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Date of Notification (1)			Name of	f Building	Ownerlo	nerator	(2)		472	13 h 1 1	7 0	<u></u>			
August 20, 2015				f Paters		perator	(2)			To hull	: 21	÷ ,	18	7: 5	-
Agencies Notified Type Notification		13	Street A	ddress					the same						
EPA Initial			155 N	larket S	treet					1.11				81 0400	
EPA X Initial Amended			City, Sta	ite, Zip Co	ode						J 1	F /	25	1164	-
DOL Amendment		_	Paters	son, NJ	07505								(1)		
Emergency justification)	(including			f Contact					Tel	ephone l	Numb	er			
DOH justification) DCA Cancellation										001101101	101111				
East East			FACI	LITY INFO	ORMATI	ON									14
Name of Facility Where Abatement is Takin	g Place (3)		17101		OTGH ATT	Oit	Тур	e of Facility (	4)						
Burned Houses - Imminent		10						School (K-1							
Street Address							Ħ	Subchapter		er than K	(-12)				
177-179 Godwin Ave.								Other (i.e. p	rivate a	& comme	ercial	build	dings,	home	es,
City (5)		_					Sai	etc.) lare Feet	# 0	f Floors		TD	ldg. A	70	
Paterson								known	10000000	rknown		1	iog. 7 i0+	ige	
County (6)			County	Code (7)				rent Use (Pri				1 7	TOT.		
Passaic				USE ONLY	)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	uses	Ji li bei	ng demo	IIISH E	u)			
Name of Monitoring Firm Hired by Building	Oumar (0)		ASCN	4 NI=		Manage	1000			(0)					
n/a	Owilei (o)		n/a	il NO.		199		atement Cor		5,005					
Street Address			11/a					Managem	eni G	orp					
n/a						Street									
City, State, Zip Code								Lane							
n/a								Zip Code	7005						
Project Manager for Monitoring Firm								Park, NJ 0	/035						
n/a		- 14	Telepho	ne No.		Teleph				License					
Start Date (10)	0111		n/a				311 MON.	-7950		01193	3				
	Scheduled			Date (11)	1			SHA Monitor							
August 21, 2015	August		2015				_	Managem	ent Co	orporati	on				
Occupancy Status During Abatement (Chec	0.50					Street									
Facility Closed/Vacated During Entire	Period of Ab	atem	ent					Lane							
Abatement Performed Outside of Norm Other – Describe:	nal Facility F	iours						Zip Code							
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Scope of Work (Check All That Apply)						>	KLINE	E DUMPSTI	ER + V	VETTIN	G M	ATE	RIAL	./	
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≥160 sf or ≥260 lf	× De	moliti	on			-		lini-Enclosure							
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	ls l	ocatio	nn										Abate	ment	
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Asbestos-Containing Material (ACM)	Used Main			Asbes				al (ACM)	А	mount				ш	
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(13)	(	(12)				cing, VA niscellar		)	51	or LF)		Remova	Repair	Encapsulate	Enclosure
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Rovic Transport						sie		GROW	S Lar	ndfill					
City, State					Dispos	al Date		City, State	9					-	
Riverdale, NJ					TBD			Morrisy	ille, P	A 1906	7				
Completed by	Title				S	ignature	2		1		Date				
E. Cirovic	Secret	ary			1	~	it	tuc	2	)	Aug	just	20,	2015	5

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V	IKC	.11	7)	1 1	- 1	- /

Date of Notification (1)		-1	Name of	f Building	Owner/C	nerato	r (2)	Open.	_ v	100		( )		•	1 /
August 21, 2015				f Paters		porato	(4)	lets fill	3 21.	21,					
Agencies Notified Type No	tification		Street A					SES	** "	4.5		7			
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X DOL Am	endment #		100000	son, NJ				•	San A	140		Φ;			
	ergency (including ification)			f Contact	20.000000000000000000000000000000000000				Tele	ephone	Numb	er			
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			FACI	LITY INFO	ORMATI	ON									
Name of Facility Where Abatement							Туре	of Facility (4	1)						
Burned Houses - Imminent								School (K-12							
Street Address							H	Subchapter Other (i.e. pr	8 (Othe	er than h	K-12)	huile	dinge	hom	20
179 Godwin Ave.								etc.)		2 00111111	Croidi	Dum	aniga,	110111	C3,
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Paterson								known	N. CONST	ıknowr		1	+06		
County (6) Passaic			County (	Code (7) USE ONLY			Gricust.	ent Use (Prio	r if bei	ng demo	olishe	d)			
	D. 11-11 0 (8)							uses							
Name of Monitoring Firm Hired by I	Building Owner (8)		ASCN n/a	A No.				tement Con							
Street Address			11/a					Manageme	ent Go	orp					
n/a							: Addre Γroy L	70.T							
City, State, Zip Code								Zip Code							
n/a								ark, NJ 07	'035						
Project Manager for Monitoring Firm	m	-	Telephor	ne No.			hone N		000	Licens	e No	1000			-
n/a			n/a				-706-			0119					
Start Date (10)	Scheduled	d Con	npletion I	Date (11)		Name	of OS	HA Monitor		-	_				_
August 22, 2015	August			S 2000 M		Lozi	nica N	/lanageme	nt Co	orporat	ion				
Occupancy Status During Abateme	ent (Check Only One	9)					Addre				25 10 - 2.11				
Facility Closed/Vacated During	g Entire Period of Al	batem	nent			22 T	roy L	ane							
Abatement Performed Outside	of Normal Facility I	Hours	3			City, S	State, Z	ip Code							
Other - Describe:						Lino	oln P	ark, NJ 07	035						
Scope of Work (Check All That App	oly)					>	KLINE	DUMPSTE	R + V	VETTIN	IG M	ATE	RIAL		
≥3 sf or ≥3 lf	Transcon.	enova	35.75.75.11					II Containme	nt with	Negativ	e Pre	ssur	е		
≥160 sf or ≥260 lf	× De	emoliti	ion					ni-Enclosure ovebag Proc	adura						
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	ls L	ocati	on											ment	t
Location of	400000000000000000000000000000000000000	ormall Solel			Des	scription	of				-		Ту	ре	
Asbestos-Containing Material (A		itenar			tos Cont thermal					mount		-		Щ	m
In Facility	Custo		Staff?	(1.6.		system sing, VA		ation,		pecify or LF)		èm)	Repair	cap	nclo
(13)		(12)	_		other m	niscellar	neous)					Removal	air	Encapsulate	Enclosure
	Yes	No	·N/A									.7700		te	ω
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Name of Pogistored Wests 11		1	IDED		0	, .									
Name of Registered Waste Hauler		100000	JDEP W. auler ID	30°C	Cubic of Was			Name of R			dfill				
Rovic Transport					TBD			GROW	S Lan	dfill					
City, State					Dispos	al Date		City, State		-115-77-72					
Riverdale, NJ					TBD			Morrisvi	lle, P	A 1906	67				
Completed by	Title				1,000	ignature					Date				
E. Cirovic	Secre	tary			8	E. a	1272	2.			Aug	just	25,	201	5

Date of Notification (1					int to NJAC 1:6			JECK #	: /	4)	718
August 21, 2015	ž.			Name	of Building Ow	ner/Opprate	or (2)	-		120	
Agencies Notified	Type Notifice!	20		City	of Paterson		1	1 WV	1		
□ EPA		<b>571</b>			Market Stre		1	A	1		1921
EPA DEP M DOL	Amended Amended	ć.			Plate, Zip Cade	31		1	AP ?	80)	点。
图 DOL	Amandm	ant ä			erson, NJ 07:	EAE	1	MARKET	11		-
DOH.	Emergent justification	sy (includ	ing		of Contact	303		1 & 1 to make the same		-	
DCA	Cancallat							Telephone I	Numbe	er .	5
Name of Facility When	Afanoniami in T	N== 81		FA	CILITY INFORM	ATION					
Burned Houses -	Imminent	ring Fleat	a (3)				Type of Facility	y (4)		5.	- 6
Street Address				_			School (i	K-12)		<u></u>	6°,
196 Rosa Paks E	ilvd						Subchep	ter 8 (Other than K b. private 5 comme	-12)		
City (5)			_				CIU.)	r buate a toulus	CONTRACT	mand	s, no
Paterson #	-0						Square Feet	# of Floors			Age
County (6)				Count	Code (7)		Unknown	Unknown		50+	
Passaic 5				(STATE	Code (7)		Houses	Prior If being demol	ished)		
Name of Montoning Fire	n Hired by Building	g Owner	(8)	ASC	M No.	Name	of Abatement C	antramor (d)			
Street Address				n/a		Lozi	nica Manager	ment Corp			
L/S	1					Street	Address				_
City, State, Zip Code							roy Lane				
n/a						City, S	tate, Zip Code				
Project Manager for Mo	Moring Firm		_	Talapho	one No.	Telent	oin Park, NJ				
n/a 	**************************************			n/a			706-7950	D1193	0.0000		
Steri Date (10)	,	Sched	uled Co	mpletion	Date (11)		of OSHA Monito				_
August 24, 2015		AUGU	ust 28.	2015		Lozn	ica Managan	nent Corporatio	n P		
Occupancy Status Durin						Street	Address				_
Facility Closed/Vac Abatement Perform	ated During Entire	Period o	Absta	ment			roy Lane				
C ONNO! - DESCRIBE:		HIGH PECH	ry Mou	3	3.5		Iste, Zip Code				
Scope of Work (Check A	That Apply)		—,	-			oln Park, NJ				
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2160 M or 2260 M		×	Demoli				MITS-ENGINE	nont with Negative	Press	ure	
						Н	Glovebag Pro	codure d (*) and Non-Fris	hir A		
			a Local	ion			white an addition to be delicated	- 1 Jerig Rener ng	DIE PA		emen
Asbestos-Containing		I I I	Norma ad Sale		r	escription (	of				ype Inter
TO BE ASA	TED	led.	sintens	ncev	Asbestos Co	ontaining Mi rel systems	atorial (ACM)	Amount	_		07
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Name of Registered West				JOEP W		c Yards	Nama of	Registered Landell	_		
				JOEP W	No. of W	ast0		Registered Landfill	-		
Name of Registered Wast Povic Transport by, State					No. of W	erac )	GROW	/S Landfill			
ame of Registered West ovic Transport by, Siste Verdale, NJ					No. of W	aste ) osei Date	GROW City, State	/S Landfill			
ime of Registered Wast ovic Transport y, Siste		Title			No. of W TBI Disp TBI	aste ) osei Date	GROW City, State	/S Landilli ville, PA 19067	la la	_	

ASS-41 (R-05-08)

<sup>\*</sup> Do not use this form for asbestos licensure exampted activities.

