther miscellane	ous)	SF or LF)	2	2		Encapsulate	Гe
		Ye	es	No	N/A									é	
1st Floor Labs / Corri	dors / Nurse	es 🗆				VAT &	Mas	tic		5727 SF	. 5	3	П	П	П
Station			-		-	7711 6				0727 01		3		_	
											L	1	Ц	Ц	Ш
											Г	7			
Name of Registered Was	te Hauler			☐ I N	JDEP \	Masta	C	hio Varda of	Name of Desiste	rod Londell			ш	Ш	ш
Richard Burns & Co				1000	lauler II		80.000	bic Yards of	Name of Registe				J.E: 11		
	U.				19955		4	10	Western Ber	rks Commi	unity L	ano	ATIII		
City, State								sposal Date	City, State						
Phila., PA							Т	TBD	Birdsboro, F	PA					
Completed By (Print or T	ype)	Title					1	Signature			Date	,	12		
Mark H. Griffin		Estin	nato	or				188	MI		41	7-	,/	1/	

CK 4588

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

(R 4)	0 0	N	(Pu	rsuant t	o NJAC 8	STOS ABA :60 and 12	:120)					ă.		31	<b>1</b>
Date of Notification (1) 04/21/2016			1	Name of Campd	Building O en Asso	wner/Oper ciates Ll	ator ( _C/ L	2) Leste	er M. Entin	Associates	2010	a r	D -	1	37.
	otification			Street Ac PO Bo	ldress k 1700						4	AI	K 2	9 1	M
× DEP	tial nended nendment #_				e, Zip Cod ton, NJ (						A J J	25 & L	105 105	D C	lhi.
X DOH jus	nergency (ind stification) ancellation	cluding		Name of						Telenhone N		\r_	. 0 2	F& S.	A
	ancenation					RMATION								75	
Name of Facility Where Abatement Offices	nt is Taking F	Place (3)							of Facility (4) School (K-12)						
Street Address 299 Webro Road	2							×	Subchapter 8 Other (i.e. pri	(Other than k vate & comme	(-12) ercial t	ouildi	ngs, h	nomes	s,
City (5) Parrsippany									etc.) are Feet	# of Floors		Blo	dg. Aç	e	
County (6) Morris				County (	ode (7)				ent Use (Prior	if being demo	olished	i)			
Name of Monitoring Firm Hired by N/A	y Building Ov	vner (8)		ASCN	l No.	100		of Aba	atement Contr npany, Inc.		1000				
Street Address			,			S	treet	Addre							
City, State, Zip Code				41		С	ity, S	tate, z	Zip Code J 07011						
Project Manager for Monitoring F	irm			Telepho	ne No.	T	eleph	one N		Licens			-		
Start Date (10) 05/09/2016		Schedule		npletion	Date (11)	100			HA Monitor						
Occupancy Status During Abater					101111-1-111		treet		· · · · · · · · · · · · · · · · · · ·						-
Facility Closed/Vacated Dur Abatement Performed Outsi Other – Describe:	ing Entire Pe	riod of A	baten			C	ity, S	tate, 2	Zip Code						
Scope of Work (Check All That A	pply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit				×	M	ini-Enclosure lovebag Proc	nt with Negati edure (*) and Non-F				<b>5</b>	
	,	le	Locat	ion				- 13	on Exempted	( ) and Horri	110010		Abate	ment	
Location of		1	Vorma	lly		Descr	iption	of			-	_	Ту	oe I	
Asbestos-Containing Materia TO BE ABATED In Facility (13)	I (ACM)	Ma	d Sole intena todial ( (12)	nce/		tos Contair thermal sy surfacin other mis	stem: g, VA	s insu T, or	lation,	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
Various Locations		Yes	No	N/A X	Pine fitt	tina insul	ation	n "wr	ap & cut	50 LF		x			5
Various locations				- 22		ing moun			10.0	15 LF	-	x		¥	
various locations	*			X		ihe umu	9 1115	uidli	011	10 LF		^			_
14.			,	-											
Name of Registered Waste Haule	er .			JDEP V	Vaeta	Cubic Ya	arde		Name of E	Registered Lar	ndfill				
Name of Registered Waste Hadii Newark Carting, Inc.			F	Hauler ID 5409		of Waste				n Resource		cility			
City, State Newark, NJ	19					Disposal	Date		City, State Tullytow						
Completed by Voytek Roszkowski	0	Title Pres	ident			Sign	natur	Ju.	25/200	sleo	Date 04/2		2016		

