_				_	
ro	ect	#			

01		2010
Check	#	3042

Date of Notification (1)				- 1		f Building (Operator	(2)					+		
08/05/2015						City BC)E									
Agencies Notified	Тур	e Notification		1	Street A											
□ EPA	·□	Initial				aremon										
DEP		Amended		- 1		ate, Zip Co										
DOL		Amendment # Emergency (ir		-		City, N.	J 0730)5			1 =	N				
DOH	protection of the last	justification)	3	١.		f Contact					l le	ephone Nun	nber			
DCA		Cancellation		lì	10.75 (0.15 1.0)	O'Shea								_		
Name of Facility Where	a Abata	mont is Taking	Diago /	2)	FAC	LITY INFO	DRMATI	ION	Tv	oe of Facility	(4)					
			riace ()					1 1							
Dickinson High So Street Address	CHOOL							_		School (K- Subchante		er than K-12	2)			
2 Palisade Ave									IH			& commerci		dings	home	es,
									C-	etc.)	1 # 0	of Floors	Te	Bldg. A	000	
City (5) Jersey City	,NJ	07304				Al				uare Feet				olug. A	ige	
County (6)		7.2				Code (7) USE ONLY	ı		Cu	rrent Use (Pr	ior if be	ing demolish	ned)			
Hudson																
Name of Monitoring Fir	rm Hire	d by Building O	wner (8)		ASC	ИNo.		Name	of A	batement Co	ntracto	r (9)			35	
AHERA								Nick	Res	storation L	LC_					
Street Address								Street								
P.O BOX 385								200000000000000000000000000000000000000	0.57/2000/01-0	side Rd						
City, State, Zip Code			15							, Zip Code						
Oceanville, NJ 08										h NJ 078	369					
Project Manager for Mo	onitorin	ig Firm		Telepho			Telep	hone	No.		License N	0.				
John Smoyer						52-1833				2550		01133				
Start Date (10)			Schedul	ed Cor	npletion	Date (11)) 6 (0) T35.1(5) T5		SHA Monitor						
08/07/2015			8/10/2							ironmenta	al					
Occupancy Status Dur	ing Aba	atement (Check	Only O	ne)				Street								
Facility Closed/Va	acated	During Entire P	eriod of	Abater	nent			2333								
Abatement Perfor Other – Describe:	med O	utside of Norma	al Facility	y Hour	S 		_	- STEE		Zip Code J 07083						
Scope of Work (Check	All Tha	at Apply)											_			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			-	Renova Demoli						Full Containn Mini-Enclosu Glovebag Pro	re ocedure)	
			F -			T		E		Non-Exempte	ad () al	id Non-Filat	T PIC		emen	+
			100	Locat Norma											ype	
Location Control of			(7) (7) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	ed Sole	(Contractor)	A-h		escription		del (ACM)		Amount			T	
Asbestos-Containing TO BE A				intena						rial (ACM) ulation,	100	Specify	R	71	Encapsulate	E
In Fac	(C.) (C.) (T.)		Cus	todial (12)	olaii ?			cing, VA			S	F or LF)	Removal	Repair	apsı	Enclosure
(13	٥)		-		T second	-	otner	miscella	neou	5)			val	=	ılatı	ure.
			Yes	No	N/A										_ u	
3 Floors				×		TSI					60 LI	=	×			
			+	<u> </u>					<u> </u>	***	+	-	-			
					-								-		-	-
								•								
Name of Registered W	aste H	auler			IJDEP V lauler ID		Cubic of Wa	Yards		Name o	f Regist	ered Landfill				
Nick Restoration L	LC				3782		TBD	.510		G.R.O.	W.S					
City, State					0.02		_	sal Date	9	City, Sta	ite					
Randolph	h, NJ	07869					TRD			Tullydo		A				
Completed by	77		-			18	Signatur	en	1	1,	Da	ite				
Elvira Mrda			Presi	dent				Signatur	El	1119	MIL	Ja 08	/05/2	2015		



	of Notification (1) 0/2015			3.7		Building C Luthera			(2)			100	1.4			
	cies Notified	Tone Medicantine			Street Ac		ii Oilu	II GII								
170	EPA	Type Notification				alisades	Aveni	ue								
processed.	DEP	Amended		(City, Sta	te, Zip Cod	de								N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
×	OOL	Amendment		-	Bogota	a, NJ 07	603									
×	ООН	Emergency (including	1	Vame of	Contact					Tele	ephone N	Number			
	OCA	☐ Cancellation			Marcu	s Grasso	o/Rev	Peter	Olse	en						
					FACII	LITY INFO	RMATI	ON			-					
	of Facility Where . ity Lutheran Ch	Abatement is Takin	g Place (3)						Тур	e of Facility (4	N					
100 000000	Address	lutcii							H	School (K-12 Subchapter 8		ar than K	-12)			
	Palisades Ave	nue							×	Other (i.e. pretc.)				ding	s, hom	es,
City (5	5)								Squ	are Feet	# of	Floors	1	Bldg.	Age	
Bog	ota								ukr	nown	2			50 p	lus	
Count	y (6)					Code (7)			Curi	rent Use (Prio	r if bei	ng demol	lished)			
Berg	gen			(STATE L	JSE ONLY)	10		Lu	theran Chu	rch					
Name	of Monitoring Firm	Hired by Building	Owner (8)		ASCM	1 No.		Name	of Ab	atement Cont	ractor	(9)				
Env	iroVision Cons	ultants, Inc.			0007	79		Incir	nia C	ontracting,	Inc.					
	Address					C-m		Street								
20-2	21 Wagaraw Ro	oad, Bldg. 35E						The state of the s		fton Avenue	e, Un	it 365				
	State, Zip Code									Zip Code						
Fair	Lawn, NJ 074	1							23	NJ 07012						
	ct Manager for Mor	nitoring Firm			Γelephor			Teleph				License				
11-111-010	d Larson					636-914	4	10.000		0-9500		01036	5			
	Date (10)		Scheduled		pletion [Date (11)				SHA Monitor	1					
	22/2015		08/24/2					195		contracting,	inc.					
Occup	oancy Status Durin	g Abatement (Chec	k Only One)				Street			- 11-	# OCE				
		ated During Entire								fton Avenue	e, Un	11 365				
		ned Outside of Norm Saturday: 7:00AM - 5		lours						Zip Code						
								Cilit	on, i	NJ 07012				SSILITE		
	e of Work (Check A	All That Apply)						_	7	2000 1000	11 2000		220			
	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	novat moliti				×		ull Containme lini-Enclosure	nt with	Negativ	e Pressi	ıre		
П -	100 31 01 2200 11			monu	OH				G	Slovebag Proce						
						T			_ N	lon-Exempted	(*) an	d Non-Fr	iable Pro	149.50	100	
				ocatio											itemer Type	nt
0.000	Location		Used	rmall Solel				scription			1000		-	T	1	
As	sbestos-Containing TO BE AB		Main	tenar	ice/			taining N I system		al (ACM)		mount Specify	R		Enc	回
	In Faci		Custo	dial S (12)	taff?	(1.0.		cing, VA				or LF)	Removal	Repair	aps	Enclosure
	(13)			(12)			other r	miscellar	neous	5)			oval	ar.	Encapsulate	sure
			Yes	No	N/A										Ф	
	Former Ba	throom		Χ	X		Wa	all Plas	ter		7	.5 SF	X			
		.,														
Name	of Registered Wa	ste Hauler		1000	JDEP W			Yards		Name of F	Registe	ered Land	dfill			
Atlan	ntic Carting/JR	Contracting		10000	auler ID J-641/	JA-464	of Wa	iste		IESI PA	Beth	nlehem	Landfi	II C	orp.	
City, S							71-20-40-40-40-40-40-40-40-40-40-40-40-40-40	sal Date)	City, State		240			-00111101	
	ne, NJ						TBD			Bethleh	em,	PA				
	leted by					5	Signature	eIn	1 /	/		Date				
Miler	na Zoric		Execu	tive	Direct	or			11	1	21		08/10	/201	5	



Date of Notification (1) 08/11/15	Ti .				Building C MART		perator	(2)			45	4	4	302		
Agencies Notified	Type Notification			Street Ad 226 UN	dress IION AV	'ENUE	: :									
DEP DOL	Amended Amendment				e, Zip Cod ERFORE		07070									
× DOH □ DCA	justification) Cancellation	ncluding		Name of JORGE	Contact E MART	INEZ		3		Tele	nhone l	Numh	er			
				FACIL	ITY INFO	RMATI	ON									
Name of Facility Where A	batement is Taking	Place (3)		0					of Facility (4) School (K-12) Subchapter 8		- than le	(40\				
Street Address 226 UNION AVENU	E							×	Other (i.e. privetc.)	vate &	comme		build	ings,	nome	s,
City (5) RUTHERFORD, NJ								Squar 2000	re Feet)	# of 2	Floors		BI	dg. A	ge	
County (6) BERGEN COUNTY				County C (STATE U	ode (7) SE ONLY)			Curre HON	nt Use (Prior /IE	if bein	ig demo	olished	d)			
Name of Monitoring Firm	Hired by Building (Owner (8)		ASCM	No.				tement Contra PROFES							
Street Address								Addres	ss DOVE COU	JRT						
City, State, Zip Code					-9		City, S	State, Z	ip Code OD, NJ 087							
Project Manager for Moni	itoring Firm		T	Telephor	ne No.		Teleph	none No	0.		Licens 1200	e No.				
Start Date (10) 08/21/15		Scheduled		npletion [Date (11)		Name	of OSH	HA Monitor D PROFES	1012			_			
	Abstament (Chas							Addres		0101	ALC		-			
Occupancy Status During		•					170000000000000000000000000000000000000		DOVE COL	JRT						
X Facility Closed/Vaca Abatement Performed Other – Describe:	ed Outside of Norm						City, S	State, Z	ip Code OD, NJ 08							
Scope of Work (Check Al	II That Apply)						LAIX	LVVO	00,140 00							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			nova				>	Mir Glo	Il Containmen ni-Enclosure ovebag Proce n-Exempted (dure					à	
		In I							T EXOTIPIOS (/				Abate		
Location	of	100	.ocat ormal	32.77.000		Da	scription	o of				_		Ту	ре	
Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Custo	tena	nce/		tos Con thermal surfa	taining N system cing, VA miscella	Material is insula AT, or		(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
INITEDIA	OB				۸С	M DID	E INSI	ΙΙΔΤ	ION	8	0 LF	-	X		_	
INTERI	OK			-	AC	IVI FIF	E INS	ULAT	ION		U LI	\dashv	Λ			
Name of Designated 184-	to Hauler		1	JDEP W	lasto	Cubic	Yards		Name of R	egisto	red I an	odfill				
Name of Registered Was	01/30L10A: 100 50%		- F	lauler ID		of Wa	ste		IESI	cyisie	icu Lai	iuill				
NEWARK CARTING			0	4509		3 YA	RDS	d								
City, State NEWARK, NJ				Dispo 08/2	sal Date 1/15	9	City, State BETHLE	HEN	1 PA			70% ST 5				
Completed by JOSEPH PERLSTEI	N	Title OWN!	ΞR				Signatur	е				Date 08/		5		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Z_ 09 U	39								1000			
Date of Notification (1)	August 11, 201:	5			Name of Building		rator (2) Sons Carpentry, LL	.c	3:	74	44	
Agencies Notified [X] EPA [] DEP	5 5	Notific	cation otification		Street Address	46 Pri	nceton Avenue				*	
[x] DOL [x] DOH	Amer [X] Emer	ndment gency (#including		City, State, Zip Co		New Jersey 08724	1				
[] DCA		ication) ellation	X		Name of Contact Ken		Т	elephone Number				
				FAG	CILITY INFORM	MATION				- 7777		
Name of Facility Where Ab Res	atement is Taking idence	Place (3)			-	Type of Facility (4)	School (k-12) Subchapter 8 (oth	th	l. 12)		
Street Address 74]	Dock Road						[x]	Other (i.e., privat homes, etc.)			al build	lings,
City		Cour	ity (6)		County Code (7) (STATE USE ONI	.Y)	Square feet 1500 sf	# of Floors		g. Age	50	
Brick		Oce					Current Use (Prior if Resider	nce				
Name of Monitoring Firm I		Owner ((8)		ASCM No.	Name of	Abatement Contractor	(9) an Contracting,	Inc			
Street Address	The state of the s						ddress	oute 9, Unit 61	me.			1105.00
City, State, Zip Code						City, Sta	te, Zip Code	River, New Jers	ev 08	755-1	271	
Project Manager for Monito		Telephone	Number	•5		ne Number 19-9932	License N 00624	_				
Scheduled Start Date (10) 8/12/15			Scheduled 8/13/		tion Date (11)	Name of	OSHA Monitor E.M.S.	L. Analytical				
Occupancy Status During A	Abatement (Check lity Closed/Vacated			od of Aba	atement	Street A		telton Road				
	tement Performed or – Describe		of Normal F			City, Sta	te, Zip Code	way, New Jerse	v 088	54		
6 AW 1 (G) 1 III								. Total		J 1	-	
Scope of Work (Check all t	hat apply)					Ι. Γ	Full Containment Mini-Enclosure	with Negative Pres	sure			
[] >3 s	f or ≥3 lf		[]	Renov	ration	ĺ	Glovebag Procedu	ure				
[x] ≥160) sf or ≥260 lf		[x]	Demo	lition	[x]		s) and Non-Friable l	Procedu	ire		
					1				Abat	ement	Туре	
	59		Is Location			Description			R	R	E	Е
Location of Asbestos-Containing M			Normally u Solely b			sbestos-Co Material (A		Amount (Specify SF	Е	E	N	N
TO BE ABA		Mai	ntenance/C	-	1	e., thermal		or LF)	M	P A	CA	C
in facility			Staff			sulation, su			0	I	P	0
(13)			(12)			VAT,			V	R	S	S
YES NO N/A					ot	her miscell	aneous)		A L		L E	R
Exterior	X		Asbestos sidi	ng		1200 sf	X					
Name of Registered Waste	Hauler ntracting, Inc.		□JDEP Was	ste Haule 20223	er ID No. Cubic Y	ards of Was	te Name of Registe T.R.R.F.	ered Landfill				
City, State	nu acting, IIIC.				osal Date	City, St	tate / /					
Toms River,		I more		8/14		Tully	town, Pennsylvania	a	Tr			
Completed by (Print or Typ Nicholas Ferr		Title Proj	ect Manag	ger	Signature	ich	de	1	Date 8/1	: 1/201	5	