			NO	TIPICAT	TON OF	f New Jer ASSECTO JAC 5:80	S ABATI	EMENT		۰۰ ۱	P.	5 1/2	lia.	
Data of Nothiceston (1) August 21, 2015				Nam	te of Build	ling Owns			1,01	nec	K	<del> </del>	1	4
A				Cit	y of Pal	terson		1	1		1	. 1,	1	
Medicinal Motilied	ype Notification	271			et Addres			-	- \ - Li-	-	_	(6)		4.5
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E DOT	Amended	10		City,	State, Z	Code		-			ceres .		-	
	- Amendina	nt #		Pat	STEON.	NJ 0750	5	1	1000	FR N	S	110	2 11	U
E DOH	Emergano justification	a) A (succept	ng		e of Cont				MAN	ine !	_			
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Name of Facility Where Ab:	Moment in Tal.			F/	ACILITY	NFORMA	TION							-
Burned Houses - Imn	ninent	wa stact	(3)					Type of Fa	icility (4)		- ,-	_	_	
Street Address								Scho	d (K-12)		.7:1			
197 Rosa Parks Blvd								Subc	moter B (Other b	han K-12	7			
City (5)					¥9			LI otrial	(i.e. private & co		H bu	ilding	z, ho	Mes,
Paterson								Square Fe		2100		Bide	Age	
County (8)								Unknow	n   Unkn			504		
Passaic				Count	Y Code [	7)		Current Us	e (Prior if being o		1ma		_	
, man man by						. 77		Houses		men i i i i i i i i i i i i i i i i i i i	44)			
Name of Montering Firm Hir	ed by Building	Owner (	8)	ASC	CM No.		Name		t Contractor (9)				_	
				n/a	l	1 1	Lozn	ica Mana	gement Corp		To.			
Sitesi Address							Street	Address	Bernett Oolb			,	projection in	
								oy Lans					5	
City, State, Zip Code								ate, Zip Coo						3
n/a							Linea	in Park, N	LI 07036		- 1		1	
Project Manager for Moniton	ng Firm			Teleph	one No.		Telepho	one No		*****			-	
n/a				n/a				706-7960	10000	ense No	12.		5	1
Start Date (10)	13 (5)	Schedu	led Co	mpletter	Date (1	1)		OSHA MO	1 01	193	-			1
August 24, 2015		Augu	QC 19	2015	- (T. )	2.8.0	Lozoi	na Menos	wor emeni Corpo	um ht				
Occupancy Status During Ab		k Only O	na)				Street A	ANTENNA	ernen Carpo	MATIOU				-5
Facility Closed/Vecated Abatement Performed Of	During Entire I	Pariod of	Abeta	man!		6		oy Lane						-
Abatement Performed O	utside of Nom	al Facilit	y Hou	rg			Cibe Die	ite, Zip Code						
							1 inne	in Park, N	AZAGE			02		98
Scope of Work (Check All The	ot Apply)			ننی										
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2160 of or ≥260 if			Demoi					Full Conta Mini-Englo	inment with Neg	alive Pre	meu!	19		
					T.			Glovebec	Proceedure					
		T						Non-Exem	pled (") and Nor	-Friable	Proc	ædur	2	
Location of			Local Yoma		1						_	Abate	men	1
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TO BE ABATED	(nem)	Ma	imiena	nce/	Asba	stoe Conti , thermal :	ining Ma	brisi (ACM)	Amoun	t [			П	
in Facility		Cua	(12)	Sterr?	(1.4	Surfac	ing, VAT.	nsulation, or	(Specific	ž.	2	ZI.	TC.	5
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verdale, NJ						TBD			isville, PA 190	007				
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Cirovio	rtary			5	- aiure			Date						
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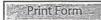
A35-41 (R-05-05)

<sup>\*</sup> Do not use this form for asbestos licensure exempted solivilies.

Date of Notification (1) August 20, 2015					uilding Owner/ of Camden		(2)	llis st	Gher	ck # 232	3			
Agencies Notified	Type Notification		St	treet Addi				1.0 7.10	<u>15.51</u>	Rit	7: 40	<b>)</b>		
X EPA DEP X DOL	Initial Amended Amendment	#	С	ity, State,	Zip Code , NJ 08102							5		
ĭ DOH	Emergency justification)	(including	N	ame of C	ontact					phone Nu				
DCA	Cancellation	1		at Willia	ams TY INFORMAT	ION								
Name of Facility Where Diocese of Camder		g Place (3)		FACILII	IT INFORMAT	ION	Type of	Facility (4)		-				
Street Address	1					- 1722-2-1-1		nool (K-12) ochapter 8		er than K-1	2)			
631 Market Street								ner (i.e. pri				ldings	, hom	es,
City (5) Camden							Square 1 10,000	Feet	# of 4	Floors	1000	3ldg. /	Age	
County (6) Camden				ounty Cod			Current	Use (Prior	if beir	ng demolis	hed)			
Name of Monitoring Firm MDG Environments		Owner (8)		ASCM N	lo.	1/200		nent Contr						
Street Address 1000 Maplewood D	rive. Suite 207					Street	Address Cutler A							
City, State, Zip Code Maple Shade, NJ 0						City, S	State, Zip (		052					
Project Manager for Mor				elephone 56-755-		Telep	hone No. 755-009		032	License N	10.			
Start Date (10)		Scheduled					of OSHA			00042				
September 1, 2015		Septemb	er 7,	2015	7 900 de 1,000 de 1	-	CONTROL CONTROL	tical, Inc						
Occupancy Status Durin  Facility Closed/Vac			tomo	n#			Address Route 13	30 North						
Abatement Perform Other – Describe:	ed Outside of Norn	nal Facility H	ours	iii.			State, Zip C		age-comp					
Scope of Work (Check A	II That Apply)					Cinn	aminsor	n, NJ 08	077					
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≥160 sf or ≥260 lf		Den	olition	n			Mini-E	nclosure bag Proce		· ·oguaro	81			
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Asbestos-Containing	Material (ACM)	Used S Mainte			Asbestos Con		Aaterial (A			nount			Щ	m
TO BE AB.		Custod				icing, VA	T, or	n,		pecify or LF)	Removal	Repair	Encapsulate	Enclosure
(13)		-	No T	N/A	other	miscella	neous)				val	air	ulate	sure
Basement Elec	trical Room	XXX	-	1473	Pipe	: Insula	ition	_	75	5 LF	X			
						Sum-Silve						-		
Name of Decision 1991				DEP Wast										
	Name of Registered Waste Hauler Freehold Cartage					Yards ste	1	lame of Re Cumberla				11		
City, State	y, State					sal Date		ity, State	C	Journey L	anull			
Freehold, NJ		1			9/7/2			lewburg	, PA					
Completed by Christina Lynch		Title Operation	ons l	Manage		Signatur	AQ	Q>		3.756	ate 20/20	015		



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	f Notification (1) 0/2015		3.00			of Building ter Cons				9	,	1UG 24	AN.	7: 8	, 0	
100	es Notified	Type Notification	1			Address efferson	Road				走	110-1-	9			
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× D	OH CA	Emergency justification) Cancellation	)`			of Contact McGuffe						ephone Nu				
					FAC	ILITY INF	ORMAT	ION								
	of Facility Where and Self Storage	Abatement is Takir	ng Place (	3)					Тур	e of Facility School (K-						
	Address oute 22 West								×	Subchapter Other (i.e. petc.)	r 8 (Oth private	er than K-1 & commerc	2) ial buil	dings	, hom	es,
City (5) Sprin										are Feet	# 0	f Floors		3ldg. /	Age	
County	(6)					Code (7)	)		-37.5	rent Use (Pri	or if bei	ng demolis	hed)			
SOFTE THE POTONS	(7)	Hired by Building	Owner (8			M No.				oatement Con Contractin		7.00				
Street /	Address					======		Street	Addr	ess	y Corp					
City, St	ate, Zip Code	_						205 I		Zip Code						
Project	Manager for Mon	itorina Firm			Telepho	ne No		Toto		NJ 07512		License N	lo.			
858	1.55.1		T 0 1 - 1 - 1		- 10			973-3	333-	9176 SHA Monitor		01232				
09/02	ate (10) 2/2015		09/25/	2015	npietion	Date (11)				ion Consu	ıltants	Inc.				
_		g Abatement (Che			ant			Street 20-2		ess agaraw Ro	i Blo	lg.35E				
☐ At	atement Perform	ated During Entire ed Outside of Norr Normal Working Ho	nal Facility							Zip Code n, NJ 074	10				odili.ii.z	
_ ≥3	of Work (Check A s sf or ≥3 If 60 sf or ≥260 If	ll That Apply)	-	Renova Demolit				×	M G	ull Containme lini-Enclosure lovebag Procon-Exempted	e cedure				e	
			Is	Locati	ion								T		ement	
Asb	Location bestos-Containing <u>TO BE AB/</u> In Facili (13)	Material (ACM) ATED	Use Ma	Normal ed Sole intena todial S (12)	ly by nce/		tos Cont thermal surfac		fateria s insu T, or	2	(8	mount specify or LF)	Removal	Repair	e Encapsulate	Enclosure
	Roof		163	140	X		Roofi	ng Mat	terial	ı	15,1	100 SF	Х			
Name o	of Registered Was	te Hauler		IN	JDEP W	/aste	Cubic	Yards	7.4	Name of	Registe	red Landfill				
	n Contracting			H	lauler ID 035844	No.	of Was			G.R.O.\						
City, State Totowa NJ 07512						H T	Dispos	sal Date		City, State		ennsylvar	nia			
Comple	ted by				S	ignature	//	1	/	Da						
	Golcev		Proje	ct Ma	nager			4	/	11	1	08	3/20/2	015		
ASB-41	(R-06-08)						6	* Do no	t use	this form for	asbest	os licensure	exem	pted	activit	ies.



			CATION	tate of New Je N OF ASBEST t to NJAC 8:60	OS ABATE		NT	e,	GK	CH 7	¥ /	75,	/
Date of Notification (1) 08/20/2015			Name o	of Building Own Recca	er/Operato	r (2)		76	TO AUG	24	614 .	,	SELVE SIN
Agencies Notified Type Notification				Address lington Ave				A j				4	7
EPA Initial Amended Amendment #			10000	ate, Zip Code son NJ 0750	)2					Ξį	-67	101	
Emergency (ii  DOH  DCA  Emergency (ii  justification)  Cancellation	ncluding		Name o Ann R	of Contact Recca				Tel	ephone Nu	ımber			
			FAC	ILITY INFORM	ATION								
Name of Facility Where Abatement is Taking Private Residence	Place (	3)				Ту	pe of Facility School (K-	12)					
Street Address 10 Arlington Ave						×	Subchapte Other (i.e. etc.)				ldings	, hom	es,
City (5) Paterson							uare Feet 900 +	# 0	f Floors		3ldg. / 50+	Age	
County (6) Passaic				Code (7) USE ONLY)		Cu	ırrent Use (Pr	ior if bei	ng demolis	shed)			
Name of Monitoring Firm Hired by Building O	wner (8)	)	ASC	M No.	98,132 32		Abatement Co Contractin						
Street Address					Street 205		tress ute 46						
City, State, Zip Code					1 0000000000000000000000000000000000000		, Zip Code NJ 07512						
Project Manager for Monitoring Firm			Telepho	ne No.	Telepi 973-		No. 8-9176		License 1 01232	No.			
	Schedul 09/04/		pletion	Date (11)	1000		SHA Monitor sion Consu		Inc.				
Occupancy Status During Abatement (Check	Only Or	ne)			Street				- 255				
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe: Normal Working Hours	I Facility				City, S	State	/agaraw Ro , Zip Code vn, NJ 074		ig.35E				
Scope of Work (Check All That Apply)					1 dir	Lav	111, 110 074	10			-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovat Demoliti			  > 	1	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				e	
	330	Location									Abate	ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cus	Normalled Solel intenantodial S (12)	y by ce/ taff?	(i.e. then	Description containing for mal system urfacing, VA er miscellar	viater s ins T, o	ulation, r	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					0.5	0.1.5	-			
Basement	Х	P	pe Insula	ation	1	25	50 LF	X					
Name of Registered Waste Hauler		1 2000	JDEP W		bic Yards Naste				red Landfil	1			
Unicorn Contracting Corp.		35844			- el rescorri	G.R.O.	W.S.,	Inc.					
City, State Totowa NJ 07512				Dis	posal Date D		City Stat Morrisv		ennsylva	nia			
Completed by Dimo Golcev	Title Proje	ct Ma	nager	i i	Signature	/	01	1/		ate 3/20/2	2015		

(K 2334

Date of Notification (1) 8-20-2015	Name of Building O Direct Auto	wner / Operator (2)		الميد الم
Agencies Notified Type Notification	Street Address		2616 AUG 24	EM 7.
☐ DEP ☐ Initial	4319 South Route 1	130	7- * ·	40 /: 4 <b>4</b>
□ DEP □ Initial   □ DOL □ Amended   □ DOH □ Emergency	City, State & Zip Co Edgewater Park, No			111111111
□ DOH □ Emergency	Name of Contact		# 1 CENT	elephone Number
☐ DCA ☐ Cancellation	Joe			-
N	FACILITY INFO			
Name of Facility Where Abatement is Taking Pla Showroom	ace (3)	Type of Facility (4)  School (K-12)		
Street Address		Subchapter 8 (Other th	ian K-12)	
4319 South Route 130		Other (i.e. private & co	mmercial building	
City (5) County (6)	County Code (7)	Square Feet # of Flo 80,000	oors BI	dg. Age 49
Edgewater Park, NJ Burlington	County Code (1)	Current Use (Prior if being	demolished)	49
N (M - %		Retail & Warehouse Spa	ace	
Name of Monitoring Firm Hired by Building Owne Health & Safety Services	er (8) ASCM No.	Name of Abatement Contra Resource Management Gro		
Street Address	12.4.1	Street Address	oup, LLO	
P.O. Box 365 City, State & Zip Code		2115 Hamilton Ave, Suite 2	02	
Berlin, NJ 08009		City, State & Zip Code Trenton, NJ 08619		
	Telephone Number	Telephone Number	License Nu	umber
	856-452-1311 pletion Date (11)	609-977-6159		01185
	9-9-2015	Name of OSHA Monitor  J&S Environmental Laborat	ories Inc	
Occupancy Status During Abatement (Check on		Street Address		
<ul> <li>☒ Facility Closed/Vacated During Entire Pe</li> <li>☒ Abatement Performed during Normal Ho</li> </ul>	eriod of Abatement	2333 Route 22 West City, State & Zip Code		
Describe: 9:00am - 4:30pm	urs.	Union, NJ 07083		
Facility Occupied During Abatement Scope of Work (Check all that apply)				
Check all that apply)			ntainment with Ne	enative Pressure
≥3 sf or ≥3 lf	Renovation	☐ Mini-Er	nclosure	ygu.ro i rocouro
≥160 sf ≥260 If	Demolition		Bag Procedures	F B
Location of	Is Location	Description of	Amount	Friable Procedure Abatement Type
Asbestos-Containing	Normally Used	Asbestos-Containing	(Specify	Abdicinent Type
Material (ACM) TO BE ABATED	Solely by Maintenance or	Material (ACM) (i.e., thermal systems	SF or LF)	Enca Enca Re
in Facility	Custodial Staff? in	sulation, surfacing, VAT		Enclsoure Encapsulat Repair Removal
(13)	Yes No N/A	or other miscellaneous)		apsulat apsulat apair
Showroom		ded ceiling tile	250 SF	
		and doming the	200 01	
•				
				<del>                                     </del>
		***************************************		
Name of Registered Waste Hauler		Cubic Yards Name of Reg	istered Landfill	
Resource Management Group, LLC		BD Grows Landf	ill	
City, State		Disposal Date City, State		
Trenton, NJ 08619		BD Morrisville P.	A	
Completed By (Print or Type) Mr. Brian Haney	Title S President	Signature 04	1/1	Date
	i resluciit	June (IIII	uf-	08/20/2015