GL16-004

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

check # 2095
Page 1 of 1 RECEIVEE

Date of Notification (1) 4-25-2016				Building College					981	0 100	20				
Agencies Notified Type Notification		10000	Street Ad 505 Ra	dress mapo V	alley	Road			<u> </u>	S APR	29	R	711	2 8	i
EPA Initial Amended Amendment #_				e, Zip Coo h, NJ 07					Mr. j	EST & LI	CE	61 831	HG	ROL	
Emergency (indiginal plane)  DOH justification)  Cancellation	cluding	1000		Contact y Rome	ro, Jr					nhone N					
			FACIL	ITY INFO	RMA1	ION			4)						
Name of Facility Where Abatement is Taking F Mimosa Building Street Address	Place (3)							of Facility (4 School (K-12 Subchapter Other (i.e. p	2) 8 (Othe			wild	inge	home	ne.
505 Ramapo Valley Road								etc.)	iivale &	COITITIE	i Ciai L		S 02		٥,
City (5) Mahwah							20,0		2	Floors		50	dg. A	ge	
County (6) Bergen			County C STATE U	ode (7) SE ONLY)	7-			ent Use (Price ege Apart			lished	)			
Name of Monitoring Firm Hired by Building Ov USA Environmental Management, In			ASCM 00112			1	of Aba Froup	itement Con , Inc	tractor	(9)					
Street Address 344 West State Street						Street 140		ss ourg Turnt	oike						
City, State, Zip Code Trenton, New Jersey 08618								ip Code dale, NJ 0	7403						
Project Manager for Monitoring Firm William Weisgarber, Jr.			Felephor	ne No. 6.8101		Teleph 201-	none N 710-9			License 01084		10, 415			
10000000000000000000000000000000000000	chedule 7-13-20		pletion [	Date (11)			of OSI Proup	HA Monitor , Inc							
Occupancy Status During Abatement (Check	Only On	e)				Street									
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal	riod of A	batem	ent			23 857 55		ourg Turn	oike						
Abatement Performed Outside of Normal Other – Describe:	I Facility	Hours	2			100		ip Code dale, NJ 0	7403						
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enovat emoliti				_	Mi Glo	II Containme ni-Enclosure ovebag Prod on-Exempted	e cedure					a	
	lo	Location	nn			-		,, Exempte	1)				Abate	ment	
Location of	N	Jormall	у		Б	escription	of				-		Ту	pe	
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Mai	d Solel intenar odial S (12)	ice/		os Co therm sur	ntaining Nal system facing, VA miscellar	Materia s insul AT, or	ation,	(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Apartments A-L	165	X	IN/A	Dnw	all ar	nd Joint	Comi	nound	42 0	942 SF	- 3			7	
Apartments A-L		X				Joist Ad				250 LF	_				
		_ EDEO								03 SF	_				
Apartments A-L		X		Res	silien	t Floor (	Jover	irigs	4,5	03 31	- 1	-			
Name of Registered Waste Hauler		N	JDEP W	/aste	Cub	ic Yards		Name of	Registe	red Lan	dfill				_
GL Group, Inc			auler ID 033034		TBE			Grows							
City, State Bloomingdale, NJ					Disp TBD	osal Date		City, Stat Morrisv		A		7			
Completed by Elena Solakov	Title Presi	dent				Signatur	e &	lem Sh	Ma		Date 4-25	5-20	)16		