mo 22748586/31

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

Date of N 08/11/201	otification (1):				wner/Operator (2)								
Agencies	Type Notification		et Addre		st Church				10	Fig.	5 1	-	
Notified	⊟Initial		hapmar									1 (4)	CONC
□EPA	□ Amended			Zip Code	2:								
□ DEP □ DOL	Amendment#: ☐ Emergency		gton, N	J 07111			Telepho	no Mus	mh and	_			
BDOL	(including		Harris	maci.			Telepho	HE MIII	mer				
□ DOH □ DCA	justification) □ Cancellation						Ĭ						
a Deri					FACILITY INF	ORMA	TION						
Name of I	Facility Grace Ten	ple Bapti	st Chur	ch	A 1000 A	Тур	e of Facility (4):						
22 Chapm	nan Place						chool (K-12)	** 10					
City/ (5)	Co	unty (6):		Coun	ty Code (7):		ubchapter 8 (Other than ther (i.e., private & com		buildings h	omes e	etc.)		
Irvington	10000	sex		07111		1		morona					
						Squ	are Feet:		# of Floo	rs:			
							g. Age						
Name of I	Monitoring Firm H	fired by B	uildina	Oumer	ASCM No.:		rent Use: Church ne of Abatement Con	trootor	. (0).				
	velopment, Inc.	mou by D	anumg	OWINGI.	ASCIVI NO				(9).				
							ex Development, I	nc.					
Street Add 658 Rutge						Stre	eet Address:						
050 Raige	ors r race					65	8 Rutgers Place						
City, State	e, Zip Code:						y, State, Zip Code:				-		
	28 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						ramus, NJ 07652						
	, NJ 07652 lanager for Monito	ring Firm			Telephone No.:		ephone No.:	Lie	cense No.:				
110,0001141	anager for Wollito	ing i nin.	• 6		973-350-0101	74	· · · · · · · · · · · · · · · · · · ·	2000					
Start Date	: (10):	Schedu	led Cor	nnletion	Date (11):		3) 350-0101 ne of OSHA Monitor		215				
08/21/15	(10).	08/24/		присцоп	Date (11).		tro Analytical Labora						
Occupancy	Status During Abate	ment (Che	ck only	one)			eet Address:						
	Closed/vacated Durin				t	255	West 36th Street, Su	ite 203	3				
☐ Abateme Describe:	nt Performed Outsid	e of Norma	l Facility	y Hours			y, State, Zip Code: w York, New York, 1	0018					
□ Other													
Describe:						1				204124			
	Vork (Check all that a	pply):		1			□ Full	Contai	nment with	Negat	tive Pr	essure	
$\square \ge 3$ sf or $\square \ge 160$ sf	r ≥ 3 lf f or ≥ 260 lf			Reno	vation		□ Mini	-Enclo	sure Procedure	11050		Coour	
<u> </u>	01 2 200 11				JILLIOII				ted (*) and N	Non-Fr			
т	Location of		Locat Norma		De	escript	ion of					emen ype	t
	Containing Materi	al Use	ed Sole	ly by	Asbestos Con	taining	Material (ACM)			-	Τ.	УРС	
	(ACM)	Ma	aintena	nce/	(i.e., therma	al syst	ems insulation, VAT, or		Amount	20	H	En	띰
	BE ABATED IN Facility	(Custodi Staff				llaneous)		Specify	Removal	Repair	cap	clo
	(13)		(12)	18					F or LF)	val	E	Encapsulat	Enclosure
BASEM		Yes	No	N/A				-				<u> </u>	
X PIPE INS						LION		20	LF	*			
Nom: '6"	T W Lauratina (T1		MIDE	P Waste Hauler ID	No -	Cubic V-1-						
TRI-STATE TRANSFER ASSOC., INC.					P waste Hauler ID	No.:	Cubic Yards of Waste: 30	MI	me of Regis NERVA SOC, INC.			ll: ERPR	ISES
City, State Bronx, NY			Dispo	osal Date):		City, State: Waynesburg, OH 4						
Completed	d By:		-	Title:		Signa	ature:	1000	Date:		1-21-1-11		
Sylvester (Oraegbunam			Presid	ent	3	Jues 1		08/11/20	15			



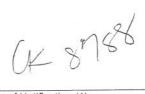
Date of Notification (1) AUG 10, 2015					Name of Buildi PSEG Fossil,		Operator (2)		343			
Agencies Notified (X) EPA		Notification (X) Initial No	-20,		Street Address 80 Park Plaza							
(X) DEP (X) DOL (X) DOH		() Amende () Cancelle	d Certificati	on	City, State, Zip Newark, NJ 07		<i>j</i>					
(X) DCA					Name of Conta Domenic Fior			Tel. Nu	ımher	-		
				FACILITY IN	FORMATION							
Name of Facility Where Abai Sewaren Generating Statio		aking Place (3	3)		Type of Facility () School (K-1 () Subchapter	2) 8 (other th						
Street Address 751 Cliff Road					(X) Other (i.e. Sq. Feet1,00			22-01				
	County (6) Middlesex		County C (State Us		Bldg. Age 67 Current Use (p	rior if being	demolished)	Electric	Genera	atina St	ation	
Name of Monitoring Firm Hir	ed by Bldg.	Owner (8)	ASCM No	<u>).</u>			Name of Co Absolute A	ntractor				
Street Address					Street Address PO BOX 295							
City, State, Zip Code					City State, Zipi Florham Park		!					
Project Manager for Monitori	ing Firm	Telephone N	Number		Telephone Nur	mber		Licens	e Numb	er		
					(973) 410-921	7		00225				
Scheduled Start Date (10) Aug 25, 2015		Scheduled (Aug 25,201		Date (11)	Name of OSHA MECS	A Monitor						
Occupancy Status During Ab () Facility Closed/Vacated I () Abatement Performed Ou	During Entir	e Period of A	batement		Street Address 5 Linwood Ct							
Describe					City, State, Zip Hamilton, NJ							
Other - Describe Two Shift	ts, 12 hours	s each, 24 ho	our plant c	overage								
Source of Work (Check all the												
(X) Large Proj. (>160 SF or XX) Full Containment with N	>260 LF AC egative Pre	ssure (X)	Mini-Encl	osure (X)	Glovebag Proce	dure			ACM)			
Location of Asbestos- Containing Material (ACM) in Facility (13)		ation Normally by Maint./Cus (12)		Description of a thermal system surfacing, VAT	ns insulation,	Amount (Specify SF or	LF)		ment Ty	1000	
	YES	NO	NA	miscell.)					Rem.	Rep.	Encap	
Nos.1, 2,3 & 4 Units, Floors 1-8, WAREHOUSE & GARAGES	s	X		Boiler and pip TRANISTE & I		25,000 s	quare feet		Х	Х	Х	X
	_	-							-		-	-
+		-								-		
Name of Dec 184-st-11		NUDEDW	te Herter	D #	Ouble Veed	10/00-		Name	of D	L on dell		
Name of Reg. Waste Hauler Waste Management of New		NJDEP Was 17273	ste Hauler I	<u>D #</u>	Cubic Yards of 200	vvaste			of Reg. own Re		Recove	ry
City, State Elizabeth, NJ 07114-2436					7	\sim	Disp. Date			City, Sta fullytow	<u>te</u> /n, PA 1	9007
Completed by (Print or Type)	Title			Signature	1		<u>Date</u>				
ROBERT GROGAN		<u>VP</u>						8/10/1	5			



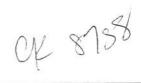
Date of Notification (1)					Name of Build		Operator (2)					
AUG 10, 2015					PSEG Fossil,	LLC				-		
Agencies Notified		Notification	Type		Street Address							
		Ivolinoation	1700		80 Park Plaza							
(X) EPA		(X) Initial N										
(X) DEP		() Amended		on	City, State, Zip							
(X) DOL		() Cancelle	ed		Newark, NJ 0	7102-4109						
(X) DOH (X) DCA					Name of Cont	act		Tel Ni	mhar			
, ,					Domenic Fior			1 2200 170				
				FACILITY IN	FORMATION							
Name of Facility Where Ab		aking Place (3)		Type of Facilit							
LINDEN GENERATING S	tation				() School (K- () Subchapte		han K 12)					
Street Address							commercial bld	as hom	es etc			
4001 S. WOOD AVE												
					Sq. Feet800	000,000		# of Floo	rs 8			
City (5)	County (6)		County C		2222							
LINDEN	UNION		(State Us	se Only)	Bldg. Age 79		المحطمال مصماد	-la atria	C	-6i C		
Name of Manitorina Firm	liand his Dida	O	ACCMAI		Current Use (onor ii bein	g demolished)			ating 5	ation	
Name of Monitoring Firm H	nired by blug	Owner (8)	ASCM N	<u>0.</u>			Name of Co Absolut Ac		(9)			
							Absolution	0 1110.				
Street Address					Street Address	3						
					PO BOX 295							
City Chata Zia Cada					O:t - Ct-t - 7:-	0-1-						
City, State, Zip Code					City State, Zip		7032					
					LOKHAWITA	AICIC, ING U	7332					
Project Manager for Monito	oring Firm	Telephone	Number		Telephone Nu	mber		License	e Numb	er		
					(973) 410-921	7		00225				
Scheduled Start Date (10)		Scheduled	Completion	Date (11)	Name of OSH	A Monitor	707					
Aug 25, 2015		Aug 25, 20		Date (11)	MECS	A MONITON						
5 ,		, tag _0, _0										
Occupancy Status During					Street Address							
() Facility Closed/Vacated					5 Linwood Ct							
() Abatement Performed	Outside of No	rmal Facility	Hours -		City Ctata 7in	Cada					S1111 - S-11116	
Describe					City, State, Zir Hamilton, NJ							
F2												
Other - Describe Two Sh	ifts, 12 hour	s each, 24 ho	our plant c	overage								
Source of Work (Check all	that apply)											
	7/8											10
() Demolition (X) Rend		SMAN () CMA D	-: /> DE -11	00 OF>10 -00	COLEACIA	\ N 6:=== D	: /-OF CF	-10 LE	A C B A C			
(X) Large Proj. (>160 SF o (X) Full Containment with					Glovebag Proce		10j. (525 SF 01	< 10 LF	ACIVI)			
Location of Asbestos-		ation Normally		Description of			(Specify SF or	LF)	Abate	ment Ty	pe pe	
Containing Material (ACM)		by Maint./Cus		thermal system	ns insulation,							
Facility (13)	Staff?			surfacing, VAT	, or other				Rem.	Rep.	Encan	Enclose
BASEMENT TO	YES	NO X	NA	miscell.) Boiler and pip	o inculation	25,000 6	square feet		X	X	X	X
PENTHOUSE,	1	^		TRANSITE & I		25,000 8	square reer		^	^	^	^
WAREHOUSE & GARAG	ES											
Name of Reg. Waste Haul	or	NJDEP Wa	te Haular	ID#	Cubic Yards o	f Masta		Nama	of Rea	Landfill		
Waste Management of N		17273	ste mauter	10#	200	I VVasie					Recove	rv
The state of the s	,				200			,				
City, State				1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 -			Disp. Date			City, Sta		
Elizabeth, NJ 07114-2436	i					\wedge				ullytov	vn, PA 1	19007
Completed by (Print or Typ	ne)	Title			Signature 1	/		Date				
Completed by the fill of Typ	201	1100		Digitature //			Date					
ROBERT GROGAN		<u>VP</u>			<i> [/</i>			8/10/15	5			
		V			1/							



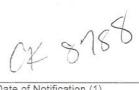
Date of Notification (1) AUG 10, 2015					Name of Buildin PSEG Fossil, L		Operator (2)		100	14		
Agencies Notified		Notification '	Туре	,	Street Address 80 Park Plaza							
(X) EPA (X) DEP (X) DOL (X) DOH		(X) Initial No () Amende () Cancelle	d Certification	on	City, State, Zip Newark, NJ 07							
(X) DCA					Name of Conta Domenic Fiori			Tel Nii	mhar			
				FACILITY INF								
Name of Facility Where Aba KEARNY GENERATING St Street Address		aking Place (S	3)		Type of Facility () School (K-1 () Subchapter (X) Other (i.e. p	2) 8 (other th	an K-12) ommercial bldg	s., home	es, etc.			
FOOT OF HACKENSACK	AVE				Sq. Feet1,00							
	County (6) HUDSON		County Co (State Use		Bldg. Age 77 Current Use (p	rior if being	demolished) I	Electric	Genera	ting Sta	ition	
Name of Monitoring Firm Hi	ired by Bldg.	Owner (8)	ASCM No) <u>.</u>			Name of Cor Absolut Ace		(9)			
Street Address					Street Address PO BOX 295							
City, State, Zip Code					City State, ZipO FLORHAM PA		932					
Project Manager for Monito	ring Firm	Telephone		Telephone Nur (973) 410-9217			License 00225	e Numb	<u>er</u>			
Scheduled Start Date (10) Aug 25, 2015		Scheduled Aug 25, 20		Date (11)	Name of OSHA MECS	A Monitor						
Occupancy Status During A () Facility Closed/Vacated () Abatement Performed C	During Entir	e Period of A	batement		Street Address 5 Linwood Ct City, State, Zip	Code						
Describe	St. 40 have	h 24 h	aus plant a		Hamilton, NJ	08690						
Other - Describe Two Shir		s each, 24 h	our plant co	overage			*					
Source of Work (Check all t	35-											
(X) Demolition (X) Rend (X) Large Proj. (>160 SF or (X) Full Containment with N	>260 LF AC	CM)()SMP	roj. (>25<16) Mini-Encl	60 SF or >10 <26	60 LF ACM) (Glovebag Proce) Minor Pr dure	roj. (<25 SF or	<10 LF	ACM)			
Location of Asbestos- Containing Material (ACM)	in Solely	ation Normall by Maint./Cu	y Used	Description of a thermal system	ns insulation,	Amount ((Specify SF or	LF)	Abate	ment Typ	<u>oe</u>	
Facility (13)	Staff? YES	(12) NO	NA	surfacing, VAT miscell.)					Rem.	Rep.	Encap E	
BASEMENT TO PENTHOUSE, Warehouse & Garages	•	Х		Boiler and pip Transite & Ma		25,000 s	quare feet		X	Х	X	X
Name of Reg. Waste Haule Waste Management of Ne	I	Cubic Yards of 200	f Waste		Name Tullyto	of Reg. own Re	Landfill source	Recover	у			
City, State Elizabeth, NJ 07114-2436							Disp. Date			City, Stat		9007
Completed by (Print or Typ		Signature	1/		<u>Date</u>							
ROBERT GROGAN		<u>VP</u>			/	<u> </u>	7	8/10/2	015			



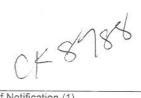
Date of Notification (1) Aug 10, 2015					Name of Buildin PSEG Fossil, L		erator (2)					
Agencies Notified		Notification T			Street Address 80 Park Plaza							
(X) EPA (X) DEP (X) DOL (X) DOH		(X) Initial No () Amended () Cancelled	Certification	on	City, State, Zip Newark, NJ 07							
(X) DCA					Name of Contac Domenic Fioring			Tel. Nur	mber			
				FACILITY INF	ORMATION							
Name of Facility Where Abatem HUDSON GENERATING Station		king Place (3)		Type of Facility () School (K-1; () Subchapter	2) 8 (other tha	n K-12)		a oto			
Street Address DUFFIELD & VAN KUEREN ST	Г				(X) Other (i.e. p Sq. Feet1,00							
	nty (6) SON		County Co (State Use		Bidg. Age 67 Current Use (pr	ior if being o	demolished) E	Electric	Genera	iting Sta	ation	
Name of Monitoring Firm Hired	by Bldg. (Owner (8)	ASCM No	<u>.</u>	Carronic GGG (p.		Name of Con Absolut Ace	tractor (
Street Address		7			Street Address PO BOX 295							
City, State, Zip Code					City State, ZipO FLORHAM PA		932					
Project Manager for Monitoring	Firm	Telephone N		Telephone Nun (973) 410-9217			License 00225	Numbe	<u>er</u>		2	
Scheduled Start Date (10) Aug 25, 2015		Scheduled (Aug 25, 201	16	Date (11)	Name of OSHA MECS Street Address							-
Occupancy Status During Abate () Facility Closed/Vacated Dur () Abatement Performed Outs	ing Entire	Period of Al	batement		5 Linwood Ct							
Describe					City, State, Zip Hamilton, NJ							
Other - Describe Two Shifts,		each, 24 ho	our plant co	overage		1						
Source of Work (Check all that (X) Demolition (X) Renovati	ion											
(X) Large Proj. (>160 SF or >26 (X) Full Containment with Neg.	OLF AC	M) () SM Pr ssure (X)	roj. (>25<16) Mini-Encl	osure (X)	Glovebag Proces	dure						-
Location of Asbestos- Containing Material (ACM) in Facility (13)	Is Loca	tion Normally by Maint./Cus	/ Used	Description of / thermal system surfacing, VAT	ACM (i.e. ns insulation,	Amount (S	Specify SF or	LF)		ment Ty	******	F1
Boiler Basement- 11fll,	YES	NO X	NA	miscell.) Boiler &Pipe i	nsulation,	25,000sf			Rem.	X X	Encap	X
Warehouse and Garages				Transite & Tile	9							
Name of Reg. Waste Hauler	D#	Cubic Yards o	f Waste				Landfill					
Waste Management of New J		300			Tullyto			Recove	ry			
City, State Elizabeth, NJ 07114-2436						^	Disp. Date			City, Sta Tullytov	vn, PA 1	9007
Completed by (Print or Type)		Title _.			Signature	,/\		<u>Date</u> 8/10/1	5			
ROBERT GROGAN		<u>VP</u>			/			5.1971	- ///			