#5293

Date of Notification (1)			7.000		Building O	wner/O	perator	(2)	- 8		7800			1 - 2-	
August 17, 2015				lantic						ć	lets aug	24	211	7.	
Agencies Notified  X EPA	Type Notification		100	eet Ad 301 B	<sub>ldress</sub> acharac	h Blvd	i.			7)	1 74		rii]	/: i	40
DEP DOL	Amended Amendment	A STATE OF THE PARTY OF THE PAR			e, Zip Cod City, Ne		rsey 08	8401			& i.ic	ÉN.	1.4	ir.	P.L.
DOH DCA	Emergency justification) Cancellation				Contact Rossan	10				Tele	ephone Num	bor			
				FACIL	ITY INFO	RMATI	ON								
Name of Facility Where Atlantic City Boards		g Place (3)							of Facility (4) School (K-12)	)					
Street Address 100 Atlantic Ave.								X	Subchapter 8 Other (i.e. pri etc.)				dings,	home	es,
City (5) Atlantic City								Squa 170	re Feet O	# 0	Floors	27339	ldg. A 0+	ge	
County (6) Atlantic County					ode (7) SE ONLY)		_		ent Use (Prior ndoned Bo						
Name of Monitoring Firm CSA Consulting Se			1	ASCM	No.		3000 CO 1000 CO		atement Control		(9)				
Street Address 26 Lorenzo Court				18			Street 164 (		ss Ave.						
City, State, Zip Code Matawan, New Jers	sey 07747								ip Code ew Jersey	0701	1-1802				
Project Manager for Mor Michael Chain	nitoring Firm			lephon	ne No. 1-9223		Teleph 973-4				License No 00724	).			
Start Date (10) August 31th, 2015		Scheduled December					400000000000000000000000000000000000000		HA Monitor onstruction	Inc.					
Occupancy Status Durin	g Abatement (Che	k Only One)					Street	Addre	SS						
Facility Closed/Vac	ated During Entire	Period of Aba	atemen	nt			164 (	Getty	Ave.						
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norr	nal Facility H				_	200000000000000000000000000000000000000		ip Code ew Jersey	0701	1-1802				
Scope of Work (Check A	All That Apply)														
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf			novation nolition				×	Mi Gl	Ill Containmer ni-Enclosure ovebag Proce on-Exempted	edure				Θ.	
		T						<u> </u>	on-Exempled	( ) an	d North Hab	1		ement	
Landin			ocation mally			Do	scription	of.						ре	
Asbestos-Containing TO BE AB In Faci (13)	n Material (ACM) ATED lity	Maint Custoo	Solely in enance lial Star 12)	e/		os Cont thermal surfa		Materia s insul AT, or		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A						-	770000000000000000000000000000000000000	_			
Roo	f			Х		F	Roofing	3		17	700SF	х			
	<b>B</b>														
Name of Registered Waste Hauler				EP W	10000000000		Yards				ered Landfill				
Slavco Construction Inc.				iler ID 08	NO.	of Wa	1		G.R.O.V		andfill				
City, State Clifton, New Jersey	r, State fton, New Jersey 07011-1802					TBD	sal Date		City, State Morrisvi		'a				
Completed by Vivian D. Jurcevic		Title Office I	Mana	ger		8	Signatur	e an	D'Que	Cu	Da Ai	ite ugus:	t 17,	2015	5

CK 3778

Date of Notification (1)	19/15		Name of Buildi	ng Owner/Operator	12/-	图 红色	7	1,5	6	
Agencies Notified	Type Notification			WELSH -	- 1501276	R				_
Ø ₽A	☐ Initial		Street Address		AVE,	& 1.10F.	W.C	A di		
⊠ por ⊠ p⊕	Amended Amendment #  Emergency (including	_ 1	City, State, Zip	Code POWNFIEL	D, NIJ	.08033				_
DOH DCA	justification)  Cancellation		Name of Conta	DME DME		Telephone Numb	er > -/	7 7	0.1	
				FORMATION				_	1	-
Name of Facility Where	Abatement is Taking Place	e (3)	- GACILIT IN	PORMATION	Type of Facility	. (4)				
RESIZ	PENCE	C (0)								
Street Address	J ZIST ST	122			Other (i.e., )	8 (Other than K-12) private & commercia	) Il build	dings.		•
City (5) AUAL					Square Feet	# of Floors	111111111111111111111111111111111111111	dg A	•	
HVHC	ON		0	7. /07/75	1000		-	10	+	
County (6) CAPE	Mar		County Code ( USE ONLY)		- VAC	nor If being demolish A ルーナ	hed)			
Name of Monitoring Firm (8)	Hired by Building Owner	A	SCM No.	Name of Abatem						
	(A				100 IN	<u> </u>				
Street Address '				Street Address	5, Spau	LE AVE.				
City, State, Zip Code				City, State, Zip C	∞e 5 H.O D	E, N,J, 0	80	Jz		
Project Manager for Mor	nitoring Firm	Teleph	hone No.	Telephone No.		License No.				=
Start-Date (10)	Scheduled Co	ombletic	on Date (11)	Name of OSHA N		1 _00-11				
9/9/1	5 9/16	2/1	5:	Jo; EP	H KLEN	1 M				
	ng Abatement (Check only ed During Entire Period of		ent	Street Address	SPRUC	EAVE				
Abatement Performed	d Outside of Normal Facility			City State Zin C	ode .	= , N,J, 0,	C.			
Other - Describe:	When a select			Plapic	- 1H7 DE	, 10,0,0	3 0 3			_
Scope of Work (Check a  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	Re	novation molition	ı	Mini-End	g Procedure	egative Pressure	e			
	Is L	ocation			7			bate		
9 <b>6</b> 5 G		xmally Solely b	S.,	Description of				Typ	æ	
Location of Asbestos-Containing M		lenance		tos Containing Mate	erial (ACM)	Amount			Е	
TO BE ABAT	ED Cu	stodial	(i.e.,	thermal systems in		(Specify SF or LF)	Ren	R	DC3	L C
IN Facility (13)		(12)		surfacing, VAT, other miscellaneo		Sr a Lrj	Remova	Repair	Encapsulate	Enclosure
,	Yes	No	N/A				5		ale	6
SIDIN	c		X	RANSITE		2500 SE	X			
				1000						
								-		
Name of Registered Was	_	Hau	DEP Waste lifer ID No.	Cubic Yards of Waste		istered Landfill . C , M , U	/	١,		
14 LEMCO		1	1904	Disposal Date	City State					
	SHADE, N.	١,			1_600	> BINE IT	7 .	)		
Completed By JOE KLO	EMM Tide	NEI	2	Signature	h Klem	Date	9	113		
S8-41	4			O.						

CK 3778

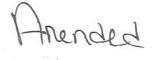
Date of Notification (1)	19/17			Nan	ne of Buildi	ing <sub>,</sub> O	wner/Operator	(2)	COLD AL	F 2L	130	- 0		
Agencies Notified				_	lom	u	JELSH -	BUILDE	ir.	7	1 1	1:3	G	
Ø ₽A	Type Notificati	on		Stre	et Address	5 /	OMONA	1 - 5	k jay					-
	☐ Amended							AVEI	(2)		will a	M.	1	_
Ø DOL	Amendmen			City.	State, Zip	Code		- 41:T	00	27 7	117.5			
☑ DOH	Emergency justification		g	_			ONFIEL	D, NIJ						_
DCA	Cancellation			Nan	ne of Conta				Teleph	one Numb				
						10	46			- ′ ′	- /	7 .	١.	
	22			FA	CILITY IN	FOR	МОПАМ							$\exists$
Name of Facility Where	Abatement is Tak	ing Plac	e (3)					Type of Facility	y (4)					$\dashv$
_ RESID	ENCE							School (K-1	2)					
Street Address			-				-	Subchapter	8 (Other)	than K-12	)			
	LUASURE	AL	E					Other (i.e., phomes, etc	onvate & c	ommercia	l build	ings,		
City (5)		1						Square Feet	# of F	loors	Bio	dg. A.	ge	
SEA I	SLE (	174						1000			1	10	+	
County (6)	M.1.				nty Code (	7) (5	STATE	Current Use (P		g demolis	ned)			_
CAPE				USE	EONLY				ANT					
Name of Monitoring Firm	Hired by Building	Owner		ASCM	No.	Na	me of Abatem	ent Contractor (9	9)					_
(8)	4					_	FILEM	CO IN	CI	88 (g) Or 20000000				
Street Address						Str	eel Address		A	22				
								, SPAU	ICE A	vE.				
City, State, Zip Code						Cit	y, State, Zip Co	xde	1	-	-			
						_		E SHAD			80	32		_
Project Manager for Moni	toring Firm		Tele	phone	No.	Tel	ephone No.	3 011-3	Liœn:		1			$\neg$
						8	56-77	7-0472		2044	4			_
Start-Date (10) . 9 / 15	Sche	7 . 7	4 1 1	ion Da	ate (11) -	Na	ne of OSHA M		100					
		1/6	£/	)		-		1 KLEN	11					_
Occupancy Status During						Str	eel Address	< 00.	- 1	_				
Facility Closed/Vacate								SPRUC	EAV	É				_
Abatement Performed	Outside of Norm	al Facility	/ Houn	S		City	, State, Zip Co	xde_		-				$\neg$
Other - Describe:							MAPLE	SHADE	F, N,	),0	303	2		_
Scope of Work (Check all	that apply)			3-357.0			□ Full Cons	-1	i - D					
≥3 sf or ≥3 lf		□ Re	novatio	n			Mini-End	ainment with Ne losure	gative Pre	ssure				
\(\overline{\infty}\) ≥160 sf or ≥260 lf		De	nalition	1				g Procedure						
		lel	ocation	,			Non-Exe	mpted (*) and No	on-Friable	Procedure	100	h = 1 = =		-
	38	F 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	mally								_	baler Typ		
Location of			Solely				Description of	-i-1/0CM				$\neg$	-	-
Asbestos-Containing Ma TO BE ABATE			stodial				ontaining Mate nal systems in		Amo (Spe		R	_	Enc	E
IN Facility	_	10000	taff?				facing, VAT, o		SF or	LF)	Removal	Repair	aps	Clo
(13)			12)			ome	r miscellaneou	rs)			wal	alr	Encapsulate	Enclosure
		Yes	No	N/A									0	-
SIDINO				$\overline{}$	-	01	NSITE		120	O SF	. 1			$\neg$
217/100		-	-	X		14	N 3   1 C		750	0 31	X			$\dashv$
					-									
Name of Registered Waste	_		10000000	DEP V	\$35500000000000000000000000000000000000		oic Yards	Name of Regi			116			
KLEMOOJ	LNC,	.5		uler 10		01 V	Vaste 5	CIM	. C , 1	M, U	4	. ,		
City, State	-	1		1		Disp	osal Date	City, State			71			
MAPLE	SHADE,	N.	, د			2000		Luco	> BIN	JE , 1	٠. ل	J,		
Completed By	Title	:				T	Signature ,	V		Date	10000000000		_	
JOE KLE	MM	d w	NE	R			Joseph	~ Dlen		8-	19	-1	)	
55 11			-		-		11					-	-	