Date of Notification (1) 4/25/16				Building	Owner/Q	perator E	(2) A L	aude	APR	29 AM	11:	31		
Agencies Notified Type Notification			Street A						1000	98 CU				_
EPA Initial  DEP Amended  DOL Amendment		F		te, Zip Co	ode				E []	ENSIN	G	UL		
Mendment Emergency (		- L		LEN	Keci	C., N	ال.	01	421	-				
DOH justification)			~	Contact	\				Tel	ephone Nur	nber			
DCA Cancellation				الا		Jua	DME			- v	~	· ·		
Name of Facility Where Abatement is Taking	Place (3)	8	FACI	LITY INF	ORMATI	ON	Type	of Facility	(4)					20//0-00
KESIDENCE	3 - 1000 (0)											183		
Street Address								School (K- Subchapte		er than K-12	2)			
							×	Other (i.e. )		& commerci		ldings,	home	es,
City (5)								etc.) re Feet	1#0	f Floors	-	Bldg. A	l no	
GLEN POCK.								500	# 0	2		+ 50	-	
County (6)			County (	Code (7)		_			or if hel	ng demolish	ned)	1 3		
BERGEN			(STATE L	JSE ONLY	)		00			MAL.	iouj			
Name of Monitoring Firm Hired by Building (	Owner (8)		ASCN	No.		Name	of Aba	tement Co						
	00000000000000000000000000000000000000							ontracting		(-)				
Street Address						Street	Addres	SS						
						185 \	/reela	and Ave.						
City, State, Zip Code								ip Code						
						Midla	and P	ark, NJ				*		
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph				License N	lo.			
						(201)	262-	5841		00156				
Start Date (10)	Schedule	Con	pletion	Date (11)				HA Monitor			21.501			
5/6/16	5		16			Ome	ga Er	vironme	ntal S	ervices				
Occupancy Status During Abatement (Chec	k Only One	<del>2</del> )				Street			37-3-2-1					
Facility Closed/Vacated During Entire F	eriod of A	batem	ent			280 F								
Abatement Performed Outside of Norm Other – Describe:	al Facility	Hours			1			ip Code						
Scope of Work (Check All That Apply)						Hack	ensa	ck, NJ 0	7606					
	$\rightarrow$					F	7 /	,						
≥3 sf or ≥3 if ≥160 sf or ≥260 if	-	enova emolit						l Containm i-Enclosur		Negative F	ressi	ıre		
	LI D	SITIONE	1011			7		vebag Pro						
	_						No	n-Exempte	d (*) an	d Non-Friab	le Pr	cedur	е	
	200	ocati	- 3										ement	1
Location of		ormali Sole				cription					-	13	/pe	
Asbestos-Containing Material (ACM)  TO BE ABATED	Mair	itenar	ice/		tos Conta thermal			(ACM)	A	mount Specify	71		m	П
In Facility	Custo	dial S (12)	itaff?	(1.0.	surfac	ing, VA	T, or	ition,		or LF)	Remova	Repair	cap	nclo
(13)		(1-)			other m	iscellan	eous)				oval	air	Encapsulate	Enclosure
	Yes	No	N/A									/	6	,,,,
BASEMONT		į.	/	D	IPE 1	NSU	LAT	-(0x)	12	OLP	./			
			-		/	, - 0 0	2.11	1010			1	1		
	1 1											1		-
	-													
Name of Posistered Manager		1.									Control of the Contro			
Name of Registered Waste Hauler		1 - /3/3	JDEP W auler ID		Cubic `of Was	Yards te				red Landfill				
Newark Carting , Inc.			509	9/05(A)		2		IESI PA	Beth	lehem La	ndfil	Cor	٥.	
City, State		-			Dispos	al Date	ages a	City, Stat	e				-	
Newark, NJ					5	16/160		Bethleh	em, F	A				
Completed by	Title		•			gnature		. 6	7	Da	te ,	1-	1	
Joseph Vocaturo	Vice P	resid	ient				4	1/24			4	120	116	
						1000	1							