Date of Notification (1) Aug 10, 2015					Name of Buildin PSEG Fossil, I		Operator (2)					
Agencies Notified		Notification 7	Type		Street Address 80 Park Plaza							
(X) EPA (X) DEP (X) DOL (X) DOH		(X) Initial No () Amended () Cancelle	d Certificati	on	City, State, Zip Newark, NJ 07							
(X) DCA					Name of Conta Domenic Fiori			Tel. Nu	ımber			
				FACILITY INF								
Name of Facility Where At ESSEX GENERATING St Street Address		aking Place (3	3)		Type of Facility () School (K-1 () Subchapter (X) Other (i.e. p	2) 8 (other th	an K-12) ommercial bldg	gs., hom	es, etc.			
155 Raymond Blvd					Sq. Feet1,00	00,000		# of Floo	ors 8			
City (5) Newark	County (6) Essex		County C (State Us		Bldg. Age 66 Current Use (p	rior if being	demolished)	Electric	Genera	ating St	ation	
Name of Monitoring Firm H	Hired by Bldg	. Owner (8)	ASCM No	<u>).</u>	4		Name of Cor Absolut Ace	ntractor				
Street Address					Street Address PO BOX 295							
City, State, Zip Code					City State, Zipo		932					
Project Manager for Monit	oring Firm	Telephone I		Telephone Nur (973) 410-9217	mber		Licens 00225	e Numb	er			
	35	O ale a dula d	0	Deta (11)	Name of OSHA			00220				
Scheduled Start Date (10) Aug 25, 2015	łą	Scheduled Aug 25, 20		Date (11)	MECS	4 MOUNTO						
Occupancy Status During () Facility Closed/Vacate () Abatement Performed	d During Enti	re Period of A	batement		Street Address 5 Linwood Ct						-5	
Describe					City, State, Zip Hamilton, NJ							
Other - Describe Two Sh	nifts, 12 hour	s each, 24 ho	our plant c	overage								
Source of Work (Check al	I that apply)											
(X) Demolition (X) Rer (X) Large Proj. (>160 SF (() Full Containment with	or >260 LF A	CM) () SM P	roj. (>25<16	60 SF or >10 <26	30 LF ACM) () Minor Pr	oj. (<25 SF or	<10 LF	ACM)			
Location of Asbestos- Containing Material (ACM Facility (13)	Is Loc	ation Normall by Maint./Cu	y Used	Description of a thermal system surfacing, VAT	ACM (i.e. ns insulation,	Amount (Specify SF or	LF)	Abate	ment Ty	pe	
	YES		NA	miscell.)		25 000 -	augra foot		Rem.	Rep.	Encap	Enclose X
BASEMENT - PENTHOUSE- WAREHOUSE & GARAG	X SES			Boiler and pip Transite, MAS		25,000 S	quare feet		^			^
					0							
Name of Reg. Waste Hau Waste Management of N	 D #	Cubic Yards o	f Waste				Landfill source	Recove	ry			
City. State Elizabeth, NJ 07114-243	6					\sim	Disp. Date Jan-Dec 20	14		City, Sta Tullytov	<u>ite</u> vn, PA 1	9007
Completed by (Print or Ty	rpe)	Title	E .		Signature			Date				
ROBERT GROGAN		<u>VP</u>				/		8/10/1	5			

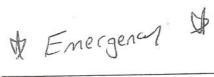


Date of Notification (1) AUG 7, 2015					Name of Buildi PSEG Fossil,		Operator (2)	4	=	- 1		
Agencies Notified (X) EPA		Notification (X) Initial No	tification		Street Address 80 Park Plaza							
(X) DEP (X) DOL (X) DOH		() Amende () Cancelle		on	City, State, Zip Newark, NJ 07	7102-4109						
(X) DCA					Name of Conta Domenic Fior		J	Tel. Nu	mhar			
				FACILITY IN	FORMATION							
Name of Facility Where Aba Burlington Generating Sta		aking Place (3	3)		Type of Facility () School (K-1) () Subchapter	(12) r 8 (other th						
Street Address 200 Devlin Ave					(X) Other (i.e. Sq. Feet1,0							
	County (6) Burlington		County C (State Us		Bidg. Age 77 Current Use (p					ating St	ation	
Name of Monitoring Firm Hi	red by Bldg.	Owner (8)	ASCM No	<u>).</u>			Name of Co Absolut Ace	The second secon	9)			
Street Address					Street Address PO BOX 295	5						
City, State, Zip Code					City State, Zipi Florham Park		!					
Project Manager for Monitor	ring Firm	Telephone I	Number		Telephone Nui (973) 410-921			License 00225	Numb	er		
Scheduled Start Date (10) AUG 25, 2015		Scheduled (AUG 25, 20		Date (11)	Name of OSH/ MECS	A Monitor	'				-1115	
Occupancy Status During A (X) Facility Closed/Vacated () Abatement Performed C	During Entir	e Period of A	batement		Street Address 5 Linwood Ct						7	
Describe					City, State, Zin Hamilton, NJ							
Other - Describe												
Source of Work (Check all t												
(X)Demolition (X) Renov (X) Large Proj. (>160 SF or (X) Full Containment with N	>260 LF AC				30 LF ACM) (Glovebag Proce		roj. (<25 SF or	<10 LF /	ACM)			
Location of Asbestos- Containing Material (ACM)	Is Loca in Solely	ation Normally by Maint./Cus	/ Used	Description of a thermal system	ns insulation,	Amount ((Specify SF or	LF)	Abater	ment Ty	rpe	
Facility (13)	Staff?	(12) NO	NA	surfacing, VAT miscell.)	, or other				Rem.	Rep.	Encap	Enclose
Floors 1-10		X		Boiler and pip	e insulation	25,000 s	quare feet		X			
Name of Reg. Waste Haule OWNER	ī	NJDEP Was	l ste Hauler l	<u> </u> <u>D #</u>	Cubic Yards of 1000	f Waste		Name of Grand				I.
City, State							Disp. Date			City, Sta		
7						\wedge	9-1-13		1	enn A	rgyl, PA	
Completed by (Print or Type	<u>e)</u>	<u>Title</u>			<u>Signature</u>	4		<u>Date</u>				
ROBERT GROGAN		<u>VP</u>			1/	/		8/10/15	•			



Date of Notification (1) AUG 10, 2015					Name of Build NESTLES US		Operator (2)		2-		25 10	
Agencies Notified		Notification	Type		Street Address 61 JERSEYVI							
(X) EPA (X) DEP (X) DOL (X) DOH		(X) Initial No () Amende () Cancelle	d Certificat	tion	City, State, Zip FREEHOLD,							
(X) DCA					Name of Cont WILSON ROE			Tel N	ımha*			
NI				FACILITY IN	FORMATION							
Name of Facility Where A	patement is I	aking Place (<u>3)</u>		Type of Facilit () School (K- () Subchapte	12)	nan K-12)					
Street Address					(X) Other (i.e.	private & co	ommercial bld	gs., hom	ies, etc.			
City (5) FREEHOLD	County (6)	.n	County C		Sq. Feet1,0	00000 # of	Floors 10					
111020	INCOME CO 1		(State O	se Omy)	Bldg. Age 70 Current Use (p	arior if heing	demolished)	FACTO	RY			
Name of Monitoring Firm	Hired by Bldg	. Owner (8)	ASCM N	0.	Current Ose (onor ii being	Name of Co	ntractor		-		
NA							Absolut Ac	e Inc.				
Street Address					Street Address	s						
					PO BOX 295	⊒.						
City, State, Zip Code					City State, Zip	Code			Z	-		
					FLORHAM PA		932					
Project Manager for Monit	oring Firm	Telephone I	Number		Telephone Nu				e Numb	er		
					(973) 410-921	7		00225				
Scheduled Start Date (10) AUG 25, 2015		Scheduled (AUG 25, 20		Date (11)	Name of OSH. MECS	A Monitor						
Occupancy Status During () Facility Closed/Vacated () Abatement Performed	During Entire	e Period of Ab	atement		Street Address 5 Linwood Ct							
Describe					City, State, Zir Hamilton, NJ							
Other - Describe- PLANT	IS OPEN											
Source of Work (Check all	that apply)											
(x) Demolition () Ren (X) Large Proj. (>160 SF of (X) Full Containment with	r >260 LF AC	CM)()SM Pressure (X)	oj. (>25<16 Mini-Enc	50 SF or >10 <26 losure (X)	60 LF ACM) (Glovebag Proce) Minor Pr	oj. (<25 SF or	<10 LF	ACM)			
Location of Asbestos- Containing Material (ACM) Facility (13)	ls Loca) in Solely Staff?	ation Normally by Maint./Cus		Description of thermal system	ns insulation,	Amount (Specify SF or	LF)	Abater	ment Ty	pe	
15.40 5	YES	NO NO	NA	surfacing, VAT miscell.)					Rem.	Rep.	Encap	Enclose
BASEMENT- Floors 1- ROOF	X			Boiler,pipe in Roofing, Tile	sulation,	25,000 s	quare feet		Х	X	X	X
						-					-	
Name of Reg. Waste Haul BY OWNER	e Hauler NJDEP Waste Hauler ID #				Cubic Yards of 200	f Waste		Name	of Reg.	Landfill		
City, State							Disp. Date			City, Sta	te	
Completed by (Print or Type	oe)	<u>Title</u>			Signature			<u>Date</u>		25		
ROBERT GROGAN	=	<u>VP</u>						8/10/1	5			





CK 5014

Date of Notification (1) 8/10/15			Nam	ne of Bu	ilding Owne & Aileen N	r/Operator Naples P	(2) rivate H	lome	AUG 14	9716			
Agencies Notified Ty	pe Notification		100000000000000000000000000000000000000	et Addr West	ess Boat Dr.							10	
EPA DEP DOL	Initial Amended Amendment #_				Zip Code n NJ 0808	87		1					
DOH DCA	Emergency (ind justification) Cancellation	cluding	2000	ne of Co minic	ontact				Telephone Nun	nber			
			I	FACILIT	Y INFORM	ATION							_
Name of Facility Where Aba Dominic & Aileen Nap Street Address	atement is Taking I les Private Ho	Place (3) me		22			S S	f Facility (4) chool (K-12) ubchapter 8		2) al buildi	nas. I	nome	s.
15 West Boat Dr.								tc.)	# of Floors	Blo	ig. A		
City (5) Tuckerton NJ 08087							1000		1.5	35	+		
County (6) Ocean			Co (ST	unty Co	de (7) E ONLY)		Hous	e	if being demolis	neu)			
Name of Monitoring Firm H	ired by Building O	wner (8)		ASCM N	No.	100000000000000000000000000000000000000	e of Abat naco In	ement Conti	ractor (9)				
Street Address							et Addres Box 32						
City, State, Zip Code							State, Zi	p Code n NJ 0809	91				
Project Manager for Monito	oring Firm		Те	elephone	e No.	Tele	phone No 6-753-9	0.	License 00727	No.			
Start Date (10)		Scheduled	Comp	letion D	ate (11)	Nam	ne of OSh	HA Monitor			30-55		
8/11/15	Altt (Chool	8/14/15	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				me et Addres	ss				-	
Occupancy Status During A Facility Closed/Vacate Abatement Performed Other – Describe:	ed During Entire F	eriod of Ab	ateme	nt		City	, State, Z	ip Code					
Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	That Apply)	the same of the sa	enovati emolitic				Mi	ni-Enclosure				re	
		Τ									Aba	temer	nt
Location Asbestos-Containing I TO BE ABA In Facilit (13)	Material (ACM) ATED	N Used Mair	Location ormally a Solely ortenan odial Si (12)	y by ce/	(i.e. th	Descrip s Containin nermal syst surfacing, other misce	ng Materia ems insu VAT, or	lation,	Amount (Specify SF or LF)	Removal	Repair	e Encapsulate	Enclosure
Exterior S	Siding	165	NO	X		Exterior	Siding		1200 SF	x			
Exterior o	nung						9						
											+	+	+
			1	IDEE:	Vents	Cubic Yar	ds	Name o	f Registered Lan	dfill			
Name of Registered Was United Roll Off	ste Hauler		Н	JDEP V lauler ID 2459	No.	of Waste	43	G.R.O					
City, State						Disposal I 8/14/15	Date	City, Sta Morris	ate ville PA 1906	7			
Completed by Anthony T Perna		Title Pres	ident			Sign	ature			Date 8/10/	15		





Date of Notification (1) 8/11/15					f Building Owr er Municipal				1110	-1 /	C.P.	917		
Agencies Notified	Type Notification			Street A	ddress				AUG	1 4		()	-	
EPA DEP DOL	Initial Amended Amendment	#	-	City, Sta	th Washing ate, Zip Code ate NJ 0840		ue		<u> </u>					
DOH DCA	Emergency justification) Cancellation	(including	_	Name o	f Contact Carulli				Telephone	e Num	nber			
		-		INVOIDES DUT	LITY INFORM	MATION								
Name of Facility Where Former Municipal E	Abatement is Takir Building	g Place (3)					-	of Facility (4)			Sec. 17	-77-27		
Street Address 1 South Washingto							×	School (K-12) Subchapter 8 Other (i.e. pri	(Other than	K-12 nercia) al build	dings,	home	es,
City (5) Margate NJ 08402								etc.) ire Feet 0+	# of Floors	3	500.0	ldg. <i>A</i> 5+	ge	
County (6) Atlantic		941,000 B-04-2			Code (7) USE ONLY)		Curre	ent Use (Prior	if being den	nolish	ed)			
Name of Monitoring Firm Remington & Verni	Hired by Building	Owner (8)		ASCN	/I No.		e of Aba	tement Contr	ractor (9)					
Street Address 232 Kings Highway						Stree	t Addre	ss						
City, State, Zip Code Haddonfield, NJ 08						City,	State, Z	ip Code			0 54			_
Project Manager for Mor			-	Telepho	ne No.	Teler	hone N		1 Licen	se No).			
Marco D. Carulli Start Date (10)		Schedule	d Cor		95-9595 ex		-753-9	HA Monitor	0072	27				
8/24/15		8/27/15				San		IA WOITE						
Occupancy Status Durin						Stree	t Addres	SS						
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norr	nal Facility	baten Hours	nent s		City,	State, Z	ip Code						_
Scope of Work (Check A	II That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		personal contract of the contr	enova			- Control on the Cont	Mir	ll Containmen ni-Enclosure ovebag Proce n-Exempted (dure					
		Is	Locat	ion				TI-Excitipited (() and Non-	Парі		Abate	ment	
Location Asbestos-Containing			ormal Sole			Descriptio					_	Ту	ре	_
TO BE AB. In Facil (13)	ATED lity	Mai	ntena		(i.e. ther	Containing mal systen urfacing, Vaner miscella	ns insula AT, or		Amount (Specify SF or LF)	*	Removal	Repair	Encapsulate	Enclosure
Boiler R	oom			х	E	Boiler Ga	sket		10 SF	_	x			-
	-	-												
Name of Registered Was	ste Hauler		TN	JDEP W	laste Cu	ubic Yards		Name of Pa	egistered La	o46II				
United Roll Off			H	lauler ID 2459		Waste		G.R.O.W	Compression and the contraction of the contraction	MIII				
City, State Elm NJ					1	sposal Date 27/15	Э	City, State Morrisville	e PA 1906	57				
Completed by Anthony T Perna	2	Title Presid	lent			Signatur	è	7	~	Dat 8/1	e 1/15			