# 7 33 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 3:60 and 12:120)

									F.	1,20			
Date of Notification							Ovmer / Operator	(2) 2015 11	13 24 T. 7				
Agencies Notified	8-14-2015 Type Notific	ation			Addre		y I-lospital	-10 710	10 / 2	: 3E			
⊠ EPA	Type Ivouite	ation	103				Carr pus	A 10, 20		10			
□ DEP			(	City, S	State 8	Zip C	ode			něL			
☑ DOL ☑ DOH		nded				NJ 080	002		15" × 111.5	1000			
□ DOH		rgency cellation	100		of Co da Ca					Telepho	ne N	umb	er
	Our	Schation										-	
N	**				CILIT	YINF	ORMATION					255	
Name of Facility WI Kennedy University	nere Abatem	ent is Taking P	lace (3	) ^~~~	sintod	Office	Type of Facili						
Street Address	i iuspitai-o	Floor Board No	om a	A5500	Jateu	Office		ter 8 (Other tha	n K-12)				
2201 Chapel Hill Ca	ampus							e. private & con		ngs, hom	nes, e	tc.)	
	570 H (M. PESS)						Square Feet	# of Floo		Bldg. Ag	е		
City (5)	20	County (6)	Co	unty C	Code (	7)	250,000		2		52		
Cherry Hill, NJ 0800	J2	Camden					Hospital	Prior if being de	emolished)				
Name of Monitoring	Firm Hired h	ov Building Owr	ner (8)		IASC	M No.		tement Contrac	tor (9)				
Criterion Laboratori		oy building own	101 (0)		1.00	/W 140.		nagement Grou					
Street Address	0.08 10 10						Street Addres	The Applied His restaud					
3370 Progress Driv								n Ave, Suite 20	2				1/2
City, State & Zip Co Bensalem, Pa. 190							City, State & Trenton, NJ 0						
Project Manager for		Firm	Teler	hone	Numb	per	Telephone No		License	Number			
Mr. Mike Panepress				244-13			309-977-6159		2.0000	0118	35		
Scheduled Start Da	CONTRACTOR OF THE PARTY OF THE	Scheduled Cor			te (11)	)	Name of OSH						
8-17-201		. (6)	8-31-2				(-	nental Laborato	ries Inc				
Occupancy Status		ment (Check o During Entire F			ateme	nt	Street Address 2333 Route 2						
		outside of Norm			201110		City, State &						
Describe:	3:30pm-12:	30am					Union, NJ 07						
	cupied During						NI CALLED						
Scope of Work (Ch	eck all that a	ppiy)							tainment with	Nogative	Drog	SCUTO	
≥3 sf or ≥3	lf		$\boxtimes$	Ren	ovatio	n		☐ Mini-End		ivegative	110	Suit	8:
≥160 sf ≥26	60 If				nolitio				ag Procedures	;			
									empted and No			_	_
	ocation of tos-Containing		1	Locat			Description		Amount	Ab	atem	ent T	ype
	terial (ACM)	ng		nally l olely l			Asbestos-Con Material (A		(Specify SF or LF)			П	
TO	BE ABATED			-	ice or		(i.e., thermal s		01 01 21 )	Removal	D.	Encapsula	Enclsoure
	n Facility		Cust		Staff?		insulation, surfac			non	Repair	sde	lso
	(13)		Yes	(12) No	N/A	-	or other miscell	aneous)		/al	=	ula	lie
5 <sup>th</sup> Floor Board Room	2 Appopiated	Office		NO 🖂	IVA	Achae	stan Dranfing f	earn ataul beaus	70.1.5	57			-
3 Tibbi Boald Room	a Associated	Office			H	ASDES	stos Fire Proofing f	om steer beam	70 LF		ዙ	H	ዙ
											T		一
					누므		- 22						
Name of Registered	d Waste Hau	lor		L	DEBI		Cubic Yards	Name of Boo	stered Landfill				
rvaille of rvegisterer	u vvaste i lau	iici			uler I		of Waste	Name of Regi	Stered Landilli				
Resource Manager	ment Group, I	LLC			35218		TEID	Grows Landfil	I				
City, State							Disposal Date	City, State					
Trenton, NJ 08619							TEID /	Morrisville, PA	A				
Completed By (Prin	nt or Type)			Tit			Signature	in Xh	11	Date	-		
Mr. Brian Haney				Pre	esider	nt	1 3 h (	n IXA	U)	08/14	4/201	5	
						-			1				

MX 7335



Date of Notification (1) 8-18-2015	Name	of Bu	ilding (	Owner / Operator V Hospital	r (2) 2615 A	UG 24 67	7. ~-	
Agencies Notified Type Notification	Street			ricopital	5	1311	- 3 E	
⊠ EPA				ampus	** , \ '			
□   DEP     □   DOL     □   Amended(Scope)	City, S				ů.	10= 4= 101	nel	
☑ DOL   ☑ Amended(Scope)	Cherry			02		7.6		
□ DOH □ Emergency □ DCA □ Cancellation	Name						Telephone Nu	
☐ DCA ☐ Caricellation	Amano	la Ca	mn .				5	
		CILIT	Y INFO	DRMATION				
Name of Facility Where Abatement is Taking P	lace (3)			Type of Facili				
Kennedy University Hospital-5 <sup>th</sup> Floor Board Ro	om & Assoc	iated	Office	School (F				
Street Address				Subchap	ter 8 (Other tha	an K-12)	0000-0000 0 <b>1</b> .000000000000000000000000000000000000	
2201 Chapel Hill Campus				Other (i.e	private & con	nmercial buildi	ngs, homes, etc	5.)
City (5) County (6)	County C	'odo (	7)	Square Feet 250,000	# of Flo	ors	Bldg. Age	
Cherry Hill, NJ 08002 Camden	County C	oue (	1)		Prior if being d	amalished)	52	
Cherry Filli, 140 00002	1			Hospital	riioi ii beilig a	emonsheu)		
Name of Monitoring Firm Hired by Building Own	ner (8)	ASC	M No.		tement Contrac	tor (9)		
Criterion Laboratories, Inc.	.6. (6)	, ,,,,			nagement Gro			
Street Address				Street Addres				
3370 Progress Drive, Suite J				2115 Hamilto	n Ave, Suite 20	)2		
City, State & Zip Code				City, State & 2				
Bensalem, Pa. 19020				Trenton, NJ 0				
Project Manager for Monitoring Firm Mr. Mike Panepresso	Telephone 215-244-13		er	Telephone Nu 609-977-6159		License	Number 01185	
Scheduled Start Date (10) Scheduled Cor	mpletion Dat	e (11)		Name of OSH	A Monitor			
8-17-2015	8-31-2015			J&S Environn	nental Laborato	ories Inc		
Occupancy Status During Abatement (Check o		-33	>:	Street Addres				
Facility Closed/Vacated During Entire F		teme	nt	2333 Route 2	The state of the s			
Abatement Performed Outside of Norm	al Hours:			City, State & 2				
Describe: 3:30pm-12:30am Facility Occupied During Abatement			9	Union, NJ 070	183			
Scope of Work (Check all that apply)								
(						ntainment with	Negative Press	ure
≥3 sf or ≥3 If	⊠ Ren	ovatio	n		☐ Mini-En			NE 1909 C. D.
≥160 sf ≥260 If	☐ Dem	nolition	n		⊠ Glove B             ■ Glo	ag Procedures	3	
	77					empted and No	on-Friable Proce	
Location of	Is Locati			Description		Amount	Abatemer	nt Type
Asbestos-Containing	Normally L			Asbestos-Con		(Specify		
Material (ACM)	Solely b	-		Material (A0		SF or LF)	고 -	Encl
TO BE ABATED in Facility	Maintenand Custodial S			(i.e., thermal sy			Rem	cap
(13)	(12)	nan:		nsulation, surfact or other miscella			pair	Isoure apsulat
(12)	Yes No	N/A		or ourior micoon	arioodoj		<u> </u>	re lat
5 <sup>th</sup> Floor Board Room & Associated Office		П	Asbest	os Fire Proofing fr	om steel heam	150 LF		
						700 21		TH:
V 65								
Name of Registered Waste Hauler			Vaste	Cubic Yards	Name of Regi	stered Landfill		
Resource Management Group, LLC	500702	uler IE 35218		of Waste TBD	Grows Landfil	1		
City, State	000	- Jan 10		Disposal Date	City, State	••;		
Trenton, NJ 08619				TBD	Morrisville, PA	, 1		
Completed By (Print or Type)	Title	0		Signature	2	Mar.	Date	
Mr. Brian Haney		e siden	t I	Signature	MON	\ /   \ \   \ \ \ \ \ \ \ \ \ \ \ \ \ \	08/18/2015	
					(1 × 1)	X ( " ~//		

Date of Notification (1) August 19, 2015					Building C It & Ligh				281	Che	gk.#,23	320	139	1.0		
Agencies Notified	Type Notification			Street Ad 1841 B	dress urlingtor	n-Mour	nt Holl	y Roa	200	1.5	- 4-1	n.,	7:	55	š	
EPA DEP DOL	Initial Amended Amendment				e, Zip Coo npton, N		60				7-7	110	h	ĴĹ		
	Emergency (justification) Cancellation	including	1000	lame of Kent Pi			-			Tele	ephone N	lumbe	г			
		D1 (0)		FACIL	ITY INFO	RMATIC	NC	<b>-</b>	-6 F 112 - (4)							
Name of Facility Where Residence	Abatement is Takin	g Place (3)			2.4				of Facility (4) School (K-12)	)						
Street Address 102 Ridgeway Stre	et							X	Subchapter 8 Other (i.e. pri etc.)				uild	ings,	home	s,
City (5) Mount Holly									re Feet	# of 3	Floors		80 80	dg. A	ge	
County (6) Burlington				County C	ode (7) SE ONLY)				nt Use (Prior dence	if beir	ng demol	lished	)			
Name of Monitoring Firm Management & En				ASCM	No.				tement Contr		1212/201					
Street Address PO Box 341	3							Addres	ss Avenue							
City, State, Zip Code	515						City, S	state, Z	ip Code ade, NJ 08	052					- T	
Project Manager for Mor	esterfield, NJ 08515 ect Manager for Monitoring Firm Weisgarber						Teleph	none N 755-0	0.	002	License					
	Weisgarber								HA Monitor		00042		hilogi			
September 14, 201	t Date (10) Schedu ptember 14, 2015 Septe						EMS	L Ana	alytical, Inc	). 						
Occupancy Status Durin								Addres	ss : 130 North	1						
Abatement Perform	ated During Entire ned Outside of Norr	Period of Ab nal Facility I	atem Hours	ent			City, S	State, Z	ip Code							
Other – Describe:	All That A and A			**********		1 - 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	Cinn	amins	son, NJ 08	077		_				
Scope of Work (Check / ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All I nat Apply)	-	novat moliti				>	Mir Glo	II Containmen ni-Enclosure ovebag Proce	edure						
			-				-	_l No	n-Exempted	(*) an	d Non-Fr	iable			e ement	
		5/5/60	ocation	8			10 10	20						Ту		
Asbestos-Containing TO BE AB In Fac (13)	g Material (ACM) B <u>ATED</u> ility	Used Mair Custo	Solel itenar idial S (12)	ly by nce/ staff?		tos Cont thermal surfa		Materia s insula AT, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A						-						
Basen		-	XXX		Pipe	Insula	ation		20	00 LF	-	X	100			
Name of Registered Wa	ste Hauler		N	JDEP W	/aste	Cubic	Yards		Name of F	Registe	ered Land	dfill				
Freehold Cartage	ATSACTOR OF SHIPMER AND SHIPMER AND SHIPMER AS THE					of Wa			Cumber	10.70			dfil	I		
City, State Freehold, NJ					Dispo 9/18/	sal Date 2015	9	City, State Newburg		١						
Completed by Christina Lynch		Title Opera	tions	s Mana	iger	(	Signatur	W.	elec	<u></u>		Date 8/19		15		VI