CK 4433

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

RECEIVER

Date of Notification (1)			1	Name o	f Building	g Owner/Operator	(2)				Long	1	
4-28-16						of Monre		2016 APR	29	An			
Agency Notified	Type Notification				Address				-6-5-	HII	11		31
OKEPA	Minitial					ginia Ave	enue	A REST	no.				
Q DEP	Amended		(	City, St	ate, Zip (	Code		811	LEM.	Ut	11	RE	][
E DOL	Amendment # *  Emergency (including)	20				wn, NJ		~ L1	PEN.	IA	G		
©KDOH	justification)	19			f Contac			Telephone Num	ber				
□ KDCA	☐ Cancellation		]	Darı	ryl N	Mease			J J J Z	4			_
				FACIL	ITY INF	ORMATION							
Name of Facility Where	Abatement is Taking Pla	ce (3)					Type of Facility	(4)					
Former Monroe	Township Libr	ary			7		☐ School (K-12						
Street Address							☐ Subchapter	8 (Other than K-12 ivate & commercia	2) al buildin	ns			
306 S. Main	Street						homes, etc.						
City (5)					11111		Square Feet	# of Floors	Bldg.	Age			
Williamstown	n						50,000	2	+/	-1	00		
County (6)					Code (7	) (STATE USE	Current Use (P	rior if being demol	ished)			- O.	
Gloucester			-   '	ONLY)			vac	cant -		V	5 8		
Name of Monitoring Firm		er /	ASCM	No.			nent Contractor (	7777	-				
(8) TTI Enviro	onmental					PPepper	Environ	mental Se	ervic	ces	,	I	n¢
Street Address						Street Address	7 61	- 20					
1253 N. Church S	street		- 3				aley Str	reet					
City, State, Zip Code			WAS STILL			City, State, Zip (	Code .phia, PA	10127					
Moorestown, NJ							.piiia, PF	-					_
Project Manager for Mor	SANCE WAS A SANCE OF		lephor		1	Telephone No. 215-533-	5155	License No. 01166					
Jeffrey Seaman				0-080	00			1 01100				_	_
Start Date (10) 5 - 9 - 1 6	Scheduled C	ompieti 31-1		le (11)		Name of OSHA							
Occupancy Status Durin			. 0	(9)		TTI Enviror	nmentai						$\dashv$
Occupancy Status Duni	ig Abatement (Check on	y one)					urch Street						
☐ Facility Closed/Vacate ☐ Abatement Performed	ed During Entire Period	of Abat	ement			City, State, Zip (	THE RESERVE THE PROPERTY OF THE PARTY OF THE					_	$\dashv$
☐ Other – Describe:	Outside of Normal Faci	iity moi	112				n, NJ 08057	,					
Scope of Work (Check a	all that apply) *abater	nent	prior	to de	mo*								en e
□ ≥ 3 sf or ≥ 3 lf				□ Ren			Containment with Enclosure	Negative Pressur	re				
ञू ≥ 160 sf or ≥ 260 lf	2			□ Dem		☐ Glov	ebag Procedure						
						☑ Non-	Exempted (*) an	d Non-Friable Pro	cedure	At	ate	mer	of
		(0.000)	Locati								Ту		
Locati			d Sole			Description	of					_	
Asbestos-Containir TO BE A			intenar			stos Containing M		Amount (Specify		Re	20	nc	E
IN Fa		C	ustodi Staff?		(	surfacing, VA	Γ, or	SF or LF)		Removal	Repair	apsu	Enclosure
(13	3)		(12)			other miscellan	eous)	543		val	7	Encapsulate	ure
		Yes	No	N/A									
first floor				х	wind	ow slate		25 sf		×			
basement, first floo	r			x	ioint o	compound		1,280 sf	-	x			
first floor		!!\$		x	-	n floor tile		5,500 sf		x			
					7/5/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/								
Name of Registered Wa	ste Hauler	NJ	DEP V	Vaste H	lauler	Cubic Yards of	Name of Regi	stered Landfill					
Service Tran	nsport	ID	No.			Waste	A & L S	alvage					
City, State Morrisville	, PA	-			11	Disposal Date	City, State Libson,	OH					
Completed by	Title		- 00			Signature /	1/1-		Date				$\neg$
Jennifer Ni	ven Dir. of	Or	era	tio	ns (	Schrif	< ff		4-2	8-	16		