Date of Notification (1)				- /	202	ng Owner/Operator		AUG	1.4	0			
8/11/15						DWARD S	CULFORT		1 1		-110		
Agency Notified	Type Notification	12			Address								
O EPA	@ Initial			2	7 /	MINTANO	AUE				_	_	_
DEP DEP	☐ Amended Amendment #				tate, Zip		27.5						
1	☐ Emergency (includia	ng	-	Nome	of Conta	TH . 000	. 0/275	Telephone Num	her		_	_	
IZ DOH	justification) D Cancellation					ic Fort		I cachaone real					-
	1			0-1-799	Part of the second	ORMATION		•		1.5			-
Name of Facility Where	Abstomant is Taking Dia	~ (3)		race	CIT Bet	ORMATION	Type of Facility	v (A)		_			
	-	GE (3)			,		.,,						
Street Address	SCULTORT			-			☐ School (K-1 ☐ Subchapter	2) 8 (Other than K-12)					
	SUA MIBTU				777		Other (i.e. p	rivate & commercia	l buildin	gs,			
City (5)	12.13 7.00		-				Square Feet		Bldg.	Age		_	
WESTW	300						2500	-2	19				
County (6)			ì	Count	v Code (7) (STATE USE	Current Use (F	Prior if being demoli	1	_	_		-
Beece	2		Ī	ONLY		,		5000 CE					
Name of Monitoring Firm		F /	ASCM	No.		Name of Abatem	4-000 1.00						
(8)					0	Best Re	moval Ir	ic					
Street Address						Street Address							
77				ŝ		450 S.	River St	<u> </u>		•			
City, State, Zip Code						City, State, Zip C							
	9 %						sack , N	I.J. 07601	700			_	
Project Manager for Mon	aloring Firm	Te	lepho	ne No.		Telephone No.		License No.					
						201-329-		00388					_
Start Date (10)	Scheduled Co	S ()		te (11)		Name of OSHA	wonmor vironmer	ntal [.]		2			
Occupancy Status During		_	13		-	Street Address						_	-
						280 Huy	ler St						
☐ Facility Closed/Vacate ☐ Abatement Performed	d During Entire Period of Outside of Normal Facil	f Abate itv Hou	ement Ire			City, State, Zip C						-	\neg
2 Other - Describe: 1d	470 58M	my 1100				S. Hacke	nsack ,	N.J. 0760)6				
Scope of Work (Check a	il that apply)							Negative Pressure					
£153 a or ≥ 3 F			_		ovation	-2 Mini-	Enclosure		•				
□ ≥ 160 sfor ≥ 260 lf				□ Den	notition		ebag Procedure	d Non-Friable Proc	ociuma				
					ľ	G reor	EXCHIPAGE () all	2 HOIT IEDIO (199	-	A	ateî		t
	,	177	Locati ormal							-	Тур	e	\dashv
. Locatio Asbestos-Containin			Sole	ly by	Acho	Description of stos Containing Ma		Amount			1	m	
TO BE A	ATED		ustod			., thermal systems	insulation,	(Specify SF or LF)		Removal	Repair	Encapsulate	nol
//IN Fac		· i	(12)	<u>-</u>		surfacing, VAT other miscellane		SP OF LP)		OVA	oalr	Bule	Jue
,,,				1	1					-		6	6
-		Yes	No	N/A				40 SF			+	+	\dashv
BASEMEN	12			120		RMAC INSUL			_	×	+	\dashv	\dashv
BASEME	. 70	_	٠	7	THERM	AL SYSTEM !	そのこまれると	110 LE		1~	+	-	\dashv
				-						\vdash	+	+	\dashv
				1		Cubic Yards of	Nome of Deci	stered Landfill					-
Name of Registered Was	ste Hauser	ID I	200	Waste I-	rauter	Waste	1		т.		45	; 7	_,
Best Remova	1 Inc			7109	9 ,	307	Cumber.	Land Count	У Г	aП	uI	11	. 1
City, State						Disposal Date	City, State	1 1 5	17	21	^		
Hacken	sack ,N.J. (760)1			8/21/15	Nev	vburgh , PA	-	4	U		
Completed by	Title				Str. Utte	Signature ()			Date Q	1.	1/1	-	
J.Maiorano	Estimat						صيميه	2	8	11	11	7	
ASB-41	* Do not	use thi	is form	n for as	bestos li	censure exempted	activities.						

Date of Notification (1) 08/11/2015					of Buildir een Za	ng Owner/ klama	Operato	r (2)						
Agencies Notified	Type Notification				Address Kenne	dy Blvd				- A				
EPA DEP DOL	Initial Amended Amendmen	t#			tate, Zip y City I	Code NJ 0730)6							
▼ DOH DCA	iustification) Cancellation)			of Contac				17	elephone N	Jumher			
_	1-			FAC	ILITY IN	FORMAT	ION							
Name of Facility Where Private Residence	Abatement is Takir	ng Place (3)						I (K-12)					
Street Address 364 Grove Street										ther than K e & comme		ilding	s, hom	ies,
City (5) Newark								Square Fee 1,900 +	t #	of Floors		Bldg. 50+	Age	
County (6) Essex					Code (7 USE ONL			Current Use	(Prior if b	eing demol	ished)			
Name of Monitoring Firm	n Hired by Building	Owner (8))	ASCI	M No.		100	of Abatemen orn Contra		3.00				
Street Address							100000000000000000000000000000000000000	Address Route 46						
City, State, Zip Code								state, Zip Cod wa NJ 075						
Project Manager for Mor	nitoring Firm		T	Telepho	ne No.			none No. 333-9176		License 01232	No.			
Start Date (10) 08/13/2015		Schedul 08/13/2		mpletion	Date (11)		of OSHA Mor		s Inc.				
Occupancy Status Durin	g Abatement (Chec	k Only Or	ne)				0.0000000000000000000000000000000000000	Address						
Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Nom	nal Facility					City, S	1 Wagaraw tate, Zip Code	3	ldg.35E				
		415					Fair	Lawn, NJ	07410					
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	II That Apply)		Renova Demolit				×	Mini-Enclo	sure Procedure	th Negative			re	
		0.791	Locati									Abat	emen /pe	į
Asbestos-Containing TO BE ABA In Facil (13)	Material (ACM) ATED	Use Ma	ed Sole intenar todial S (12)	ly by nce/		stos Cont thermal surfa		laterial (ACM) insulation, T, or		Amount (Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A									e	
Front & Rea	r Porch			X		Roofi	ng Mat	erial	3	60 SF	X			
Name of Registered Was			Н	JDEP W	No.	Cubic of Was		100000000000000000000000000000000000000	of Regist	ered Landfi	II			
City, State Totowa NJ 07512	(c), (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d		100	35844		Dispos	al Date	Çify,	State	Pennsylva	nia			
Completed by Dimo Golcev		Title Proje	ct Ma	nager			ignature	11	1//	D	ate 8/11/2	2015		
ASB-41 (R-06-08)		1				8	* Do not	use this form	for asbes				activit	ies.

08/10/2015 10:37

CK 2301

NO.714 #002

AUG 1 4 2015 NOTIFICATION OF ASBESTOS ABAYEMENT (Pursuant to NJAC 8:80 and 12:120)

Date of Neithcollen (1) August 10, 2015					Swest/Opera Retlromor			Check #	2301	1 1	M	
Agencies Notified Type Notification EPA Initial			airesi A 1 Med	dores ford Loa	s Way			T.J	1	1	411	
DEP Amended Amended				10, Zip Čo rd, NJ O				JA /	51/	1	7.5	
DOH Justification			John (leiephone	Numbe	r		
Name of Facility Where Additioned is Table Modford Loss - Estadoh Building Street Address 1 Modford Loss Wey City (b)	iù Place (5)	FAC	LITY INFO	PRATION				remain b			TEM,
Medford T							10,000	1		100	- Age	
Burlington			(STATE	Dodo (7) Jew Only			Current Use (Pric Retirement C	ommunity	nollahad			
Name of Monttoning Firm Hand by Building Management & Environ. Consulting			ARCH	# No.			Abatement Cor Environmen					
Sired Address PO Box 341					1000		ddrese uller Avenue	,				
City, State, Zip Coda Chesterfield, NJ 08515							ete, Zip Code Shade, NJ 0	8052				
Project Manager for Monitoring Firm BIII Welsgarber	-	100	Telephon	ns No. 35-4070	Tel	lapho	ne No. 55-0099	The state of the s	He No.			1.000 1.000
Start Date (10) August 11, 2015			npletion i	Opie (11)			Analytical, In	IC.				
Occupancy Status Ouring Abalament (Check Fecility Closed/Vecated During Entire Abstorment Performed Outside of Nort Other - Describe:	Period of	Abatan			20 čli	00 R	oute 130 Non ite, Zip Code minson, NJ 0					
Scope of Work (Check All That Apply)						mna	ט נא ,ווטצאווזו	00//				
조 보이 60 의 10 1 2260 년 조 160 의 10 1 2260 년		Renove				70 19	Full Containme Mini-Englosure Gloveber Fron Non-Exemples	eadure			fine	
		Normal						,		-	eleme: Type	n(
Location of Asbestow-Containing Material (ACM) TO BE ABATED In Facility (13)	Un M	od Sole alntona Modial S (12)	ly by	Asbeil (l.s.	Descriptor Containing thermal ayes surfacing, other misce	Ma Ma	norial (ACM) noulation.	Amount (Specify 9F or LF)			Encopsulate	antaryous
First Floor	100	XXX	IN.V	Aco	uetical Sp	ray	Material	8,020	1	+	+	+
First Floor	XXX			Floor			080,8	2		丰		
Name of Registered Waste Hauler Freehold Cartage	н	JDEP W		Cubic Yard of Weste 80	96		Regimered La		Ifill			
City, State Freshold, NJ					Disposal D 9/11/2015		City, State Newbur				· · · · · · · · · · · · · · · · · · ·	
Cemploted by Christine Lynch	Telle Ope	rations	Mana	ger	17	Luri	2 Con	1	Date 8/10/	201		

NOCK

Date of Notification (1)			Name	of Building	Owner/C	Operator ((2)							
Agencies Notified Type Notification			1-1	JRCI	C L			17	CN A	ÙĠ.	14			
7,75			Street	Address 2	>0 X	40								
DEP Amended		1	City, St	tate, Zip C		1 4								
DOL Amendment		-	A	low	BY	THE	$\leq S$	EX	NJ		0	7	71	\neg
DOH justification) DCA Cancellation			Name o	of Contact			~ · · ·	1	Telephor	ne Nun	nber			i
			FAC	ILITY INF	OPMATE	ON CO	<u>-</u> +	†						
Name of Facility Where Abatement is Taking	Place (3)	170	ATTEN TOTAL	ORMAII		Type of	f Facility	(4)					
ABANDONED I	SLI	26	1.				☐ So	chool (K	-12)					
Street Address 861 - ALEXAND	- 0	\bigcirc					St.	ubchapte ther (i.e.	er 8 (Other that private & com	n K-12) al buil	dinas	hom	.00
City (5)	FX	- *	<u> </u>			,	Square	c.)						CS,
WINDSOR								COC	# of Floor	S		Bldg. /		
County (6)		T	County	Code (7)					rior if being der	molish	ed)		<u></u>	
MERCER				USE ONLY	?	- 10	Cc	MM	NERC					- 1
Name of Monitoring Firm Hired by Building O	wner (8)	1	ASCI	M No.		Name of	f Abate	ment Co	ontractor (9)					
Street Address						Street A	HA	EN	VIRONN	B	41	L	SI	VCS
1							P	1	219	7				
City, State, Zip Code						City, Sta	ate, Zip	Code	021	1		-		-
Project Manager for March 7						TRE		DN	I'M !	\subset	8	عاد	5	5
Project Manager for Monitoring Firm			Telepho	ne No.		Telepho			1 2 2 2 2 2	nse No				
Start Date (10)	Schedule	ed Con	npletion	Date (11)		Name of			1	1/5		_2		
08/12/2015	09	100	5/2	015	. 1.	EMS		4	LINIY	-	·	11		
Occupancy Status During Abatement (Check			1			Street A	ddress		CACI	, ,	_		_	\neg
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma	eriod of A	Abatem	ent		-	20C		00	TE 130	S			0-45	
Other – Describe:	i i aumy	riouis			_	City, Star		,	10		_		C 6	
Scope of Work (Check All That Apply)						-110	MA	WIL	USON	1	17		20	1 1
23 sf or ≥3 lf		enova				日	Full C	ontainm	ent with Negat	tive Pr	essur	re		
≥160 sf or ≥260 lf	Mo	emoliti	ion			H	Mini-E	Enclosur bag Pro	е			1700		
						_\B(Non-E	xempte	d (*) and Non-	Friable	Proc	cedur	е	
toward and	100	Location	1000	88						1			ement pe	
Location of Asbestos-Containing Material (ACM)	Use	d Solei	y by	Asbes	Deso tos Conta	cription of ining Mat	f terial (A	CM)	Amount	Ī				.
TO BE ABATED In Facility	Ed	odial S	3770770	(i.e.	thermal s	systems in ng, VAT,	nsulatio	n,	(Specify SF or LF)	-	Rer	R	Encapsulate	Enc
(13)		(12)				scellaneo			SI OILI)	1	Removal	Repair	psula	Enclosure
	Yes	No	N/A								-		ate	Φ
EXTERIOR		X		R	OOF	FINE			25000	SF	X			
INTERIOR		X		1	AT	_	1		25'000	SF	X			
									,	1				
Name of Registered Waste Hauler		3169	IDEP Wa		Cubic Y of Waste	3000000000	N	lame of	Registered Lar	ndfill				
ALPHA ENVIRONMEN	JATL	1		3330	4	_	16	SR	W15 1	K	Liī	JF'	نـا۱	
City, State					Disposa			ity, State	e , ,	/	100			
Completed by	Title		-			100	2	M	ORKIS	111	LE	=	KA	
ROD RICHARDSON	DO ~	TE	- N		Sig	nature-	11	1	1	Date	>\:	21	20	10
1	IKU	-	-1 1	The	DEX /	100	4	in-		0	2/1	4	70	12
ASB-41 (R-06-08)					/*	Do not u	se this	form for	asbestos licen	sure e	xemp	oted a	ctivitie	es.