Date of Notification (1)			Nome	of Dudielies	0 1			201	5/11				
08/19/2015			AMC	of Building O Enterp	Owner/orises,	Operator ()	2)	2/	Life	4 4	14 7		
Agencies Notified Type Notification	n			Address				F3 :	. 77		1	52	
EPA Initial			600	Swnson [	Drive			S.	115			-	
DEP Amended		į.	City, S	State, Zip Co	ode				1-11	1. 11	- H	3/-	
X DOL Amendme	nt #		Kenil	lwort, NJ,	07033	3				112	4	-	
X DOH justification	y (including	3	Name	of Contact				Tel	ephone N	lumbar			
▼ DCA ☐ Cancellation	on		100000000000000000000000000000000000000	Tiarks				1 10	opriorie i	-			
Name of Facility Where Abatement is Tak	ing Place (	(3)	FA	CILITY INFO	ORMAT		Type of Facility	(4)					
Brick High School	,												
Street Address							School (K- Subchapte	12)	or than V	12)			
346 Chambersbridge Road						E	Other (i.e.	private	& comme	rcial bu	ildina	s. hon	nos.
City (5)						-	etc.)						
Brick, NJ						8	Square Feet	# 0	f Floors		Bldg.	Age	
County (6) Ocean				Code (7)		(	Current Use (Pri	ior if bei	ng demol	ished)			
Name of Monitoring Firm Hired by Building	Owner (8	$\overline{}$	0.0										
RJB Environmental,Inc	3 OWNER (8	1	ASC	M No.		Lilich (	Abatement Co Corporation	ntractor	(9)				
Street Address						Street Ad							
56 East Bridge Street		2					cBride Aveni	ue					
City, State, Zip Code Morrisvile, PA 19067							te, Zip Code						
Project Manager for Monitoring Firm							and Park, N.	0742	24				
Richard Beach				one No. 191-9212		Telephor 973-22	ne No. 5-8400		License 01104	No.			
Start Date (10) 08/20/15	Schedul	ed Cor	mpletion	Date (11)			OSHA Monitor		01104				
	08/25/					J&S Er	nvironmental	Labs,	LLC				
Occupancy Status During Abatement (Che						Street Ac						-	Markett had b
Facility Closed/Vacated During Entire	Period of	Abater	nent			2333 R	toute 22 We	st					
Abatement Performed Outside of Nor Other – Describe:	mal Facility	y Hour	S	Or			e, Zip Code New Jersey	07001					
Scope of Work (Check All That Apply)						Officia,	ivew Jersey	07000					
≥3 sf or ≥3 If	×	Renova	tion			×	F. II O		2210 322	200			
2160 sf or ≥260 lf	broad '	Demoli					Full Containme Mini-Enclosure	ent with	Negative	Pressu	ıre		
							Glovebag Prod	edure					
		_		Т			Non-Exempted	i (*) and	Non-Fria	ble Pro	cedu	е	
		Locati										emen	L
Location of Asbestos-Containing Material (ACM)		Normal d Sole			Des	scription of				-	T 13	/pe	т—
TO BE ABATED	Ma	intena	nce/	Asbest	os Conta thermal	aining Mate systems in	erial (ACM)		nount	-		m	m
In Facility	Cust	todial 5 (12)	Staff?	(	surfac	ing, VAT,	or		pecify or LF)	Rem	Repair	cap	ncl
(13)			T	-	other m	niscellaneo	us)			Removal	pair	Encapsulate	Enclosure
East boiler room	Yes	No	N/A									te	(0
rast polici toom		X	Incinera	tor der	no&remo	oval asbes	•2	3sf	х				
Name of Registered Waste Hauler		l NI	IDED 14	lasts	0	/ I							100 1
Lilich Corporation		H	JDEP W auler ID	:: 1.55 (A. 150)	Cubic Y of Wast		Name of F			l			
		18	3724				G.R.O.V	V.S La	indfild				
City, State Woodland Park, NJ 07424					Disposa	al Date	City, State		soiler'				er-america
Completed by	Title				Si	gnature	Morrisvi	e, Per		-			
Momo Glavatovic	Vice F	resid	dent		010	3.101016	(3/D	}		98 20	-/	0	10
							Con		(	10	/	7	10

CK 3752

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

PEOPLE SO

Date of Notification (1)				Nam	e of Buildi	na O	wner/Operator	(2) 9E1			5× 1		
08 /18 /	15			1,10,11			uth University	y	5 AUG 24	AM 7	: 20		
Agencies Notified Type Notified Initial Amend				40	et Address	Ave					23		
	ment #2			1	State, Zip				32.11	7-13	-		-
□ DCA □ Emerge	ency (inc		g				NJ, 07764						
(NJAC 5:23-8) justifica	ation)			STATE OF THE PARTY	e of Conta				Telephone	Number			
☐ Cancel	lation			Tir	nothy Or	r							
		. *: **		FA	CILITY	NFC	RMATION						
Name of Facility Where Abatement is								Type of Facility	(4)			-	
Monmouth University-Bluff's	Buildir	ng Ap	partn	nent 4	1A			School (K-12	ğ 50				
Street Address								Subchapter 8	Other than	K-12)			
590 Ocean Blvd								Other (i.e., property)		nmercial	build	ngs,	
City (5)						-		Square Feet	# of Floors	. 1	Bldg.	Ago	
Long Branch,NJ 07740									# 011 10013	,	Diag.	Aye	
County (6)			-	Cou	nty Code (	7)(\$7	TATE USE ONLY)	Current Use (Pri	or if being de	molished	1		
Monmouth							.,	000000000000000000000000000000000000000	or it being de	monsnec	,		
Name of Monitoring Firm Hired by Bu	ilding Ov	wner (	(8)	ASCM	No.	I Na	ame of Abatem	ent Contractor (9)					
AHERA Consultants, Inc.							Lilich Corpor						
Street Address						-	treet Address						
PO Box 385						100000	606 McBride	Δνεπιιε					
City, State, Zip Code							ty, State, Zip Co						
Oceanville, New Jersey 08231								ark, New Jersey	, 07424				
Project Manager for Monitoring Firm			Tele	phone	No.		elephone No.	in, new dersey	License No				
John Smoyer					2-1833		973-225-8400		01104	٥.			
Start Date (10)	Schedu	led Co	1			100	ame of OSHA M		01104				
08 /19 /15	08			_ /				nental Laborat	ories Inc				
Occupancy Status During Abatement	(Check					-	reet Address	montar Laborat	ones mc.				
☐ Facility Closed/Vacated During En	tire Perio	od of A	Abate	ment			2333 Route 2	2 \\/+					
☐ Abatement Performed Outside of N	Normal F	acility	Hour	s - Des	scribe		ty, State, Zip Co	-					
Time of Abatement:AMPI	VI/	PM-		_AM		100	Union, New J						
Scope of Work (Check all that apply)						Ι,		•					
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			novati molitic										
		Is	Locat	ion				p.ca ( ) and real	I-I Habie I 100		h = 1 = .		
Location of		N	ormal	ly			Description of	f		-		nent T	T
Asbestos-Containing Material (ACI TO BE ABATED	VI)	Mair	d Sole	nce/	Asbe	stos	Containing Mat	terial (ACM)	Amount	X en	Repair	Enc	Enc
IN Facility			odial S		(i.e	., the	ermal systems in surfacing, VAT,	nsulation,	(Specify SF or LF)	Kemova	air	aps	Enclosure
(13)		. 1	(12)			ot	her miscellaned	ous)	Of Of Lity	=		Encapsulate	l'e
Partition wall living room/kitche		Yes	No	N/A	O&M re	mov	val of joint				_	Ф	<u></u>
Kitchen			compoi	ind	lacenciated a	bootrock	8 sf						
Kitchen		Ш	$\boxtimes$	Remove	e Sir	nkbase cabin	et and						
												$I_{\Box}$	
	Г	7	П	П		,					-	+=	
Name of Registered Waste Hauler				IDEP V	Vaste 1	Cur	oic Yards of	Name of Registe	arod Leadell				LL.
Lilich Corporation			Ha	uler ID 18724	No.	Wa 2	ste	G.R.O.W.S L					
City, State						-	posal Date	City, State					
Woodland Park, New Jersey 07	424							Morrisville,	Pennsylvan	nia			
Completed By (Print or Type)	Title						Signature	OH		Date		1	
Momo Glavatovic	Vice	Pre	sider	nt				(210)		081	10	15	-
SR-41	1									00/	10	1.1	

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

GAC Project # 060-15 Date of Notification (1) Name of Building Owner/Operator (2) August 14, 2015 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address **□**EPA ■ Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. DCA ■ Amended Notification # 1 – 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS X DOL New Waste Hauler & New City, State, Zip Code ☑ DEP- No Longer REQUIRED PISCATAWAY, NJ 08854 Completion Date X DOH Name of Contact Telephone Number ■ Emergency (including MICHAEL SMITH, ENV. justification) **HEALTH & SAFETY** □ Cancelled FACILITY INFORMATION 12 Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) LIFE SCIENCE CENTER, BLDG# 7245 ☐ School (K-12) ☐ Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) 225 UNIVERSITY AVENUE, NEWARK CAMPUS Sq. Feet: N/A # of Floors: N/A Bldg. Age: 60# years City (5) County (6) County Code (7) (State Use Only) NEWARK **ESSEX** Current Use (prior if being demolished): EXTERIOR TRENCH Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Cardno ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City, State, Zip Code City State, ZipCode **BURLINGTON, NJ 08016** BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 08/07/15 08/31/15 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code ☑Other - Describe: Shift Hours: M-F 3:00 PM - 5:00 AM - Exterior Trench FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure > 3 sf or > 3 lf **X**Renovation ≥ 160 sf or ≥ 260 lf Demolition Slovebag Procedure ■ Non-Exempted (\*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) Remove Repair Encap Enclose VAT, or other miscell.) or LF) NO YES NA EXTERIOR HTHW TRENCH X TSI 150 LF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill Cubic Yards of Waste: 10 CY See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State 100 New Ford Mill 08/31/15 Hauler #2) Newark Carting, Inc., Newark, NJ Rd. Morrisville, Pa 19067 NJ DEP# 04509 215-736-1700 Completed by (Print or Type) SENIOR PROJECT RAYMOND C. PEDALINO August 14, 2015 Raymond C. Pedalino MANAGER

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

GAC Project # 060-15 Date of Notification (1) Name of Building Owner/Operator (2) July 23, 2015 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address DEPA ☑ Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. DCA ☐ Amended Notification # 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS X DOL City, State, Zip Code ■ Emergency (including ▼ DEP- No Longer REQUIRED PISCATAWAY, NJ 08854 justification) X DOH Name of Contact Telephone Number □ Cancelled MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) 2815 LIFE SCIENCE CENTER, BLDG# 7245 ☐ School (K-12) ☐ Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) 225 UNIVERSITY AVENUE, NEWARK CAMPUS Sa. Feet: N/A # of Floors: N/A Bldg. Age: 60+byears City (5) County (6) County Code (7) **NEWARK** (State Use Only) **ESSEX** Current Use (prior if being demolished): EXTERIOR TRENCH, Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Cardno ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC Street Address Street Address 3 TERRI LANE 268 MAIN STREET City, State, Zip Code City State, ZipCode **BURLINGTON, NJ 08016** BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 08/07/15 08/14/15 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code ☑Other - Describe: Shift Hours: M-F 3:00 PM - 5:00 AM - Exterior Trench FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure **X**Renovation  $\ge$  3 sf or  $\ge$  3 lf Mini-Enclosure □ > 160 sf or > 260 lf ■ Demolition Glovebag Procedure ■ Non-Exempted (\*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Remove Repair Encap Enclose Staff? (12) VAT. or other miscell.) or LF) YES NO NA EXTERIOR HTHW TRENCH X TSI 150 LF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill 10 CY Cubic Yards of Waste: See Hauler Below #1 & 2 G.R.O.W.S. North Landfill See Below Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 28969 100 New Ford Mill 08/14/15 Rd. Morrisville, Pa Hauler #2) STG-58 Pyles Lane, New Castle, De 19720 19067 NJ DEP# 20990 215-736-1700 Completed by (Print or Type) Signature SENIOR PROJECT RAYMOND C. PEDALINO July 23, 2015 Raymand C. Pedalino