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

Date of Notification	/4)			_	(FURSUA		AC 8:60-7 A			MICL	13-	TYY	- oh	
							Name of Building Owner / Operator (2)							
$\frac{04}{27} / \frac{27}{16}$							First Energy							
Agencies Notified	/  True of	1 - 4161	4.			Street A					-			
EPA	Type of N			on			76 South Street							
☐ DEP		Init	tial iend	n.d			ate, Zip Cod	le						
☐ DOH			Service Contract	iea Iment	į.	The state of the s	Ohio 44308							
☑ DOL					t _ w/ justification		f Contact	The state of the s		Telephone	** >r			
				lation		Jim Hal	sey			E 1				
					The same of the sa	ACILITY	NFORMATI	ON						
						AUILIT .	MECKMAII	ON						
Name of Facility Wh	ere Abater	ment	is T	aking	Place (3)		Type of Facility (4)				17.	2		
5					) 1 1400 (0)		Type of t	acility (4)			(C)			
								School (I	K 12)		Fager 1 1 -	70	15	
Street Address							<b>-</b>   -			than K-12)	prove for	žŎ		
MAIN STREET & ELE	BERON AV	E						Other (Le	private &	commercial	ري ر.	N		
								bldas h	omes, etc.)	Commercial	FTICI	0		
City (5)	County (6	3)	-		County Code	(7)	Square F		# Of Floor	The second second second second	uilding A a			
ALLENHURST	MONMOL	JTH				(.,	Joqua. J.	COL	# OI 1 1001	8	uilding Age	e E	il.	
							Current L	Jse (Prior i	(hedeilo	5-	co	11		
							Telephone	e Pole	i woming wom	ionancu,	J	200		
Name of Monitoring	Firm Hired	by E	3ldg	. Owi	ner (8)	ASCM N						Sept.		
F					26-290 Marcator	50000000000000000000000000000000000000	Access to the life of							
Environmental Health	Investigation	ons					NORTHSTAR CONTRACTING GROUP, INC.							
Street Address							Street Ad					-		
655 West Shore Trail														
City, State, Zip Code					E-Spiles of Post Spiles			ns Parkway						
Sparta, NJ 07871							City, State	e, Zip Code	)					
Project Mngr. For Mo	nitoring F	irm			Telephone Nu	mber								
Dino Nappi		-		-	212-682-9271		East Hand	ver, NJ 070	036					
Sheduled Start Date	1	Sch			pletetion Date (1	1)		e Number	License Nu	ense Number				
05//	/16		_05	<u> </u>	03/	16	and it differ							
Occupancy Status De	in a Aland			/	/		973-884-8682 00860							
Occupancy Status Di	Jring Abat	emen	it (C	heck	Only 1)		Name of OSHA Monitor							
Facility Closed/Vacated During Entire Period of Abatement							NORTHSTAR CONTRACTING GROUP, INC.							
		od Ou	teid	a of I	Normal Facility		Street Address							
Hours - De	scribe:	mon	tue	8:30	am to 5;00 pm		32 Williams Parlaces							
☑ Other - De	scribe:				am to 5;00 pm		32 Williams Parkway							
							City, State, Zip Code							
Scope of Work (Chec	k All That	Annly	(1)				East Hanover, NJ 07036							
	N All IIIMs	Whh.	//									Control of the		
Demolition	1		1		Renovation		Eull Conta	Inmané said	il. Managhian					
≥3sf or ≥3I	The state of the s					H	Full Containment with Negative Pressure Mini - Enclosure							
日 <b>5400</b> - 1100							Glovebag Procedure							
							Non-Exempted (*) and Non-Friable Procedure							
							NON EXCIT	ipica ( ) aii	d Non-Friat	ne Procedur	е			
Location of			Is			Descript	ion of			Abatement 1	vne			
Asbestos Contai	ning	0000000	ocati		As		ontaining		1 1	R	IE	E		
TO BE ABATE	-D	100000000000000000000000000000000000000	orma			Material	,		Amount	E R	N	N		
TO BE ABATED Used in Facility Solely						e., therma				M E	c	C	1	
(13)			Sole		insul	ation, sur	acing, VAT, SF or LF)			0 P	Α	L		
					oro	ther misc	ellaneous)			VA	P	0		
tenance/									A I	S	S			
Custodial Staff (12)											U	U		
				N/A							L	R		
xterior Telephone Pole	-	120	7	THE OWNER WHEN	Transita Candui									
Total Control of the			H	<del>-</del>	Transite Condui	60 LF			V					
		+	片	-										
		+	H	-										
lame of Registered Waste Hauler NJDEP WastelC					0.11		-							
IEMARK CARTING						Name of R	egistered L	_andfill						
					and the second of the second o	Yards of Waste	I.E.S.I.						- 1	
ity, State				-	the same of the sa	Disposal	City. State							
EWARK, NJ						Date	BETHLEHE	M PA 181	05					
						1000		,	00	X			- 1	
ompleted by (Print o	r Type)				Title			Signature		1/-	Date			
0/"								1/2		11	Date	İ	- 1	
even Stiles					Project Manager			Lite u	11 1	10 kg (	1	04/27/	16	
SB-41		-		100				- 6	- D			04/27/	10	