NOCK

Date of Notification (1)					Building O			(2)		70						
08/10/2015					llage Sc	nool, in	С.									
Agencies Notified Type	Notification			Street Ac		noot Ct	root									
ĭ EPA ☐	Initial				est Pros		reet									
	Amended Amendment #	1	100		ick, NJ (
	Emergency (i				Contact	77-100				Tele	phone N	Jumhei	_			-
	ustification) Cancellation		11 5		n Larkin					1 CIC	priorie	varribo				
X DCA	Cancellation			-	ITY INFO	PMATIO	N									-
Name of Facility Where Abatem	nent is Taking	Place (3))	1 AOIL	TIT INTO	MINITO	1	Туре	of Facility (4))						
The Village School	Alebana and Alebanana							Пя	School (K-12))						
Street Address								X S	Subchapter 8	(Othe						
100 West Prospect Stree	et							1	Other (i.e. pri etc.)	vate &	comme	rcial bu	ibliu	ngs,	nome	s,
City (5)									e Feet	# of	Floors		Blo	lg. A	ge	
Waldwick								60,0	00	2			19	336		
County (6)			(County C	Code (7)			Curre	nt Use (Prior	if beir	ng demo	lished)				
Bergen			(STATE L	ISE ONLY)		- 1	Scho	ool							- [
Name of Monitoring Firm Hired	by Building C	wner (8)		ASCM	No.		Name	of Abat	tement Contr	ractor	(9)					
EnviroVision Consultant	s, Inc.			0007	9		Incir	nia Co	ntracting,	Inc.						
Street Address							Street	Addres	SS		241					
20-21 Wagaraw Road, E	Bldg. 35E						1360	O Clifto	on Avenue	e, Uni	t 365					
City, State, Zip Code							-		p Code							
Fair Lawn, NJ 0741							Clifto	on, NJ	J 07012							
Project Manager for Monitoring	Firm			Telephor				none No			License					
Fred Larson				.,	636-914	A STATE OF THE PARTY OF THE PAR		3) 450-	100000000000000000000000000000000000000		01036	<u> </u>				
Start Date (10)				pletion [Date (11)				A Monitor	Č.						
08/13/2015		09/4/20							ntracting,	inc.					77-160	
Occupancy Status During Abat	ement (Checl	Only On	e)					Addres			+ 265					-
Facility Closed/Vacated D						-	1,000	28 TO VOICE	on Avenue	e, Un	303					
Abatement Performed Ou Other – Describe: Saturda		al Facility	Hours						p Code							
The second secon							Cilit	OH, INC	J 07012				_			
Scope of Work (Check All That	Apply)	-					×	a	2021 O R			1				
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf			lenova emolit				×	- 1 41	l Containmer ni-Enclosure	nt with	Negativ	e Pres	sure	9		
<u>N</u> =100 31 01 =200 11			Omone	.011				Glo	vebag Proce							
		1						→ No	n-Exempted	(*) and	d Non-Fr	riable F		and Alexander	- 27-200	
			Locati										1	Ту	ment pe	1
Location of		Use	Normal d Sole	ly Iv bv			cription		(4004)		m olint		П			
Asbestos-Containing Mater TO BE ABATED	ral (ACM)	Ma	intenar	nce/		os Conta thermal s					mount Specify		ū	п	Enc	E.
In Facility		Cust	todial 5 (12)	statt?	***************************************	surfaci	ng, VA	AT, or		SF	or LF)		Removal	Repair	apsı	Enclosure
(13)			()	1		other mi	iscellai	neous)				1		=	Encapsulate	ure
		Yes	No	N/A											\U	
Crawlspace Above Au	ditorium		X	X		Pipe I	Insula	ation		32	20 LF	2	2			
						7		0					+			
		-	nece									-	-			
							, .		- I N		and to	1611				
Name of Registered Waste Ha	uler			JDEP W		Cubic Y of Wast			Name of R	970				_		
Atlantic Carting/JR Contr	acting		10,50		JA-464	40	767		IESI PA	Beth	nlehem	Lanc	itill	Cor	p.	
City, State						Disposa	al Date	9	City, State					, value in		
Wayne, NJ						TBD		,	Bethleh	em, l	PA					
Completed by		Title	01111111111111111			Si	gnatur	e ₁				Date	. 11		ii	
Milena Zoric		Exec	cutive	Direct	or		1//	VW	man!)	08/1	0/2	2015		

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

Date of Notification (1)					Name of Building Owner/Op RUTGERS, THE STA	erator (2) TE UNIVE	RSITY OF	NJ	
August 11, 2015 Agencies Notified	l i	Notification T	otificatio	n	Street Address ENVIRONMENTAL HI 27 ROAD 1, BLDG 40	EALTH & S	SAFETY D	EPT.	
x EPA x DCA		□Amended □ Emerge	ency (inc		City, State, Zip Code				
x DOL X DEP		justifica Cancell	ation) ed		PISCATAWAY, NJ 08 Name of Contact GREG LUPINSKI, ENV HE		Telephone Nu	<u>imber</u>	
x DOH	(top)				SAFETY	ALITIC			
				FACILITY INFO	Type of Facility (4)				
Name of Facility Where Abatemer Boyden Hall- Building #	nt is Takir : 7217	ng Place (3)			School (K-12) Subchapter 8 (other than I	K-12)			
Street Address Newark Campus					Other (i.e. private & common Sq. Feet: Unknown	nercial building	gs, homes, etc	ae: 60 years	
	ounty (6)		County C						
OILY (0)	ssex		(State Us	se Only)	Current Use (prior if being of	iemolished).			
Name of Monitoring Firm Hired b	y Bldg. O	wner (8)	ASCM No.	0.	Name of Contractor (9)		NOULTAN	TO INC	
Cardno ATC			0000		GREENWOOD ABATE Street Address	EMENT CO	NSULTAN	15, INC.	
Street Address 3 TERRI LANE					268 MAIN STREET				
City, State, Zip Code	46				City State, ZipCode Butler, NJ 07405				
BURLINGTON, NJ 080 Project Manager for Monitoring F	irm	Telephone I			Telephone Number		License Num	<u>ber</u>	
BRIAN KEARNY		609-386-		5 . ((1))	973-492-0477 Name of OSHA Monitor		00840		
Scheduled Start Date (10) August 11, 2015		Scheduled August	Completion 18, 2015	Date (11)	EMSL inc.				
Occupancy Status During Aba	tement (Check only o	one)		Street Address				
Facility Closed/Vacated Abatement Performed C	During E	Entire Period	of Abatem	nent s -	1056 Stelton Road City, State, Zip Code				
Describe SOther - Describe: 5					Piscataway, NJ 088	354			
Source of Work (Check all that	apply)			e e e e e e e e e e e e e e e e e e e		x Full Contai		egative Pressure	
≥ 3 sf or ≥ 3 lf					1011	Glovebag F	Procedure		
$\boxtimes \geq 160 \text{ sf or } \geq 26$	50							on-Friable Proced ement Type	ure
Location of Asbestos-Containin Material (ACM) in Facility (13)	Sole	ocation Norm ely by Maint./6 ff? (12)	ally Used Custodial	Description of As (ACM) (i.e. then VAT, or other mi	sbestos Containing Material mal systems insulation, surfaci scell.)	ing, (Speci or LF)	fy SF	ove Repair Encap E	Enclos
311, 339 Suite, 344	YE		NA	Mastic		2400	SF 🗵		
Suite Name of Reg. Waste Hauler		NJDEP W	aste Hauler	r ID #	Cubic Yards of Waste:		Name of Re	egistered Landfill North Landfill	
See Hauler Below # 1 & 2	2	See Beld	WC		07405	Disposal Da		City, State	4:11
Hauler #1) Greenwood A NJ DEP # 125	561				01403	August 2	20, 2015	100 New Ford M Road, Morrisville 19067	
Hauler #2) STG-58 Pyles	Lane,	new Castle	, DE 17/					215-736-1700	
Completed by (Print or Type) Raymond C. Pedal	ino	Title SENIOR	PROJE		Signature Raymond C. Pedalin	a	Date August	11, 2015	
Nayinonu O. Fedan		MANAGI			FACE TO THE COMPANY				

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

Date of Notification (1) July 16, 2015				Name of Building Owner/		/ERSITY	OF NJ
Agencies Notified X EPA x DCA	Notification Initia Amende	al Notif		Street Address ENVIRONMENTAL 27 ROAD 1, BLDG	HEALTH &	& SAFETY	/ DEPT.
x DOL	■ Emerging justification		ncluding	City, State, Zip Code PISCATAWAY, NJ	08854		
X DEP x DOH	☐ Cance			Name of Contact GREG LUPINSKI, ENV I SAFETY		Telephone	Number
			FACILITY INF				
Name of Facility Where Abatement is	Taking Place (3)			Type of Facility (4)			
Boyden Hall- Building # 72	17			School (K-12)	15 40)		
Street Address				Subchapter 8 (other tha			
Newark Campus				Other (i.e. private & cor Sq. Feet: Unknown			
City (5) County Newark Esse			/ Code (7) Use Only)	Current Use (prior if being	82		
Name of Monitoring Firm Hired by Blde Cardno ATC	g. Owner (8)	ASCM 0098		Name of Contractor (9) GREENWOOD ABA	TEMENT C	ONSIII TA	NTS INC
Street Address 3 TERRI LANE				Street Address	I LINILINI O	ONOULIA	itt o, itto.
			10	268 MAIN STREET			
City, State, Zip Code BURLINGTON, NJ 08016				City State, ZipCode Butler, NJ 07405			
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone N 609-386-			Telephone Number		License Nu	mber
				973-492-0477		00840	
Scheduled Start Date (10) August 11, 2015	Scheduled (Name of OSHA Monitor EMSL inc.			
Occupancy Status During Abatemen	nt (Check only o	ne)		Street Address	H		
Facility Closed/Vacated During Abatement Performed Outside	g Entire Period e of Normal Fac	of Abater	ment rs -	1056 Stelton Road		*	
Describe				City, State, Zip Code			
☑Other – Describe: 5pm –	5am			Piscataway, NJ 08	854		
Source of Work (Check all that apply)							1477-1470 No. 1470-1470
≥ 3 sf or ≥ 3 lf			☑ Renovati	on	x Full Contai		Negative Pressure
			Demolition	OII	Glovebag F		
						ted (*) and N	Non-Friable Procedure
	Location Norma			bestos Containing Material	Amour		tement Type
	olely by Maint./Co aff? (12)	ustodiai	VAT, or other mis	nal systems insulation, surfactional systems in sulation, surfaction in the systems in the system in the systems in the systems in the system i	ing, (Specifor LF)		nove Repair Encap Enclose
	ES NO	NA					
311, 339 Suite, 344	X		Mastic		2400	SF 🗵	
Suite	Lupenu						
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Was See Below		rID#	Cubic Yards of Waste:			egistered Landfill North Landfill
Hauler #1) Greenwood Abatem NJ DEP # 12561	nent Consulta	nts, Ind	c. – Butler, NJ 0	7405	Disposal Da		City, State 100 New Ford Mill
Hauler #2) STG-58 Pyles Lane,	New Castle, I	DE 197	20			-,	Road, Morrisville, PA 19067
		100					215-736-1700
Completed by (Print or Type)	<u>Title</u>			Signature		Date	
Raymond C. Pedalino	SENIOR P MANAGER		CT	Raymond C. Pedalino	i i	July 16,	, 2015

State of New Jersey 609-633-2/19 Mail in MIDEP

NOTIFICATION OF ASBESTOS ABATEMENT 1 John Fitchway Plaza

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

P. O. Bay Qua

A TOTAL								1.0	40	X	777		
Date of Notification	on (1) \$ [10[1	5	Nam	e of Buil	ding	Owner/Operator	(2)	Trev	40	41	43	.01	8625
Agencies Notified			Stree	t Addres	3	LINA SH	EK					1 3	_
() EPA	(Initial		_	43		tampshine	Mrs	110					
DEP	Notific	ation	The second second	Stare, Zi	0	i will be the	DIV	ve					-
() DOL	() Amend	ed				OF NIJ.	08	1406					
() DOH	Notific		Nam	e of Con	tact			Tolank	2000	Viscon			-
() DCA			1	DIVIN	17	SHER					MI		
		F	ACIL	ITY II	VF	ORMATION						_	_
Name of Facility O	Apartment	s Taking I	Place (3)	200	Ty	pe of Facility (4)							7
STERET ANDRESS	,			7	() School (K-12)							
4101-41	09 Ventr	Drapa	8		() Subchapter 8 (Ot	her than !	K-12)					
City (5)	County (6)	Cour	aty Cod	e (7)	(4	Other (i.e. Brivan			nes)				
ATLANTIC		(STAT	E USE C	ONLY)		Square Feet		Floors		Buildi	ng Ag	re	-
15045MIKE	Atlantic					,						•	
CITE	· · · · · · · · · · · · · · · · · · ·				(6000 SF,	3			50	5		
-1.1				Ī	Cu	rent Use (Prior if b	eing dem	olished)		-			1
Name of Monitoris	ng Firm Hired by I	Building	AS	CM No.		Name of Contract							4
in/excount	,		1			South s	hors	Carte	33	tar	5 /	10	
Street Address						Street Address		-					-
					- 1	6157 1	1/14	ROAD			ĬC.		
City, State, Zip	8					City, State, Zin	bor	Tugs.	, 1	し丁	- 0	83	234
Project Manager fo	r Monitoring Firm	Telepi	none Nu	umber		Telephone Numbe	ır	· L	icense	a Nu	nber		1
						609 822	2100	1304	00	664	30	50	
Scheduled Start Da	te (10)			mpletion		te (11)	Name	of OSHA M	onito	Ė			7
8/22/15				115									
Occupancy Status I	During Abstement	(Check or	nly one)			Street Add	dress						1
() Facility Closed	/Vacated During	Entire Per	iod of A	Abaremer	32			X					
() Abstement Per	rformed Outside o	f Normal	Facility			4101.	4109	Ventra	00	110			
Hours - Desc						City, State		Ventra	-	-			4
95 (00004500 EU (1000 EV								,·	0 -		_	~	,
() Other - Descri		~					-	ity, 1	J' c ~) ~	0	546	引
Scope of Work (Ch	eck all that apply)			ζ.	£ -		LACE			*	34		
() Demolition	2 200 2 100 2 100			(2		Renovation Roc							
() Large Project (() F	ull Containment wi	th Negati	ve Pressure			4		
() Small Project (> 25 < 160 SF or	> 260 LF	ACM)	() 1	fini-Enclosure				FC.			
() Minor Project	(< 25 SF or < 10 I	FACM)		() (Glovebag Procedure							
	9												
******			ation No	market and a service of		Description of	_		Ab	teme	ent Ty	pe	
Location of Asbesto			ed Solely		cc	Asbestos-Containin Material (ACM) (Le		Amount	20	Re	F	퍉	
Material (ACM) in I	,scmtA (12)	Maintenan		todiai 20	111	thermal systems ins		(Specify	Removal	Repair	<u>S</u>	줐	1
MAIN RO	005		(12)	20		surfacing, VAT, or	other	SF or LF)	PRAI	1	Encapsule	Enclosure	
INCLUIA KO	100	- Land Landson Maria				miscellaneous)		129	13821823		8	G	
		Yes .	No	N/A		1							1
]						-	-
Name of Registered		P Waste		D No.		Cubic Yards of W	7aste	Name of R	egiste	red I	andf	ĬĪ.	
Transformation	Ent Spe.	1893	52					Atlantic	-	unty	ist	1.	Auth
City, State	hai al -		Disp	posal Dat	e		City, St	ate		7			
Egg Har						10:		7					1
Completed by (Print	or Type) Ti	tio	:/.	1		Signature	11.10	19	Dat	9, -	1	_	