MANAGER

NO CK

Date of Notification				Name	of B	uilding	Owner / O	perat	or (2)		900	-		***	1	
A = = = : = = N1 - 1/5 - 1	7/28/15			Twp	of W	oodb	ridge, De	pt of	Public	Work:	s (#)	à AUG o	1			
Agencies Notified EPA	Type Notifi	cation		Street			-4				٨.	5 AUS 2	hi.	7: 1	44	
□ DEP		al	-			Stre & Zip					w/ :	1				
DOL		ended <b>R#1-8/1</b> 9					IJ 07095					& LICE	1	4	1 1	
□ DOH		ergency	(2//313/05)			ontact						-1.07				
☐ DCA		ncellation				is He						,	Teleph	one r	Numi	ber
							•	ON								
Name of Facility WI	nere Abater	nent is Taking P	lace (3	FA <sup>(</sup>	CILII	YINI	Type o		:1:4 /4\							
2+ Structures		rone to raking r	1000 (0	,,					(K-12)							
Street Address										Other th	an K-1	2)				
342 N Williams S	treet											ial buildin	as. hor	nes	etc.)	
							Square			# of Flo			Bldg. A			
City (5)		County (6)	Co	unty (	Code	(7)							3	, -		
Woodbridge		Middlesex					Curren	t Use	(Prior it	being c	lemolis	shed)				
							Schoo		# 200000000							
Name of Monitoring	Firm Hired	by Building Own	ner (8)		ASC	CM No	. Name	of Aba	atement	Contra	ctor (9	)				
Environmental C Street Address	onnection	l								ental, l	nc.					
120 North Warrer	Ctroot						Street		100000	76						
City, State & Zip Co								200000000000000000000000000000000000000	er Stre	-1171, 4711						
Trenton, NJ 0801									Zip Co. 19007							
Project Manager for		Firm	Telep	hone	Numl	ber	Telepho					License N	lumbor	-		
Dominick Dercole			609-3				(215)7					00509	uniber			
Scheduled Start Dat	te (10)	Scheduled Cor	npletio	n Dat	e (11	)		-	HA Mon	itor						
8/11/15			ON H				Bristo	I Env	ironm	ental Ir	ıc.					
Occupancy Status D	od Magazad	ement (Check or	nly one	e)			Street A									
		During Entire P							er Stre							
Describe:	renonnea C	Outside of Norma	al Hou	ırs – 1	am to	o 3pm			Zip Coo							
	pied During	Abatement 7A	M to 3	:30 P	M		Bristo	i, PA	19007							
Scope of Work (Che	ck all that a	pply)		.001	101											
										Full Con	tainme	ent with N	legative	Pres	sure	9
≥3 sf or ≥3 lf			$\boxtimes$	Ren	ovatio	n				Mini-End			- Til			
≥160 sf ≥260	) If			Dem	nolition	n				Glove B	ag Pro	cedures				
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	cation of os-Containir	na	Is L Norm	ocatio		2		ription				mount	Ab	ateme	ent T	ype
	erial (ACM)	19		lely b			Asbestos Mater					Specify or LF)			т	
<u>TO B</u>	E ABATED		Mainte				(i.e., ther				O.	OI LI )	Re	고	nce	Enc
in	Facility		Custo		taff?		insulation,						Remova	Repair	Encapsulate	Enclsoure
	(13)	-		(12) No	N/A		or other m	iscell	aneous	)			<u>a</u>	=	late	лге
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Name of Registered	Waste Hau	ler		NJE	DEP V	Vaste	Cubic Yar	ds	Name	of Regis	stered	Landfill				
Camilaa Tuu				1400000000		No.	of Waste									
Service Transport	inc.			209	990		35 Cu Yo			WS Lar	ndfill					
City, State New Castle, DE		2					Disposal D 8/21/15	ate	City, S Morri	state sville, l	PA					
Completed By (Print				Title	9		Signature		1	25			Date			-
Gino Pizzigoni				100000000000000000000000000000000000000	ject		01.	1	0.		. /	0	7/28	/15		
				Mai	nage	r	Line	·	uzze	gone	17	el				

Base Bid Asbes	tos Abatement and Dist	Togo II Coope of Toy	
Location	ACM	Approximate	A TO THE PARTY OF
Parameter 1		Quantity	Abatement Method
Basement	Air-Cell Pipe Insulation, Mudded Pipe Fittings and Flue Packing	350 Linear Feet of Pipe Insulation, 35 Fittings and 10 Square Feet of Flue Packing	Enclosure with negative
Floor 1 Bedroom	9"x9" Green Vinyl Floor Tile	250 Square Feet	Temporary Enclosure
Floor 1 Kitchen	9"x9" Brown Vinyl Floor Tile	275 Square Feet	Temporary Enclosure
Floor 1 Bathroom	12"x12" White Vinyl Floor Tile	90 Square Feet	Temporary Enclosure
Floor 2 (Far Side) Kitchen	12"x12" White Vinyl Floor Tile	140 Square Feet	Temporary Enclosure
and Bedroom Throughout Residence	12"x12" Beige Vinyl Floor Tile	150 Square Feet	Temporary Enclosure
*	Wire Insulation	Approximately 300 LF	Controlled Demolition of plaster to access wiring throughout
Base Bid Asbesto	Abatement and Dispos	al Score of Wast	
Location	<u>ACM</u>	Approximate	
		Quantity	Abatement Method
Throughout Building	9"x9" Red and Black Vinyl Floor Tile and Black Mastic	1500 Square Feet Total. (NOTE: the wood substrate which the floor is attached to is in poor condition The wood floor will have to be removed with the floor tile and disposed of as	Limited containment with negative pressure.
Basement	Air Cell Pipe Insulation, Mudded Pipe Fittings and Boiler insulation	ACM)  250 Linear Feet of Pipe insulation (on pipes and on the ground) 20 Pipe fittings and 15 SF of Boiler insulation	Limited Containment Tent Enclosure of the basement then Cleanup of Pipe Insulation Debris then Wrap and Cut Methodology
Exterior Metal Windows	Grey Window Caulk	10 Linear Feet	Eutorios Non Print P
Main Building Roof	Roof Field Membrane	1500 Square Feet	Exterior Non-Friable Removal Exterior Non-Friable Removal
			LANGUEDI INDII-FFIRNIE Kemoval -
Main Building Roof Bathroom Roof	Roof Flashing Roof Flashing	225 Linear Feet	Exterior Non-Friable Removal

# NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Cl#2850

Date of Notification (				Name	e of Build	ding C	wner / Oper	ator (	2) חמזה זי	110.01					
Aganaina Nintis In	7/28/15			Twp	of Woo	odbri	wner / Oper dge, Dept	of Pul	blic Wo	rks	AM 7:	44			
Agencies Notified	Type Notific		Ollee	Audies	S										
DEP		al			Smith S State & 2				F 315	1 1	N. SING				
DOL8484		nded			dbridge				12	I.H.t.	M. SHAG				
□ DOH34≪	☐ Eme	rgency		Name	of Cont	act	07033					Talaa		A.I.	
☐ DCA		cellation			ennis l		y .					Telep	none	Nun	nber
		.1.		FA	CILITY	INFO	RMATION								
Name of Facility Whe	re Abatem	ent is Taking	Place	e (3)	0.2111		Type of Fa		4)						
2+ Structures							Schoo	I (K-12	2)						
Street Address	Notice Settlemen						☐ Subch	apter	8 (Other t	than K-	12)				
342 N Williams Str	eet						○ Other	(i.e. pr	rivate & c	ommer	cial buildi	ngs, ho	mes	etc.	)
City (5)		10 (0)					Square Fee	et	# of F	loors		Bldg. A			
City (5)		0.58 535		County (	Code (7)										
woodbridge		Middlesex					Current Us	e (Pric	r if being	demol	ished)		- //		
Name of Monitoring E	rm Hirad h	v Ruilding Ou	(DOT	(0)	140014	N.I.	School								
Environmental Cor	nection	y building OW	viieli	(0)	ASCM	NO.	Name of Al	oateme	ent Contr	actor (9	9)				
Street Address					1		Bristol En Street Addr		imental,	inc.					
120 North Warren S	orth Warren Street tate & Zip Code on, NJ 08010 Manager for Monitoring Firm nick Dercole Jled Start Date (10) 8/11/15						1123 Beav		reet						
City, State & Zip Code	Address Orth Warren Street ate & Zip Code On, NJ 08010  Manager for Monitoring Firm Ick Dercole Ided Start Date (10) 8/11/15 Incy Status During Abatement (Check only Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Describe:						City, State 8								
Trenton, NJ 08010	ronmental Connection  Address North Warren Street State & Zip Code ton, NJ 08010  It Manager for Monitoring Firm inick Dercole  Suled Start Date (10) 8/11/15  Pancy Status During Abatement (Check only Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Describe: Facility Occupied During Abatement 7AM						Bristol, PA								
Project Manager for M	e of Monitoring Firm Hired by Building Owner ronmental Connection It Address North Warren Street State & Zip Code Iton, NJ 08010 It Manager for Monitoring Firm Inick Dercole Iduled Start Date (10) 8/11/15 Iduled Start Date (10) 8/11/15 Iduled Start Date (10) Abatement Performed Outside of Normal Describe: Facility Closed/Vacated During Abatement 7AM In of Work (Check all that apply)  ≥3 sf or ≥3 If ≥160 sf ≥260 If					ĝ.	Telephone I		er		License N	Numbe	r		
	North Warren Street  State & Zip Code ton, NJ 08010  ct Manager for Monitoring Firm inick Dercole duled Start Date (10) 8/11/15  pancy Status During Abatement (Check only Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Describe: Facility Occupied During Abatement 7AM e of Work (Check all that apply)  ≥3 sf or ≥3 If						(215)788-6				00509				
	Address North Warren Street  State & Zip Code ton, NJ 08010  It Manager for Monitoring Firm inick Dercole  Suled Start Date (10) 8/11/15  Pancy Status During Abatement (Check only Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Describe: Facility Occupied During Abatement 7AM of Work (Check all that apply)  ≥3 sf or ≥3 If						Name of OS Bristol En								
	ct Manager for Monitoring Firm  inick Dercole  duled Start Date (10) 8/11/15  pancy Status During Abatement (Check only Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Describe: Facility Occupied During Abatement 7AM						Street Addre		mentai	inc.		-			
Facility Closed	nick Dercole  uled Start Date (10) 8/11/15  ancy Status During Abatement (Check only Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Describe: Facility Occupied During Abatement 7AM						1123 Beav	70.000	reet						
☐ Abatement Per	formed Ou	tside of Norm	nal H	lours – 7	am to 3p	om	City, State 8								
							Bristol, PA								
Facility Occupio	ed During A	Abatement 7/	AM to	3:30 PI	VI										
scope of Work (Check	all that app	oly)							7247 88 7 267	257-027	95 9VA: 1015	. 5			
≥3 sf or ≥3 lf			$\boxtimes$	Reno	vation				Full Co	ntainm	ent with N	legative	e Pre	ssure	9
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Asbestos-	Containing			mally Us		Α	sbestos-Cor	ntainin	g	(5	Specify	70	atem.	ent i	ype
Materia TO BE A				Solely by ntenance		/:	Material (A			SF	or LF)	71		四	m
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arrie of Registered Wa	ste nauter				er ID No.		oic Yards Vaste	Nam	e of Regi	stered	Landfill				
ervice Transport In	c.			2099		N 3000000	Cu Yd								
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ew Castle, DE							1/15	Oity,	Ciuio						
ompleted By (Print or T	ype)			Title			nature	1				Date	20042		
ino Pizzigoni				Proje	ect	110000000	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	`	. /	. ,		7/28	115		
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				,	Name of Building Ov MERCK SHARP & DO	vner/Operator (2)	TION			•			
Date of Notification (1	)					OF IIVIE COTTI CITY		0.					
8 / Agencies Notified	18 15 Type Notification			-	Street Address 2000 GALLOPING HI	LL ROAD, K-15-1	1480	16	16 /	ilig	21.	AN ;	
		-1:			City, State, Zip Code						- 1	F1.7	7: :
EPA	Initial Notification		ion #3		KENILWORTH, NEW	JERSEY 07033		115	*				4
DEP	X Amended No Cancellation		1011 #5		I CHIEF OF THE PARTY OF THE PAR				12	, 1 .	10		
X DOL	On Hold				Name of Contact	100	Telephone Numb	er	1	10	-11	7.77	10
X DOH	EMERGENO	CV NO	TIFICAT	TION	JOHN VOGLER						-1-4	Wig !	1
DCA	LINENGLING	31 140	-		FACILITY INFORMAT	ION.							
		Disa	- (2)		FACILITY INFORMAT	Type of Facility	(4)						
Name of Facility Whe	re Abatement is Taking	g Plac	e (3)			School (K-							
	···· = coppopation					Subchapte	8 (Other than K-	12)					
MERCK SHARP & DC	HME CORPORATION					X Other (ie. p	rivate & commcl.	bldgs.	, hom	ies, et	c.)		1
						Square Feet	# of Floors			Bldg	g. Age	į.	
Street Address	L ROAD/ BUILDING 6	OWE	RIEVE	1		115,000	3				44		
	County (6)	LOTTE	116616		County Code (7)	Current Use (Pri	or if being demoli	shed)					
City (5)	UNION				(STATE USE ONLY)			50.00					
KENILWORTH	Firm Hired by Building	Owne	er (8)		ASCM No.	Name of Abater	nent Contractor	(9)					
Name of Monitoring	EALTH INVIESTIGATION	NS IN	IC.		17	PAR ENVIRON	MENTAL CORPO	RATIO	NC				
Street Address	LACTI INVIESTIGATIO					Street Address							
655 WEST SHORE T	RAII					313 SPOOK RO							
City, State, Zip Code	or star					City, State, Zip C	Code						
City, State, Zip Code	SPARTA, NEW	JERSI	EY 0787	71		SUFFERN, NEV							
Project Manager for N			Telepho		mber	Telephone Num		nse Nu	mber				
WILLIAM KERBEL			201-489			845-369-7500	1101						
Expected State Date	(10)				Date (11)	Name of OSHA	Monitor						
7 / 15	()	000	8/		7 15	AMERISCI LAB	ORATORIES INC	).					- 1
Month D	av Year	Mor			Day Year				15 4	-			-
Occupancy Status Du	ring Abatement (Check	only o	ne)			License Numbe	r						
X Facility Cle	osed/Vacated During En	ntire Pe	eriod of	Abater	nent	11480							
Abatemen	t Performed Outside of	Norma	I Facilit	y Hour	s - Describe:	Ot 1 / 2 / 2 / 2 / 2 / 2 / 2	mbor						
X Other - De	escribe: MONDAY	- FRID	AY 7AN	1-3:30	PM	State / phone no	New Jerse	v/ 973	279-	5649			
400000000000000000000000000000000000000					X Full Con	I tainment with Nega		,,					
Scope of Work (Chec		1-			Mini-End		2000						
X Demolition	27-4-c	Heno	vation			g Procedure							
>3SF OR						ble Procedure							
X >160 SF		1 101	Location	. T	Description of A					Abate	ment	Туре	
	ation of		nally us	200	Containing Mate		Amount	Æ	REPAIR	E	E		
	s-containing	0.000	olely by	-	(ie. Thermal s		(Specify	REMOVAL	PΑ	ENCAPSULE	ENCLOSURE	10	
	al (ACM) ABATED	Dec. 150	t/Custo	1947110	insulation, surfa		SF or LF)	18	E	PS	SO		
	cility (13)	100000000000000000000000000000000000000	taff (12)		or other misce	llaneous)		1=		E	F		
1111 0	Sinty (10)	Yes	No N	/A	NAME OF THE OWNER OWNER OF THE OWNER			-	+	m	m		
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KEN 006		х		PI	PE MASTIC		10 SF		+	+			
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NEW OOD													
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ADDITION TO SCO	PE:	-	-					+		1			
									+	+	+		
KEN 006		X		V	AT & MASTIC		250 SF	X		-	-		
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KEN 006		Х	+-+	- 12	II L SAUDLES		1	1					
			1					+	+	+	1		
								-	+	+	+		
Name of Decisions	Wasta Hauler	NID	EP Wa	ste C	Cubic Yards of Waste	Name of Regi	stered Landfill			15			
Name of Registered	AGE INC	_	ler ID N	15 m	80	LYCOMING C	OUNTY RESOU	RCE N	ANA	GEME	NT S	ERVICE	S
	TOL, INC.	1.100	15939			447 ALEXANI	DER DRIVE/ROL	TE 15					
825 HIGHWAY 33		-	. 3000		Disposal Date	City State	7			b			
City, State FREEHOLD, NEW	JERSEY				/14/15-11/30/2015	MON GONE			_	1.		120	_
Completed by (Print	or Type) Titl				Signature	MV>	Da	ate	X	11	8	115	)
BENJAMIN SANCH		RECTO	OR OF	PERA	ATIONS /	11/1/		-	_	-	0		
				-	7	0			1		- /		