ASB-41

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

Date of Notificat April 25, 2016	Name of Building Owner/Operator (2) Public Service Electric and Gas Company													
Agencies Notifie	-d		Notification	Tyne		Street Address				Pr.	700			
Agencies Notifie	<u>au</u>		Notification	Type		80 Park Plaza	-			City	70			
(x) EPA		- 1	( ) Initial Not	tification		OO T AIR T IAZA			1	0	N			
() DEP			(X) Amend		tion	City, State, Zip	Codo		1-3	1 1 1 1	0			
(x) DOL			( ) Cancelle		ition					30				
(x) DOL			( ) Caricelle	,u		Newark, NJ 07	102		500	The state of the s	3.00			
() DCA						10 1			T 1 N	ettles etter		1 11		
( ) DCA						Name of Contact Tel. Number								
				Nicholas Tonzetich										
				FORMATION				Page 14	600					
Name of Facility				Type of Facility (4)										
PSEG - Future	Jackson Road	d Substatio	n	( ) School (K-12)										
				( ) Subchapter 8 (other than K-12)										
Street Address	(x) Other (i.e. private & commercial bldgs., homes, etc.													
1 Taft Road	#####################################													
						Sq. Feet 115,700 # of Floors 1 story								
City (5)	Co	ounty (6)		County C	ode (7)	Bldg. Age 29 years								
Towtowa	-	assaic	(State Use Only)			Current Use (prior if being demolished) Warehouse & Office Facility								
				101010 00	o omy	A								
Name of Monito	ring Firm Hire	d by Blda	Owner (8)	ASCM No				Name of Co	ntractor	/O\				
INAME OF MODILO		- 1	Brandenburg			ioo Con								
						Dianuenburg	muusi	ilai Seiv	ICE COII	ipany				
Charact Address														
Street Address					41	Street Address								
						2217 Spillman Dr.								
City, State, Zip (	Code					City State, ZipCode								
						Bethlehem, PA 18015								
Project Manage	r for Monitorin	ng Firm	Telephone I	Number		Telephone Nu	mber		Licens	e Numb	er			
						(610) 691 - 1800			00721					
						2 2								
Scheduled Start Date (10) Scheduled				Completion	Date (11)	Name of OSHA Monitor								
Demolition - Ma					ine 11, 2016									
Asbestos - Mare			Asbestos -											
Occupancy Stat						Street Address								
(x) Facility Close						5,550, 100,000								
( ) Abatement F														
( ) Abatement F	enonnea Ou	iside oi ivoi	mai raciilly	Houis -		City Obele 7:- On to								
Donoriho Dom	oval of ACM is	n alasad/ah	utdown norti	on of forms	× Marchause	City, State, Zip Code								
Describe - Removal of ACM in closed/shutdown portion of former Warehouse														
facility														
00														
Other - Work H	ours will be ivi	ion – Fri /:0	JU am - 5:30											
3:30 p.m.	(0) 1 11 11													
Source of Work	(Check all tha	at apply)												
(x) Demolition	( ) Renovat													
			#\	-: /- 05 -40	0.05 - 10.40	0154011	\		.4015	4.014				
(x) Large Proj. (	U SF or >10 <26	260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) ovebag Procedure												
( ) Full Contain						oment Time								
Location of Asb			tion Normally		Description of				or LF) Abatement Type					
	Material (ACM) in Solely by Maint./Custodial thermal syste													
Facility (13)					surfacing, VAT	, or other	1		B F F-					
		_ YES	NO	NA	miscell.)					Rem.	Кер.	Encap	∟nclose	
Boiler Room				X	Flue Patch		1 SF			Х		T	T	
Boiler Room		1	+	X	Pipe Insulation		2 LF			X		-	+	
Building A, inter	ior & avtorior		+	X							-	+	+	
			+		Caulk (w/ prec		1,200 LF			X	-	+	+	
Building A, office			X		Window Caulk	240 LF			Х	-	+	-		
Building A, vestibule			X Transite (s							X				
Building A, vestibule				X	Caulk (door fra					X				
Building A, kitchen			X Floor Tile & M			A CENTRAL CONTRACTOR C				X				
Building A, drive	er lounge			X	Window Glazir	0				X				
Roof flashing	-			X	Flashing	No.	2430 LF			X		1	T	
Name of Reg. V	Vaste Hauler		NJDEP Wa			Cubic Yards o			Name		Landfill	-	-	
Name of Reg. Waste Hauler Environmental Trans Group  NJDEP Waste Hauler ID # NJDEP 000692061						Cubic Yards of Waste   Name of Reg. Landfill     2 NT   Republic Svs Conestoga Landfill								
								Dian Data	Nepub				Hum	
City, StateDisp. DateCity, StateBethlehem, PATBDMorgantown, PA														
	Daint T	I 6: 1		ופט	D .	P	viorgant	own, PA						
Completed by (Print or Type) <u>Title</u>						Signature			Date					
			0	_			O ( Vil			40				
Jennifer Polzer Contract Manager						04/25/16								
88-714	D DOI					1		1						
Mail to: NJDEP-DSHW-BRRTP Telephone 609-984-6620 C:\WORD\MYDOCS\ASE								SBEST	S					
401 E	. State St., Po	J 414				1			9/18/00	)				