Date of Notification (1)				Name of Building Owner/Operator (2)											
8 /10 /	15			Name of Building Owner/Operator (2) Gloucester Township Board of Education											
Agencies Notified Type Notif	ication			Street	Address		ri-								
☐ EPA ☐ Initial				17	Erial Rd		3	1.78		1					
☑ DOLWD ☐ Amend	NECESIA CONTRACTOR			City, S	State, Zip C	ode			31.	-					
	ment #_				Blackwood, NJ 08012										
DCA Emerge (NJAC 5:23-8)		cluding	3	Name of Contact Telephone Number											
(NJAC 5:23-8) justifica ☐ Cancel				Sani Umar											
						FORMATION				2000			_		
Name of Facility Where Abatement is	s Takino	Place	(3)	FACILITY INFORMATION Type of Facility (4)											
Erial Elementary School	9		1.7	School (K-12) Non-Sub8											
Street Address							Subchapter	8 (Other than K	-12)						
20 Essex Ave.							Other (i.e., p		mercia	al bu	ilding	s,			
City (5)							Square Feet	# of Floors		BI	dg. Ag	20			
Sicklerville							Oquale i cet	# 01 1 10013		Dic	ig. A	30			
County (6)	_			Cour	ty Code /7)(STATE USE ONLY)	Current Use (Pr	ior if hoing dom	oliche	24/		_			
Gloucester				Cour	ity Code (7	NSTATE USE ONLT)	Current Use (FI	ior ii beirig derii	Olishe	eu)					
Name of Monitoring Firm Hired by Bu	ildina C	Jumar	/O\ T	ASCM	No	Nome of Abston	ant Contractor (0)								
Pennoni Associates, Inc.	mung C	Wilei	(0)	ASCIVI	NO.	Name of Abatem									
							VIRONMENTA	L, INC.		200					
Street Address						Street Address									
515 Grove St.						1123 BEAVE		2.13							
City, State, Zip Code						City, State, Zip C									
Haddon Heights, NJ 08035						BRISTOL, PA	A 19007								
Project Manager for Monitoring Firm				phone		Telephone No.		License No.							
											1509				
Tom Leisse				2,72,11,25,27,25		215-788-6040		00509							
Tom Leisse Start Date (10)			comple	tion Da	te (11)	Name of OSHA N	Monitor					131			
Tom Leisse Start Date (10)8	_ 8	8 /	comple 21	2,72,11,21,22,23	te (11)	Name of OSHA N BRISTOL EN									
Tom Leisse Start Date (10) 8 / 21 / 15 Occupancy Status During Abatemen	{t (Check	8 /	comple 21	etion Da	te (11)	Name of OSHA N BRISTOL EN Street Address	Monitor VIRONMENTA								
Tom Leisse Start Date (10) 8 / 21 / 15 Occupancy Status During Abatemen ☐ Facility Closed/Vacated During En	{t (Check	8 / conly of	comple 21 one) Abate	etion Da	te (11) 15	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE	Monitor VIRONMENTA R STREET								
Tom Leisse Start Date (10) 8 / 21 / 15 Occupancy Status During Abatemen	t (Check ntire Per Normal	8 / c only c riod of Facilit	comple 21 one) Abate y Hour	ment	te (11) 15	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip C	Monitor VIRONMENTA R STREET ode								
Tom Leisse Start Date (10) 8 / 21 / 15 Occupancy Status During Abatemen ☐ Facility Closed/Vacated During En ☐ Abatement Performed Outside of Time of Abatement: 7:00 AM-3:3	t (Check ntire Per Normal 0PM/	8 / c only c riod of Facilit	comple 21 one) Abate y Hour	ment	te (11) 15	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE	Monitor VIRONMENTA R STREET ode								
Tom Leisse Start Date (10) 8 / 21 / 15 Occupancy Status During Abatemen ☐ Facility Closed/Vacated During En ☐ Abatement Performed Outside of Time of Abatement: 7:00AM-3:3 Scope of Work (Check all that apply)	t (Check ntire Per Normal 0PM/	8 / c only c riod of Facilit	comple 21 one) Abate y Hour	ment	te (11) 15	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA	Monitor VIRONMENTA R STREET ode A 19007 tainment with Ne	L, INC.							
Tom Leisse Start Date (10) 8 / 21 / 15 Occupancy Status During Abatemen Facility Closed/Vacated During End Abatement Performed Outside of Time of Abatement: 7:00 AM-3:3 Scope of Work (Check all that apply) ≥3 sf or ≥3 lf	t (Check ntire Per Normal 0PM/	s only conly of riod of Facilities P	comple 21 one) Abate y Hour M	ment rs - Des AM	te (11) 15	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA	Monitor VIRONMENTA R STREET ode A 19007 tainment with Neclosure	L, INC.							
Tom Leisse Start Date (10) 8 / 21 / 15 Occupancy Status During Abatemen ☐ Facility Closed/Vacated During En ☐ Abatement Performed Outside of Time of Abatement: 7:00AM-3:3 Scope of Work (Check all that apply)	t (Check ntire Per Normal 0PM/	s only conly of riod of Facilities P	comple 21 one) Abate y Hour M	ment rs - Des AM	te (11) 15	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA	Monitor VIRONMENTA R STREET ode A 19007 tainment with Neclosure g Procedure	L, INC.							
Tom Leisse Start Date (10) 8 / 21 / 15 Occupancy Status During Abatemen ☐ Facility Closed/Vacated During End ☐ Abatement Performed Outside of Time of Abatement: 7:00 AM-3:3 Scope of Work (Check all that apply) ☐ ≥3 sf or ≥3 lf	t (Check ntire Per Normal 0PM/	only of control of Facility P	comple 21 one) Abate y Hour M	ment rs - Des AM	te (11) 15	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA	Monitor VIRONMENTA R STREET ode A 19007 tainment with Neclosure	L, INC.		Ah	ateme	ant T	wne		
Tom Leisse Start Date (10) 8 / 21 / 15 Occupancy Status During Abatemen Facility Closed/Vacated During End Abatement Performed Outside of Time of Abatement: 7:00 AM-3:3 Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of	t (Check htire Per Normal 0PM/	8 / c only c onl	complection (21) (21) (21) (21) (21) (21) (21) (21)	ment rs - Des AM ion on	te (11) 15 ccribe	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA Full Con Mini-End Gloveba Non-Exe	Monitor VIRONMENTA R STREET ode A 19007 tainment with Neclosure g Procedure empted (*) and No	L, INC.			ateme		T		
Tom Leisse Start Date (10) 8 / 21 / 15 Occupancy Status During Abatemen Facility Closed/Vacated During Ender Abatement Performed Outside of Time of Abatement: 7:00 AM-3:3 Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (AC	t (Check htire Per Normal 0PM/	s only of riod of Facilities P	complection (21) (21) (21) (21) (21) (21) (21) (21)	ment rs - Des AM ion on illy ely by	te (11) 15 cribe	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA Full Con Mini-End Gloveba Non-Exe	Monitor VIRONMENTA R STREET ode A 19007 tainment with Neclosure g Procedure empted (*) and No	gative Pressure					T		
Tom Leisse Start Date (10) 8 / 21 / 15 Occupancy Status During Abatement Facility Closed/Vacated During Ender Abatement Performed Outside of Time of Abatement: 7:00 AM-3:3 Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACTO BE ABATED	t (Check htire Per Normal 0PM/	S / Only of riod of Facility P Reciprocess Reciprocess	Comple 21 cone) Abate y Hour M- enovatiemolitics Locat Normaled Sole intena	ment rs - Des AM ion on illy ely by	te (11) 15 cribe	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA Full Con Mini-End Gloveba Non-Exe	Nonitor VIRONMENTA R STREET ode A 19007 tainment with Neclosure g Procedure empted (*) and No	gative Pressure			ate Repair		T		
Tom Leisse Start Date (10) 8 / 21 / 15 Occupancy Status During Abatemen Facility Closed/Vacated During Ender Abatement Performed Outside of Time of Abatement: 7:00 AM-3:3 Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (AC	t (Check htire Per Normal 0PM/	S / Only of riod of Facility P Reciprocess Reciprocess	Comple 21 cone) Abate y Hour M- enovatiemolitics Locat Normaled Sole intena	ment rs - Des AM ion on tion lilly elly by ance/	te (11) 15 cribe	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA Full Con Mini-End Gloveba Non-Exe	Nonitor VIRONMENTA R STREET ode A 19007 tainment with Nectosure g Procedure empted (*) and No of atterial (ACM) insulation, , or	gative Pressure		Ab Removal			T		
Tom Leisse Start Date (10) 8 / 21 / 15 Occupancy Status During Abatemen Facility Closed/Vacated During Ender Abatement Performed Outside of Time of Abatement: 7:00 AM-3:3 Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACTO BE ABATED IN Facility	t (Check htire Per Normal 0PM/	S / Only of riod of Facility P Reciprocess Reciprocess	Comple 21 cone) Abate y Hour M- enovatic emolition is Locat Normaled Sole intenatodial	ment rs - Des AM ion on tion lilly elly by ance/	te (11) 15 cribe	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA Full Con Mini-End Gloveba Non-Exe Description of stos Containing Mainstern of the store of the	Nonitor VIRONMENTA R STREET ode A 19007 tainment with Nectosure g Procedure empted (*) and No of atterial (ACM) insulation, , or	gative Pressure				T Encapsulate	T		
Tom Leisse Start Date (10) 8 / 21 / 15 Occupancy Status During Abatemen Facility Closed/Vacated During Ender Abatement Performed Outside of Time of Abatement: 7:00 AM-3:3 Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACTO BE ABATED IN Facility	t (Check htire Per Normal 0PM/	Records of Section 1 Secti	Comple 21 cone) Abate y Hour M- enovatiemolitic S Local Norma ed Sole aintena todial (12)	ment rs - Des AM ion on tion ally ely by unce/ Staff?	Asbes	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA Full Con Mini-End Gloveba Non-Exe Description of stos Containing Mainstern of the store of the	Nonitor VIRONMENTA R STREET ode A 19007 tainment with Nectosure g Procedure empted (*) and No of atterial (ACM) insulation, , or	gative Pressure					T		
Tom Leisse Start Date (10) 8 / 21 / 15 Occupancy Status During Abatemen Facility Closed/Vacated During Ender Abatement Performed Outside of Time of Abatement: 7:00 AM-3:3 Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACTO BE ABATED IN Facility (13)	t (Check htire Per Normal 0PM/	8 / conly criod of Facilities P	comple 21 cone) Abate y Hour M- enovatiemolitic S Local Norma ed Sole intena (12) No	ment rs - Des AM ion on tion tion tion Staff?	Asbes	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA Full Con Mini-End Gloveba Non-Exe Description of the stock Containing Mail Contai	Nonitor VIRONMENTA R STREET ode A 19007 tainment with Nectosure g Procedure empted (*) and No of atterial (ACM) insulation, , or	gative Pressure on-Friable Proce Amount (Specify SF or LF)		Removal	Repair 🔲		T		
Tom Leisse Start Date (10) 8 / 21 / 15 Occupancy Status During Abatemen Facility Closed/Vacated During Ender Abatement Performed Outside of Time of Abatement: 7:00 AM-3:3 Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACTO BE ABATED IN Facility (13)	t (Check htire Per Normal 0PM/	Recorded Facility P	comple 21 cone) Abate y Hour M enovati emolitic s Locat Normae d Sole aintena todial (12) No	ment rs - Des AM ion on Staff?	Asbes	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA Full Con Mini-End Gloveba Non-Exe Description of the stock Containing Mail Contai	Nonitor VIRONMENTA R STREET ode A 19007 tainment with Nectosure g Procedure empted (*) and No of atterial (ACM) insulation, , or	gative Pressure on-Friable Proce Amount (Specify SF or LF)		Removal	Repair		Enclosure		
Tom Leisse Start Date (10) 8 / 21 / 15 Occupancy Status During Abatemen Facility Closed/Vacated During Ender Abatement Performed Outside of Time of Abatement: 7:00 AM-3:3 Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACTO BE ABATED IN Facility (13)	t (Check htire Per Normal 0PM/	8 / conly co	comple 21 cone) Abate y Hour M- enovatiemolitic S Local Norma ed Sole intena (12) No	ment rs - Des AM ion on tion tion Staff?	Asbes	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA Full Con Mini-End Gloveba Non-Exe Description of the stock Containing Mail Contai	Nonitor VIRONMENTA R STREET ode A 19007 tainment with Nectosure g Procedure empted (*) and No of atterial (ACM) insulation, , or	gative Pressure on-Friable Proce Amount (Specify SF or LF)		Removal	Repair 🔲		pe Enclosure		
Tom Leisse Start Date (10) 8	t (Check htire Per Normal 0PM/	Recorded Facility P	comple 21 cone) Abate y Hour M- enovatiemolitic S Local Norma ed Sole intena (12) No	ment rs - Des AM ion on Staff?	Asbes	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA Full Con Mini-End Gloveba Non-Exe Description of the stock Containing Mail Contai	Nonitor VIRONMENTA R STREET ode A 19007 tainment with Nectosure g Procedure empted (*) and No of atterial (ACM) insulation, , or	gative Pressure on-Friable Proce Amount (Specify SF or LF)		Removal	Repair 🔲		Enclosure		
Tom Leisse Start Date (10) 8 / 21 / 15 Occupancy Status During Abatemen Facility Closed/Vacated During Ender Abatement Performed Outside of Time of Abatement: 7:00 AM-3:3 Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACTO BE ABATED IN Facility (13)	t (Check htire Per Normal 0PM/	8 / conly co	comple 21 cone) Abate y Hour M- enovati emolitic s Locat Norma ed Sole aintena (12) No	ment rs - Des AM ion on bitton by staff?	Asber (i.e. Tank In:	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA Full Con Mini-End Gloveba Non-Exe Description of stos Containing Man, thermal systems surfacing, VAT other miscellane sulation	Nonitor VIRONMENTA R STREET ode A 19007 tainment with Nectosure g Procedure empted (*) and No of atterial (ACM) insulation, , or	gative Pressure on-Friable Proce Amount (Specify SF or LF)		Removal 🛛 🖂 🖂	Repair 🔲		Enclosure		
Tom Leisse Start Date (10) 8	t (Check htire Per Normal 0PM/	8 / conly criod of Facilities P Rec Dec Section 1 Construction 1 Cons	comple 21 cone) Abate y Hour M- enovati emolitic s Locat Norma ed Sole aintena (12) No	ment rs - Des AM lion on lition lilly lely by since/ Staff?	Asber (i.e. Tank In:	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA Full Con Mini-End Gloveba Non-Exe Description of stos Containing Main, thermal systems surfacing, VAT other miscellane	Nonitor VIRONMENTA R STREET ode A 19007 Itainment with Neclosure g Procedure empted (*) and No of aterial (ACM) insulation, f, or eous) Name of Regis	gative Pressure on-Friable Proce Amount (Specify SF or LF)		Removal 🛛 🖂 🖂	Repair 🔲		Enclosure		
Tom Leisse Start Date (10) 8	t (Check htire Per Normal 0PM/	8 / conly criod of Facilities P Rec Dec Section 1 Construction 1 Cons	comple 21 cone) Abate y Hour M- enovati emolitic s Locat Norma ed Sole aintena (12) No	ment rs - Des AM ion on bitton by staff?	Asber (i.e. Tank In:	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA Full Con Mini-End Gloveba Non-Exe Description of stos Containing Man, thermal systems surfacing, VAT other miscellane sulation	Nonitor VIRONMENTA R STREET ode A 19007 Itainment with Neclosure g Procedure empted (*) and No of aterial (ACM) insulation, f, or eous) Name of Regis	gative Pressure on-Friable Proce Amount (Specify SF or LF) 25 SF		Removal 🛛 🖂 🖂	Repair 🔲		Enclosure		
Tom Leisse Start Date (10) 8	t (Check htire Per Normal 0PM/	8 / conly criod of Facilities P Rec Dec Section 1 Construction 1 Cons	comple 21 cone) Abate y Hour M- enovati emolitic s Locat Norma ed Sole aintena (12) No	ment rs - Des AM lion on lition lilly lely by since/ Staff?	Asber (i.e. Tank In:	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA Full Con Mini-End Gloveba Non-Exe Description of Stos Containing Mail, thermal systems surfacing, VAT other miscellane sulation Cubic Yards of Waste	Monitor IVIRONMENTA R STREET ode A 19007 tainment with Neclosure g Procedure empted (*) and No of atterial (ACM) insulation, for eous) Name of Regis MINERVA City, State	gative Pressure on-Friable Proce Amount (Specify SF or LF) 25 SF	edure	Removal 🛛 🖂 🖂	Repair 🔲		Enclosure		
Tom Leisse Start Date (10) 8	t (Check htire Per Normal 0PM/	8 / conly criod of Facility P Section 18 Sec	comple 21 cone) Abate y Hour M- enovati emolitic s Locat Norma ed Sole aintena (12) No	ment rs - Des AM lion on lition lilly lely by since/ Staff?	Asber (i.e. Tank In:	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA Full Con Mini-End Gloveba Non-Exe Description of Stos Containing Mails, thermal systems surfacing, VAT other miscellane sulation Cubic Yards of Waste Disposal Date	Monitor IVIRONMENTA R STREET ode A 19007 tainment with Neclosure g Procedure empted (*) and No of atterial (ACM) insulation, for eous) Name of Regis MINERVA City, State	Amount (Specify SF or LF) 25 SF	688	Removal 🛛 🗎 🗎	Repair 🔲		Enclosure		
Tom Leisse Start Date (10) 8	L (Check htire Per Normal OPM/	8 / conly criod of Facility P Section 18 Sec	comple 21 cone) Abate y Hour M enovati emolitic s Locat Norma ed Sole aintena todial (12) No	ment rs - Des AM lion on lition lilly lely by since/ Staff?	Asber (i.e. Tank In:	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA Full Con Mini-End Gloveba Non-Exe Description of Stos Containing Mail, thermal systems surfacing, VAT other miscelland sulation Cubic Yards of Waste Disposal Date	Monitor IVIRONMENTA R STREET ode A 19007 tainment with Neclosure g Procedure empted (*) and No of atterial (ACM) insulation, for eous) Name of Regis MINERVA City, State	gative Pressure on-Friable Proce Amount (Specify SF or LF) 25 SF stered Landfill LANDFILL BURG, OH 444	edure	Removal 🛛 🗎 🗎	Repair 🔲		Enclosure		