. State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORPORATION Date of Notification (1) Street Address 15 Type Notification 2000 GALLOPING HILL ROAD, K-15-1 1480 Agencies Notified City, State, Zip Code FPA Initial Notification KENILWORTH, NEW JERSEY 07033 Amended Notification #2 DEP DOL Cancellation Name of Contact Telephone Number DOH On Hold EMERGENCY NOTIFICATION DCA JOHN VOGLER FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) MERCK SHARP & DOHME CORPORATION Other (ie. private & commcl. bldgs., homes, etc.) # of Floors Bldg. Age Square Feet Street Address 115,000 3 44 2000 GALLOPING HILL ROAD/ BUILDING 6 LOWER LEVEL Current Use (Prior if being demolished) County Code (7) City (5) County (6) UNION (STATE USE ONLY) KENILWORTH Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION ENVIRONMENTAL HEALTH INVIESTIGATIONS, INC. 17 Street Address Street Address 313 SPOOK ROCK ROAD 655 WEST SHORE TRAIL City, State, Zip Code City, State, Zip Code SUFFERN, NEW YORK 10901 SPARTA, NEW JERSEY 07871 License Number Telephone Number Project Manager for Monitoring Firm Telephone Number 845-369-7500 1101 WILLIAM KERBEL 201-489-8700 Name of OSHA Monitor Expected State Date (10) Sched. Completion Date (11) AMERISCI LABORATORIES INC. 15 11/ 30/ 7/ /15 Year Year Occupancy Status During Abatement (Check only one) License Number 11480 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM State / phone number New Jersey/ 973-279-5649 Full Containment with Negative Pressure Scope of Work (Check all that apply) Demolition Renovation Mini-Enclos Glovebag Procedure >3SF OR LF >160 SF OR Non-Friable Procedure 260 LF Abatement Type Location of Is Location Description of Asbestosnormally used Containing Material (ACM) Amount ENCAPSULE Asbestos-containing REPAIR ENCLOSU (Specify Material (ACM) solely by (ie. Thermal systems Maint/Custodial insulation, surfacing, VAT, SF or LF) TO BE ABATED Staff (12) or other miscellaneous) in Facility (13) JRE Yes No N/A 4 LF PIPE FITTINGS **KEN 006** X PIPE MASTIC 10 SF **KEN 006** 535 SF **KEN 006** VAT & MASTIC ADDITION TO SCOPE 250 SF VAT & MASTIC **KEN 006** PIPE SADDLES 12 LF **KEN 006** Cubic Yards of Waste Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES FREEHOLD CARTAGE, INC. Hauler ID No. 447 ALEXANDER DRIVE/ROUTE 15 15939 825 HIGHWAY 33 City state Disposal Date

7/14/15-11/30/2015

DIRECTOR OF OPERATIONS

MONTGOMERY, PA 17752

Date

City, State

FREEHOLD, NEW JERSEY Completed by (Print or Type)

BENJAMIN SANCHEZ

#### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) August 19, 201	5		Name	of Building (	Owner/Oper Lynx	rator (2) Waste & Recyclin	g, Inc.	17	5.	54	<i>(</i>
	tion I Notificat nded Notif			Address	POB	rator (2) Waste & Recyclin ox 188	A AUG	24 /	H 7.	ં ટેવુ	
[x] DOH [x] Emer	ndment #_ gency (inc			tate, Zip Coo	uc	Lake, NJ 07762	4 Lhi			31	
I DCA	ication) ellation	8	Name	of Contact Richar	rd Hyde		Telephone Number		02		
		FA	CILITY	INFORM	IATION	1					
Name of Facility Where Abatement is Taking Residence	Place (3)			34		Type of Facility (4)	School (k-12) Subchapter 8 (of	har than	l 12)		
Street Address 916 Lake Avenue			200			[x]	Other (i.e., priva homes, etc.)			ial build	lings,
City	County	49		Code (7) E USE ONL	Y)	Square feet 1600 sf	# of Floors 2		g. Age	60	
Spring Lake	Monn	nouth		127		Current Use (Prior i		)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM :	No.	Name of	Reside Abatement Contractor	(9)	T 0			
Street Address					Street Ad	dress	an Contracting,				
City, State, Zip Code					City, Stat	e, Zip Code	Route 9, Unit 61				-
Project Manager for Monitoring Firm		Telephone Numb	er		100	e Number	River, New Jers		/55-1	271	
Scheduled Start Date (10)	5	Scheduled Compl	etion Date (	11)	732-34 Name of	OSHA Monitor	00624				
Occupancy Status During Abatement (Check  [ X ] Facility Closed/Vacated	8/20/15 8/21/15 Occupancy Status During Abatement (Check only one)					dress 1056 S	L. Analytical telton Road				
Other – Describe					City, Stat	e, Zip Code Piscata	way, New Jerse	y 088	54		
Scope of Work (Check all that apply)					[ ]	Full Containment	with Negative Pres	sure			
[ ] >3 sf or ≥3 lf [ X ] ≥160 sf or ≥260 lf		5 5	vation olition		[ ]	Glovebag Proced	ure *) and Non-Friable l	Procedu	ıre		
							T		ement	Гута	
	1	s Location		99	Descriptio	n of					
Location of	No	ormally used		Asb	estos-Con	taining	Amount	R	R E	E N	E N
Asbestos-Containing Material (ACM)		Solely by			Material (A		(Specify SF	M	P	C	C
TO BE ABATED in facility	Mainte	enance/Custodia Staff	al		, thermal s		or LF)	0	A	A P	L
(13)		(12)		mse	VAT, o			V	R	S	S
	YES			oth	er miscella	ineous)		A		U L	U R
	NO N/A						L		E	E	
Exterior		X	Asbe	estos sidin	g		1200 sf	X			
5)											
							0				
Name of the Law and Law				T							
Name of Registered Waste Hauler Guardian Contracting, Inc. City, State	NJ	DEP Waste Haul		Cubic Ya	rds of Wast	T.R.R.F.	ered Landfill				
Toms River, New Jersey			oosal Date 4/15		City, Sta	own, Pennsylvania	1				
Completed by (Print or Type) Nicholas Fernicola	Title Project	t Manager	-Signa	ure (//	hel-	tel		Date 8/19	9/2015	5	

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

CK 5036



	NOTII	FICAT Pursu	TON OF	ASBESTOS NJAC 8:60 a	ABATE	MENT )			7.0		FI , ,	5		
Date of Notification (1) 8/19/15		Nan	ne of Bu	uilding Owner attese Priv	Operator ate Hon	(2) ne		2			1.			
Agencies Notified Type Notification			et Addr Barba					A.		16 24 10 24	AH 7	: 54	9	
■ EPA     ■ Initial     ■ Amended     ■ Amendment #     ■ Amendment #				Zip Code City NJ 082	2				á [	lock.	7.11	101		
DOH justification)	ng		ne of C	The state of the s					Teleph	none Numb	per			
DCA Cancellation				TY INFORMA	TION									
Name of Facility Where Abatement is Taking Place Carl Dimattese Private Home	(3)		2	ž.		Туре	Scho	acility (4) ool (K-12)						
Street Address 14 Barbados						×	Othe	er (i.e. priv	vate & c	than K-12) commercia	l buildin			
City (5) Ocean City NJ 0822						100			# of F		35-	g. Age	e 	
County (6) Cape May		Co	unty Co	ode (7) SE ONLY)			rent L me	Ise (Prior	if being	demolishe	ed)			
Name of Monitoring Firm Hired by Building Owner N/A	(8)	1	ASCM I	No.		e of Al		ent Contr	ractor (9	9)				
Street Address					00	t Addi Box								
City, State, Zip Code						State, st Be		ode NJ 0809	91		*			
Project Manager for Monitoring Firm		Те	elephone	e No.		phone 3-753		0	10	License N 00727	0.			
Start Date (10)   Sche   9/1/15   9/7/		Comp	letion D	ate (11)	Nam Sar		SHA	Monitor	i.			75		
Occupancy Status During Abatement (Check Onl	y One)				Stree	et Add	ress							
Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Facility Other – Describe:	d of Abacility H	ateme lours	nt		City,	State	, Zip (	Code						
Scope of Work (Check All That Apply)						poor!				1000 PSIS 4	***			
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf		novatio molitio				-	Mini-l	Enclosure	edure	Negative I				
						×	Non-l	Exempted	d (*) and	Non-Frial			ement	
2		ocatio rmally			Descript	ion of						Ту	ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	Solely itenandial St (12)	y by ce/ taff?			g Mate ems in VAT,	sulati or	ACM) on,	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A X		Exterior	Sidin	a		20	00 SF	x			
Exterior Siding	$\dashv$		^		LATORIOI	Oldin	9							
Name of Registered Waste Hauler United Roll Off		Н	JDEP V auler ID 2459		Cubic Yard of Waste	is		Name of G.R.O		ered Landf	nili			
City, State Elm NJ					Disposal D 9/7/15	ate		City, Sta Morris		A 19067				
Completed by	Title Presid	dent			Signa	ature	0	,			Date 8/19/1	5		