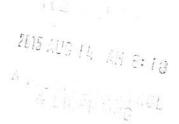


Date of Notification (1)			Name of Building Owner/Operator (2)										
8/10/	15		500 Cedar Lane, LLC / Job #1508-2009 Chk. #4043 Street Address										
Agencies Notified Type Notifica	ition		Street	Address			F. C.	17	iiô	: []	2 2		
☐ EPA ☐ Initial			745	Leo Bul	locks Parkway		£ 10						
☑ DOLWD ☐ Amended			City, S	state, Zip (Code	77129 9911881							
□ DHSS Amendme	100 XXX 100 XX	8	Elyi	ria, OH 4	4035	& LIOFN THE							
DCA Emergence [VIJAC 5:23-8]			V. 100.00	of Contac			Telephone Number	er	· · ·				
☐ Cancellat			Ror	Smolsk	cis		. Siephene Hamb						
	r)		FAC	CILITY IN	FORMATION								
Name of Facility Where Abatement is T	7877	(3)	Type of Facility (4)										
Commercial Property Bldgs. 2	& 3					School (K-12	2)						
Street Address	iii ×						3 (Other than K-12) rivate and commerc	بمامن	م منامان	_			
500 Cedar Lane						homes, etc.)		iai bu	illaing	S,			
City (5)						Square Feet	# of Floors	Bldg. Age					
Florence, NJ						190K/60K	2 Fls.& 1 Fl.		1967		h		
County (6)			Cour	tv Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if being demolish						
Burlington			5.000.000.000		A	Vacant	ior in boiling deritions.	icu)					
Name of Monitoring Firm Hired by Build	ling Owner	(8)	ASCM	No	Name of Abateme		7			122			
Horizon Environmental	ing ourner	,	100111	140.	Contraction of the contraction of the contraction of					2			
Street Address			Asbestos and Mold Services, Corp.										
P.O. Box 316			Street Address										
City, State, Zip Code			3859 Sylon Boulevard										
Thorofare, NJ			City, State, Zip Code Hainesport, NJ 08036										
Project Manager for Monitoring Firm		Tele	-1			13 08036							
Steve Flanigan			phone		Telephone No.		License No.						
				3-0800	609-702-0400		00862						
Start Date (10) Start Date (10	Scheduled C				Name of OSHA M EMSL Analyt								
						icai, iiic.							
Occupancy Status During Abatement (0					Street Address								
 ☐ Facility Closed/Vacated During Entir ☐ Abatement Performed Outside of No 				oribo	200 U.S. Rou								
Time of Abatement:AM	PM/	_PM-	AM										
Scope of Work (Check all that apply)			Cinnaminson, NJ 08077										
			☐ Full Containment with Negative Pressure										
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		novati	on Mini-Enclosure										
⊠ ≥100 si di ≥200 li	⊠ De	molitic	П				n-Friable Procedure	2					
	Is	Locat	ion			inprod () dila re	Triable Freedam	1	ateme	ant T	vino		
Location of		Vorma			Description o	f		-			1		
Asbestos-Containing Material (ACM		d Sole intena			estos Containing Ma		Amount	Rem	Repair	nc	nc		
TO BE ABATED IN Facility		todial S		(1.6	e., thermal systems surfacing, VAT,	or	(Specify SF or LF)	Remova	ai.	sqe	Enclosure		
(13)		(12)		1	other miscellane		31 01 L1)	=		Encapsulate	re		
	Yes	No	N/A							(D			
Buildings 2 & 3				See Att	tached		See Attached						
**							1						
9													
								П	П	П	П		
Name of Registered Waste Hauler		N	JDEP \	Vaste	Cubic Yards of	Name of Regis	stered Landfill						
Freehold Cartage, Inc.		Н	auler II		Waste	GROWS L							
City, State			02265)	5 Disposal Date	City, State	3-12-			-			
Freehold, NJ					9/25/15	1 50	, PA 19067						
Completed By (Print or Type)	Title			C:O-t									
Joann Mullarkey	`00=	linata	•	Signature	n Mullarkey 8-10-15								
Joann Mullarkey Office Coordinator ASB-41									0.	(C))		

ASB-41 MAY 11

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





SCOPE

Confirmed Asbestos Materials per asbestos survey by 1 Source Safety and Health Inc. dated 6.24.15.

Building #2 Materials

Approximately 68 elbows/fittings 1st & 2nd floor.

Approximately 60 LF of grey window caulk 2A Office Area.

Approximately 3,600 SF of floor tile and mastic 2A Office Area.

Approximately 50 SF of fire door insulation.

Approximately 1,140 SF of floor tile and mastic in 2B Office Area.

Approximately 45 SF of Transite in 2B Office Area.

Approximately 2 fittings associated with roof drains in the East and West Stairwell.

Building #3 Materials

Approximately 55 fittings in the office area and garage bays.

Approximately 300 SF of floor tile and mastic in office area.

Approximately 400 SF of residual mastic under carpet in Southwest office area.

Approximately 240 SF of ceiling plaster in restrooms.

Approximately 260 LF of floor expansion caulk in the garage bay areas.

CK#24899

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

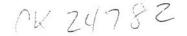
Date of Notification (1)				Name of Building Owner/Operator (2) Creamer Creamer Street Address										
DATE OF THE PARTY	11/15						Creamer		4 /	符	9:0	iq		
Agencies Notified EPA	Type Notific	cation		Stree	t Address	10	0 Homestead							
DEP DOL	Amende Amendr			City,	State, Zip 0			27.0	1	NA	1.54	-		
_	☐ Emerger	ncy (includir	g				ddonfield, NJ	08033						
DOH DCA	justifica Cancella			Name	e of Contac M	t arion Creame	r	Telephone Num	ber					
				FA		ORMATION		L						
Name of Facility Where							Type of Facility	y (4)				,		
04		Resident	ial				School (K-1		2)					
Street Address	Homestea	ad Av	re.				8 (Other than K-1 private & commerc		ldings	S,				
City (5)	Цо	ddonfield	1 111	8	Square Feet # of Floors							15		
County (6)	Пас	udomner	1, 111		ntv Code (7) (STATE	1800	rior if being demoli	shed)	8()+/-			
C	amden			USE	ONLY)		- Carretti Coc (i	nor ir being demon	3i icu)	0				
Name of Monitoring Firm (8)		lding Owner		ASCM	No.	The state of the s	nent Contractor (9	0.0000-1						
Street Address	MECS					Street Address	ens Environ	mental Servic	es, I	nc.				
Officer Address	PO Box	x 341				Street Address PO Box 322								
City, State, Zip Code		NII 0051	-		City, State, Zip Code									
Project Manager for Mor	osswicks,	NJ 0851		phone	No	Telephone No.	Allentow	n, NJ 08501						
	isgarber		310		8-4070	(609) 25	59-9688	License Ne.	049	3				
Start Date (10)		Scheduled (Comple	tion Da	ate (11)	Name of OSHA	Monitor					_		
8/31/15		(0) 1 1	9/4/1	.5			M	ECS				_		
Occupancy Status Durin Facility Closed/Vacat				ment		Street Address	PO F	30x 341						
Abatement Performed	d Outside of N	lormal Facili										_		
Other - Describe: Scope of Work (Check a	Salawa - Control	o pin												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	шиас арріу)		enovati emolitio								re			
			Locatio					Aba						
Location of		Used	d Solei ntenan	y by		Description of				Тур	e -			
Asbestos-Containing N TO BE ABAT	TED `	C	ustodia			stos Containing Material (ACM) Amount the thermal systems insulation, (Specify					Encapsulate	田田		
IN Facility (13)			Staff? (12)			surfacing, VAT, or other miscellaneous) (Specify Repair (Specify SF or LF) Repair (Specify SF or LF)						Enclosure		
		Yes	No	N/A					a	7	ilate	ure		
Baseme	nt			×		Boiler Insula	tion	20 sf	×					
		_												
Name of Registered Was	ste Hauler		IN	JDEP V	Vaste T	Cubic Yards	Name of Regis	stered Landfill						
10 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m					No. 292	of Waste 2 CU	Trains of Regis	GROWS Lan	dfill					
City, State						Disposal Date	City, State	/				=		
Allentown, NJ Completed By Title						9/4/15 / Signature/	T- /	Morrisville,	PA_		_	_		
Mahlon E. Ste	vens	300000000000000000000000000000000000000	oject	Man	ager	111			8/11/15					

ASB-44

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

CK 7424.

Date of Notification (1)		Nam	Name of Building Owner/Operator (2)											
8 /10			Township of Union Public Schools / Job #1508-4938 Check #7424											
Agencies Notified Type No	tification				t Address		· · · · · · · · · · · · · · · · · · ·	115 P. F.O. (
☐ EPA ☐ Initial	Ĭ.			23	69 Morri	s Ave.		574.40	- 14					
☑ DOLWD ☐ Amer		Ď.		City,	State, Zip	Code		F P. Com Co.			-			
	ndment # gency (ir		-	Ur	ion, NJ (07083	3 4 7 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7							
(NJAC 5:23-8) justifi	cation)	roludiii	ij	Nam	e of Conta	ct		Telephone Nun	nber					
☐ Cano	ellation			То	m Wiggi	ns		1						
					CILITY	NFORMATION								
Name of Facility Where Abatement	is Takin	g Plac	e (3)				(4)							
Franklin School							2)							
Street Address					☐ Subchapter 8 (Other than K-12)☐ Other (i.e., private and commercial bu									
1500 Lindy Terrace							homes, etc.)		orolar D	buildings,				
City (5)							Square Feet	# of Floors	В	ldg. A	\ge			
Union														
County (6)				Cou	nty Code ((7)(STATE USE ONLY)	Current Use (Pr	ior if being demol	ished)					
Union							School							
Name of Monitoring Firm Hired by B	Building (Owner	(8)	ASCM	No.	Name of Abateme								
Omega Environmental						AbateTech, I	nc.							
Street Address						Street Address								
280 Huyler Street						30 Maple Ave								
City, State, Zip Code	•				City, State, Zip Code									
South Hackensack, NJ 0760			-		Lumberton, NJ 08048									
Project Manager for Monitoring Firm	1			elephone		Telephone No.		License No.						
Geiser Fajardo Start Date (10)	Calara	1.1.1.0		201-489		609-265-2107		00529						
8 /19 /15				letion Da 20 /		Name of OSHA M								
				3.1.100	15_	EMSL Analyti	icai							
Occupancy Status During Abateme Facility Closed/Vacated During B						Street Address								
Abatement Performed Outside o	f Normal	Facilit	ADAI oH v	tement urs - Des	cribe	200 Route 13								
Time of Abatement:AM-	PI	νι/	PI	И- <u></u>	AM Sity, State, 2.p Sode									
Scope of Work (Check all that apply)	-			Cinnaminson, NJ 08077									
<u> </u>	1					☐ Full Cont	ainment with Neg	ative Pressure						
		⊠ Re					0410							
			.111011	don		☐ Glovebag ☐ Non-Exer	mpted (*) and Nor	n-Friable Procedu	ire					
1				ation						atem	ent T	ype		
Location of Asbestos-Containing Material (A	C1 (1)		Norm	ally dely by		Description of		200	Z	_Z	Ш	Ш		
TO BE ABATED	Civi)	Ma	inter	nance/		estos Containing Mat e., thermal systems i		Amount (Specify	Removal	Repair	ncal	nclo		
IN Facility		Cus	todia (12	I Staff?		surfacing, VAT,	or	SF or LF)	val	7	Encapsulate	Enclosure		
(13)		Yes	No	1	1	other miscellaned	ous)				ate	0		
Principal's Office					Floor ti	le & Mastic		240 SF						
1					7 1001 11	ic a mastic		240 SF						
										Ш	Ц	Ш		
		Ц												
				$- \Box$										
Name of Registered Waste Hauler				NJDEP I		Cubic Yards of	Name of Regist	ered Landfill						
AbateTech, Inc.			Hauler II 18750		Waste 20	G.R.O.W.S.	Landfill							
City, State			Disposal Date City, State											
Lumberton, NJ				8/20/15 Tullytown, PA										
Completed By (Print or Type)	Title					Signature Date								
Gwendolyn Trumbetti	0	oerati	ons	Coordi	nator	(And	1		8/10	110	5			
SB-41						1 100			-1.0	11-	_			



NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)			ı	Name of Building Owner/Operator (2)										
//	15			Bank of America										
Agencies Notified Type Notific	ation		5	Street	Address					.,				
☐ EPA ☐ Initial				240	Kearny	Avenue		1						
☑ DOLWD ☑ Amende	1771		(City, S	State, Zip (Code				7				
□ DHSS Amendm □ DCA □ Emerger		J:		Kea	arny, NJ	07032								
DCA Emerger (NJAC 5:23-8)	ion)	ing	1	UN-01-656	of Contac			Telephone Num	her					
Cancella	50			Nel	son Mun	oz		T GIGGITOTIC TYCHT	001					
N				FA	CILITY IN	IFORMATION								
Name of Facility Where Abatement is	Taking Pl	ace (3))				(4)							
Bank of America					School (K-12)								
Street Address		☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial build												
240 Kearny Avenue					homes, etc.)	ivate and comme	Clai Di	bullaings,						
City (5)							Square Feet	# of Floors	BI	dg. A	ge			
Kearny, NJ							12,000	2	1 100000	45				
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)					
Hudson							, , ,	or in boning dominate	,,,ou,					
Name of Monitoring Firm Hired by Buil	lding Own	er (8)	A	SCM	No.	Name of Abateme	ent Contractor (9)							
Environmental Testing Consu						JVN Restorat	1.0							
Street Address	,					Street Address						_		
413 N. Blackhorse Pike						47 Foster Ro	ad							
City, State, Zip Code														
Runnemede, NJ 08078				City, State, Zip Code Staten Island NY 10309										
Project Manager for Monitoring Firm		T	oloni	none	No		N 1 10309	111						
Horward Zenobie		1			-1831	Telephone No.		License No.						
	Schedule	d Com				718-605-6256		00774						
					15	Name of OSHA M Testor Tech	ionitor							
Occupancy Status During Abatement (Check on	lv one)			Street Address								
☐ Facility Closed/Vacated During Ent				ent		10 59 Jackso	n Avenue							
☐ Abatement Performed Outside of N	ormal Fac	cility H	ours	s - Describe City State Zin Code										
Time of Abatement:AM-6:0	0PM/	PM	1-2:0	00AM LIC NY 11101										
Scope of Work (Check all that apply)								-ti D						
≥3 sf or ≥3 If	\boxtimes	Renov	vation	ì		☐ Mini-Enc	ainment with Neg losure	ative Pressure						
☐ ≥160 sf or ≥260 lf		Demo	lition			☐ Glovebag	ag Procedure							
						☐ Non-Exe	mpted (*) and Nor	n-Friable Procedu	re					
Location of			catio mally	1.51		5			Ab	atem	ent T	уре		
Asbestos-Containing Material (ACM		Jsed S	olely	by	Asbe	Description o stos Containing Ma		Amount	Re	Re	E	ш		
TO BE ABATED		Mainte Sustodi		33333		., thermal systems i	insulation,	(Specify	Removal	Repair	cap	clos		
IN Facility (13)			12)	all!		surfacing, VAT, other miscellane		SF or LF)	va va	,	Encapsulate	Enclosure		
(10)	Ye			N/A	1	other miscellane	ous)				ate			
Basement, Landing			1		Floor T	ile		17SF						
]											
									П	П	П	П		
			1	П							$\overline{\Box}$			
Name of Registered Waste Hauler					Vaste	Cubic Yards of	Name of Regist	tered I andfill			Ш			
Newark Carting	Нац	ıler ID	No.	Waste	IESI	crea Landilli								
City, State	I IN	J-56	U	5 Disposal Date	City, State			-						
Newark, NJ			08/25/2015 Bethlehem,PA											
Completed By (Print or Type)	Title				Signature/ // Date //									
John Tardy		roiec	t Ma	Manager State State										
ASR-41		. 0,00	- ivid	age		RICC	1/1	OY C	1/12	11)				

MAY 11

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)					- NI	(D 1)	_	- 10		WILH		1	0	13		
Date of Notification (1) 8 / 12 / 15						Name of Building Owner/Operator (2) City of Camden Street Address AM 8: 17										
Agencies Notified	Time Netter	-6							<i>C.</i> 8	HO AUG 11 PS	10.					
⊠ EPA	Type Notification				100000	t Address Box 951	20		É :	. 01	0:	17				
☑ DOLWD	Amended Amendm	·			City,	State, Zip C	Code			£ .		ã)				
DCA	☐ Emergen		uding		Ca	mden, NJ	08	101		** /-	3	-				
(NJAC 5:23-8)	justificati		adirig	8	Name	of Contac	t			Telephone Numb	er					
	☐ Cancellat	tion			Jo	hn Bond										
					FA	CILITY IN	IFO	RMATION								
Name of Facility Where A	batement is 7	Taking I	Place	(3)					Type of Facility (4)							
SOUTH 10th STREE	TRESIDE	NCES							School (K-12)							
Street Address							-0117			8 (Other than K-12)						
1882, 1884 South 10	th St Resid	dences	S						homes, etc.	rivate and commer)	ciai b	uliain	JS,			
City (5)						Square Feet	# of Floors	В	ldg. A	ge						
Camden									varies	varies		50+				
County (6)		Cou	nty Code (7)(STA	ATE USE ONLY)	Current Use (Pr	rior if being demolis	hed)								
CAMDEN									HOUSING I	DEEMED UNSAF	Ε					
Name of Monitoring Firm		ding Ov	vner (8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)						
Health and Safety S	ervices				117		(Controlled E	nvironmental	Systems						
Street Address					26114.577	Street Address										
PO Box 365						1121 N. Bethlehem Pike - Suite 60										
City, State, Zip Code						City, State, Zip Code										
Berlin, NJ 08009		-1		_		Spring House, PA 19477										
Project Manager for Monit	oring Firm				lephone			lephone No.		License No.						
Jim Proctor						39-2432	1	215 542 7000		00847		->				
Start Date (10)8 /24 /		Schedul 9			letion Da 30/	ate (11) 15		me of OSHA M CES	onitor							
Occupancy Status During	Abatement (Check o	only c	ne)			Str	eet Address								
☐ Facility Closed/Vacated					ement	ment 1121 N Bethlehem Pike -Suite 60										
☐ Abatement Performed	Outside of No	ormal F	acility	/ Но	urs - Des	scribe	Cit	y, State, Zip Co	ode							
Time of Abatement: 7:	<u>00</u> AM- <u>5:00</u> F	PM/	PN	1	AM			Spring House								
Scope of Work (Check all	that apply)															
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Rei					☐ Mini-Encl								
⊠ ≥100 si di ≥200 li			☑ De	molit	ion			☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure								
1 0				Loc: lorm	ation						Ab	atem	nent Type			
Location of Asbestos-Containing N		1)			lely by	Asbe:	Description of stos Containing Material (ACM) Amount ত্র					Re	E	m n		
TO BE ABAT	TED				ance/ I Staff?		., the	ermal systems i	nsulation,	(Specify	Remova	Repair	caps	Enclosure		
IN Facility (13)	Y		Ouoi	(12				surfacing, VAT, her miscellaned		SF or LF)	<u>a</u>		Encapsulate	ure		
		,	Yes	No	N/A				540)				te			
SEE ATTACHED		[SEE AT	TAC	CHED		200 YD per res						
]														
]														
	П	П						П	П	П	П					
Name of Registered Waste	e Hauler			T	NJDEP	Waste	Cul	oic Yards of	Name of Regis	stered Landfill		_				
10.0 pp. 10.0 m						D No. 3	Wa		GROWS	and a same in						
City, State	A 2008 Page 1 2008 1 2008 1 2008 2 2							posal Date	City, State							
Fairless Hills, PA						9/30/15 Tullytown PA										
Completed By (Print or Type) Title						Signature 1 Date										
Patricia Visco Office Manager								Hater	incultisser 8/12/15							

ASB-41 JAN 13

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

Chellett 10071

Date of Notification (1)					Name of Building Owner/Operator (2)									1			
8 /12 /15							of Building y of Cam	76	ner/Operator (2015 AUG	2015 AUG 14 AM 8: 18						
Agencies Notified ☑ EPA	Type Notific	ation					Address Box 951	20			Ast	1	d 8	: /8			
□ DOLWD	☐ Amende	ď .					State, Zip C	Shield.			27/12	-	-80				
☑ DOH	Amendm	-					nden, NJ		01		& LICEN ING HEL						
DCA	☐ Emerger		luding	3	-		of Contact		01				117				
(NJAC 5:23-8)	justificat				1		n Bond	E.		Telephone Nur	and a management of the state o						
						FAC	CILITY IN	JEOF	RMATION			_					
Name of Facility Where A	batement is	Taking	Place	(3)					(III) (III)	Type of Facility	(4)	(4)					
MULFORD STREET				(-/						2)	e 0.00						
Street Address										8 (Other than K-1							
1805, 2105, 2107, 2109 Mulford St Residence										Other (i.e., phomes, etc.	orivate and common	ercial	ouildin	gs,			
City (5)										Square Feet	# of Floors		3ldg. A	ge			
Camden										varies	varies		50+				
County (6) CAMDEN		C	Cour	nty Code (7)(STA	TE USE ONLY)	5 65	rior if being demol									
Name of Monitoring Firm	Hired by Ruil	ding O	wpor /	(8)	100	СМ	No	Non	no of Abotom			AFE					
Health and Safety S		ung O	wiiei ((0)	(20)	17	140.			ent Contractor (9							
Street Address	el vices				'	17		-		nvironmental	Systems						
						Street Address											
PO Box 365						1121 N. Bethlehem Pike - Suite 60											
City, State, Zip Code						City, State, Zip Code											
Berlin, NJ 08009									pring House	e, PA 19477							
Project Manager for Moni	toring Firm			1	elepho				ephone No.		License No.		100				
Jim Proctor							39-2432	2	15 542 7000		00847						
Start Date (10)8 /24 /		Schedi 9			oletion 30		te (11) 15	0.000	ne of OSHA M ES	lonitor							
Occupancy Status During	Abatement (Check	only o	ne)				Stre	et Address								
☐ Facility Closed/Vacate						nt		150.00000		ehem Pike -Su	iita 60						
☐ Abatement Performed	Outside of N	ormal l	acility	/ Но	urs -	Des	cribe		, State, Zip Co		inte oo						
Time of Abatement: 7:	:00AM- <u>5:00</u>	PM/	PN	1	AI	M											
Scope of Work (Check all	that apply)					Spring House, PA 19477											
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			□ Re 図 De														
			ls	Loc	ation	8				1			batem	ent T	Vna		
Location					nally				Description of	f		1	2 83	1	7		
Asbestos-Containing N TO BE ABA		1)	Use	a So inter	olely b nance	by /			Containing Ma		Amount	Kemova	Repair	Encapsulate	Enclosure		
IN Facilit					al Staf		(i.e.		rmal systems i urfacing, VAT,		(Specify SF or LF)	ova	≝.	psu	nso		
(13)	•		100 m	(12	2)				er miscellaned		Or or Ery	-		ılate	Ге		
			Yes	N	0 1	I/A											
SEE ATTACHED							SEE AT	TAC	HED		200 YD per re	s					
												Tr	ПП	П	П		
												+-					
Name of Registered Wast	NIDE		Vaste	Cub	ic Yards of	Nome of Degi	stored I and SIII										
1.00						er ID	No.	Was	ste	Name of Regis	stered Landfill						
City, State					17273 200/residenc Disposal Date City, State												
Fairless Hills, PA									30/15	Tullytown	PA						
Completed By (Print or Type) Title									Signature,	1		ate	r				
Patricia Visco Office Manager									Mat.		Date 8/12/15						
ACD 44	o moo manago,								yalla	da UU	100	0/	121	15			

Chal # 10070

Date of Notification (1)	Name of Building Owner/Operator (2)															
8 / 12 /	15			City of Camden Street Address												
Agencies Notified Type Notifica	ation	110000	St	reet A	ddress	_		7101	- 1 1	0						
⊠ EPA ⊠ Initial				РО В	ox 9512	20										
□ DOLWD □ Amended			Ci	ty, Sta	te, Zip C	ode			1 2 2							
□ DOH Amendment □ DCA □ Emergen		ling		Camo	den, NJ	081	08101 × LIC × HG									
(NJAC 5:23-8) justification		iiig	Na	ame of	Contact				Telephone Num	ber						
☐ Cancellat	ion		,	John	Bond				37:000	Λ						
				FACII	LITY IN	FOF	RMATION									
Name of Facility Where Abatement is 7	aking Pla	ace (3)						Type of Facility (4)								
FERRY AVE RESIDENCES								School (K-								
Street Address							r 8 (Other than K-12 private and commer		uildin	10						
968, 974, 978, 1042, 1048 Ferry	ices					homes, etc	c.)	Ciai L	ununig	15,						
City (5)							Square Feet	# of Floors	В	Bldg. A	ge					
Camden								varies	varies		50+					
County (6)			C	County	Code (7)(STA	TE USE ONLY)	Current Use (F	Prior if being demolis	shed)						
CAMDEN									DEEMED UNSAF	E						
Name of Monitoring Firm Hired by Build	ding Own	er (8)		CM No	Ο,			ent Contractor (
Health and Safety Services			1	17		С	ontrolled E	nvironmenta	Systems							
Street Address						Stre	eet Address									
PO Box 365						1	121 N. Beth	lehem Pike -	Suite 60							
City, State, Zip Code				City, State, Zip Code												
Berlin, NJ 08009							pring House	e, PA 19477								
Project Manager for Monitoring Firm		T		one No		4000000	ephone No.		License No.							
Jim Proctor Start Date (10)			5 0000000000		-2432	-	15 542 7000		00847							
8 /24 /15				etion Date (11) Name of OSHA Monitor 0 / _ 15												
Occupancy Status During Abatement (Check on	ly one))	Street Address									-			
☐ Facility Closed/Vacated During Entire																
Abatement Performed Outside of No	ormal Fac	ility Ho	ours -	rs - Describe City, State, Zip Code												
Time of Abatement: 7:00AM-5:00F	2IVI/	PIVI	AI	IVI		S	pring House	House, PA 19477								
Scope of Work (Check all that apply)	6					□ Full Containment with Megative Pressure										
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		Renov Demoi									dure					
			cation			Abateme							уре			
Location of Asbestos-Containing Material (ACM	n 1	Norr Jsed S	nally olely b	ov	1-1		Description o			R	7.0	Ш	ш			
TO BE ABATED	'	Mainte	nance	2/			Containing Ma rmal systems		Amount (Specify	Remova	Repair	Encapsulate	Enclosure			
IN Facility (13)	0	ustodi (1	al Staf 2)	ff?		S	urfacing, VAT,	or	SF or LF)	<u>a</u>	7	sula	sure			
(13)	Ye			I/A		Oll	ner miscellane	ous)				te				
SEE ATTACHED] [SEE AT	TAC	HED		200 YD per res		\vdash					
				7						Tn	ТП	П				
			1	7						1	1					
			, -								1					
Name of Designatured Montal III					,				1			Ш	Ш			
Name of Registered Waste Hauler Waste Management of NJ	10500 (0)	EP Wa er ID N	2000	Was	oic Yards of ste		egistered Landfill									
	0.0000000000000000000000000000000000000	273	70.591804	20	00/residenc	GROWS										
City, State Fairless Hills, PA			Disposal Date City, State 9/30/15 Tullytown PA													
Completed By (Print or Type)	Title						Signature,	- Tallytowi								
Patricia Visco	nager				Signature +	- 11	Da	1	1							
	01110	- 11141	.ugci				Marie	ca 1110	ace 2	3/1:	21	1.5	* ·			