CK#Z4914

Date of Notification (1)	19/15			Name	of Buildin	g Owner/Operator	(2) The Hun Sch	nool AUS	24	AM	_	-7
Agencies Notified	Type Notification			Street	Address		6 Edgerstour	ne P.d		-117	1:	31
EPA DEP DOL	Initial Amended Amendment #		.	City, S	itate, Zip C	ode	inceton, NJ (		11	14G	71.3	II.
DOH DCA	Emergency (in justification)  Cancellation	ncluding		Name	of Contac		meeton, 143	Telephone Numb	per	-	-	=
				FAC		ORMATION		L <del>-</del>				-
Name of Facility Where		77					Type of Facility	/ (4)				_
	Chesbro Ac	adem	ic Ce	enter			School (K-1	2) 8 (Other than K-12	)			
Street Address	Edgers	stoune	Rd				Other (i.e., phomes, etc.)	orivate & commercia .)	al build	0.53%		
City (5)	Dring	oton	NTT				Square Feet 25000	# of Floors	BI	dg. A	.ge +/-	
County (6)		eton,	LNJ	Cour	nty Code (	7) (STATE		rior if being demolis	hed)	03	1/-	_
	Mercer Dilli	^		ASCM	ONLY)	Name of Abote		2)				
Name of Monitoring Firm (8)	MECS	Owner		ASCIVI	INO.		nent Contractor (9 vens Environ	mental Service	es. Ir	ic.		
Street Address	020000000000000000000000000000000000000	1				Street Address		3ox 322				_
City, State, Zip Code	PO Box 34					City, State, Zip C		30X 3ZZ				-
	rosswicks, NJ	08515					Allentow	n, NJ 08501				_
Project Manager for Mo	nitoring Firm eisgarber		No.	phone (19) 29;	No. 8-4070	Telephone No. (609) 25	59-9688	License No.	0493	3		
Start Date (10)		duled C				Name of OSHA I			0 17.	_		=
8/20/15			/21/	15			DB Env	rironmental				
Occupancy Status Durin				Street Address ement 4 Berkeley Place								
Abatement Performe						City, State, Zip C		cicy i lacc				_
Other - Describe: 4	4pm to 12 mid	night	211100000	Freehold, NJ 07728								
Scope of Work (Check at ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	all that apply)		novati			☐ Mini-End ☐ Gloveba	ag Procedure	egative Pressure	re			
			ocation of the company of the compan	0.0000				1	A	bate Typ	ment e	
Location Asbestos-Containing		Used	Solel	y by	Ashes	Description of tos Containing Mat		Amount	-			
TO BE ABA	TED		stodia	al		thermal systems i surfacing, VAT,	insulation,	(Specify SF or LF)	Ren	Re	Enca	Enc
(13)	у		(12)			other miscellaned		GI GI LI )	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A							ite	Œ
Various Class	rooms (6)	×				Chalk Boar	rds	480 sf	×			
									-	_	_	
			-									
Name of Registered Wa	ste Hauler		23	JDEP V		Cubic Yards	Name of Reg	istered Landfill				
Stevens Environ	mental Service	es, Inc	_	lauler ID 182	No. 292	of Waste 2 CU		GROWS Lan	dfill			
City, State Allentown, NJ						Disposal Date	City, State	Morrisvill-	D A			
Completed By Title						8/21/15   Signature//	TNY/	Morrisville,	rA_	_		_
Mahlon E. Ste			ojec	t Man	ager	_ /W	<u> </u>		8/19	/15		

08/18/2015 2:07PM FAX 10002/0005 ac# 24914 State of New Jersey NOTIFICATION OF ASBESTOS A BATEMENT (Pursuant to NJAC 8:60 and 6:16) Date of Notification (1) Name of Building Owner/Operator (2) 8/19/15 The Hun School Agencies Notified Type Notification Street Address Initial 176 Edgerstoune Rd Amended City, State, Zip Code Amendment # Emergency (including DOH DOA Princeton, NI 08 Justification) Name of Contact Cancellation Talesha Matt Sozia FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Chesbro Academic Center School (K-12)
Subchapler 8 (Other than K-12)
Other (i.e., private 2) Street Address Edgerstoune Rd Other (i.e., private & commercial buildings, City (8) homes, etc.) of Floors Bidg. Age Princeton, NJ 25000 County (5) 65+/-County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Mercer Name of Monitoring Firm Hirsd by Building Owner ASCM No. Name of Abatement Contractor (9) MECS Stevens Environmental Services, Inc. Street Address Sircel Address PO Box 341 PO Box 322 City, Siele, Zip Code City, State, Zip Code Crosswicks, NJ 08515 Allentown, NJ 08501 Project Manager for Managering Firm Telephone No. Telephone No. Bill Weisgarber (609) 298-4070 (609) 259-9688 Stee Date (10) 00493 Scheduled Completion Date (11) Name of OSHA Monitor 8/20/15 DB Environmental Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 4 Berkeley Place Absterient Performed Outside of Normal Facility Hours City, State, Zip Code Other Describe: 4pm to 12 midnight Freehold, NJ 07728 Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 af or ≥3 f ≥160 af or ≥260 ff Mini-Enclosura
Glovebag Procedure
Non-Exempted (\*) and Non-Friable Procedura Renovation Demolition is Location Nomally Abatement Type Location of ed Solery by Description of Asbestos-Containing Marenal (ACM) Maintenance/ Asbestos Containing Material (ACM) TO BE ABATED Amount Custodial Staff? (i.e., thermal systems insulation. (Specify IN Facility Encapsulate Removal Endosere surfacing, VAT, or Repair (13) (12) other miscellaneous) YES No NIA Various Classrooms (6) × Chalk Boards 480 sf X Name of Registered Waste Hauler Cubic Yards Name of Registered Landill of Weste Stevens Environmental Services, Inc. Hauler ID No. GROWS Landfill City-State Osposal Dale City, State Allentown, NJ 8/21/15 Morrisville, P.A. Cornelated By

MAR DO

Mahlon E. Stevens

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

Project Manager

Stornald

Dale

8/19/15

# Emergency

Theck	
#	9406
	1 100

Date of Notification (1)	Name of	Building Owner/Operato	r(2) Raa	Rett	?			
Agencies Notified Type Notification	Street A	ddress	1100					$\dashv$
□ EPA ★ Initial		15 1	temloc	k Dr	ive			
DEP Amended Amendment #_	City, Sta	ite, Zip Code	Egypt	NIT	18	<:	32	
☐ Emergency (inc	luding Name of	f Contact	-346	Telephone Num	ber	~		
DOH justification)  □ DCA □ Cancellation	Ro			- 05/		730	SERVE L	,
Name of Facility Where Abatement is Taking P	The second secon	LITY INFORMATION	Type of Facility (4	4)		5		
Shore House	Stonn	Danage)	☐ School (K-1)	2) 8 (Other than K-12		45		
Street Address 204 South	1 15+ 3	Street	Other (i.e. p etc.)	rivate & commercia	l buildi			s,
City (5) Sing & City	NJ	30080	Square Feet	# of Floors	7	19. Ac	e ) t	
County (6)		Code (7) USE ONLY)	Current Use (Pric	or if being demolish	ed)	10		
Name of Monitoring Firm Hired by Building Ow		(\$ CONT.)	e of Abatement Con	House stractor (9)				-
FPC Technolog Ow	Lies 1	NA	EPC Tea	chnolog	ies	9	in	6
Street Address Box 33	7			337	)			
City, State, Zip Code	NZ 08	533 X	State, Zip Code	EU + 45	0	35	3	3
Project Manager for Moveth in gr. Firm	Telepho		phone No. 758-334	License N	3	9	4	
	cheduled Completion	Date (11) Nam	e of OSHA Monitor	. 1		9	-	
8-19-15	8-19-		EPC Tec	hnologies	I	C		
Occupancy Status During Abatement (Check (			P.O. Box	337				
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal	Facility Hours	City,	State, Zip Code	(1)	500	- 7	_	
Scope of Work (Check All That Apply)			Vew Egypt	NJ (	285	ر در	<u> </u>	$\dashv$
Scope of Work (Check All Mat Apply) ≥3 sf or ≥3 lf	☐ Renovation			ent with Negative P	ressur	е		
≥160 sf or ≥260 lf	Demolition		<ul><li>☐ Mini-Enclosure</li><li>☐ Glovebag Pro</li></ul>	cedure				1
		1	Non-Exempte	d (*) and Non-Friab		Abate		$\dashv$
	Is Location Normally	Descripti	on of			Ту	ре	
Location of Asbestos-Containing Material (ACM)	Used Solely by Maintenance/	Asbestos Containing (i.e. thermal syste	Material (ACM)	Amount (Specify	R	70	Enc	En
TO BE ABATED In Facility	Custodial Staff? (12)	surfacing, \ other miscel	VAT, or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes No N/A		anous,		a		ate	re
1. see I mid Omes	20	9"x9" Floor	liles	600 SF	X			
Lower + Mid Floors		1000	- Trees					
				Registered Landfil			L.,	Щ
Name of Registered Waste Hauler	NJDEP Hauler II		1			_	n 1	$\Delta_{i}$
EPC Technologies	170	Disposal Da		te Manage		٥	- 1	V V
City. State New Egypt 1	VJ.		1-15 MORI	risville I	PA			
Completed by	Title	Signat	- A	) Di	ate .	-17	-19	5
Steve Schenker	President	3	weep John	on.			'	_

#### State of New Jersey

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

Check # 7912 Date of Notification (1) Name of Building Owner/Operator (2) Stevens University Agencies Notified Street Address Type of Notification Castle Point on Hudson [] EPA Initial [] DEP Notification City, State, Zip Code [] Emergency DOL Hoboken, NJ 07030 [] Amended DOH Notification Name of Contact Telephone Number [] DCA [] Cancellation David Hernandez FACILITY INFORMATION Type of Facility (4)

School (K-12)
Subchapter 8 (Other than K-12)
Other (i.e. private and commercial buildings, Name of Facility Where Abatement is Taking Place (3) Stevens University - Kidde Hall Street Address homes, etc.) Castle Point on Hudson # of Floors Square Feet Bldg. Age City (5) 80000 County (6) County Code (7) ~ 60 Current Use (Prior if being demolished) (STATE USE ONLY) Hoboken Hudson Office/lab/classroom Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) 0003 Jupiter Environmental Services, Inc. TTI Environmental Street Address Street Address 9 East Stow Road 323 Changebridge Road, Suite 100 City, State, Zip Code City, State, Zip Code Marlton, NJ 08053 Pine Brook, NJ 07058 Project Manager for Monitoring Firm Telephone Number License Number Telephone Number Jim Gerardi 856-985-8800 973-575-8700 00852 Scheduled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor 8/28/15 12/31/15 J & S Environmental Laboratories, LLC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: Union, NJ 07083 Other - Describe: partially vacated Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini - Enclosure Demolition Renovation [X] ≥3 sf or ≥3 If [X] Glovebag Procedure [] Non - Friable Procedure ≥160 sf or ≥260 lf [X] [x] Is Location Abatement Normally Used Description of Type Amount Location of Solely by Asbestos - Containing RE Maintenance/Cus E Material (ACM) (Specify N Asbestos - Containing N P C todial Staff (12) (i.e., thermal systems SF or LF) M C Material (ACM) A AP TO BE ABATED insulation, surfacing, VAT, 0 In Facility or other miscellaneous) V 0 S N/A A R S (13)Yes No U 2000 SF VAT X Various X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. Of Waste Jupiter Environmental Services Minerva Landfill 04782 City, State Disposal Date City, State Pine Brook, NJ 9/15/15 +Waynesburg, OH Completed By (Print or Type) Date Signature 8/19/15 Pane Repic General Manager

ASB-411 Note: Phased project. First phase is scheduled to start on 8/28/15 with anticipated completion on 9/2/15; VAT (200 SF) is scheduled for removal from Room 226. Amended notifications will be sent for other phases.

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/ V	nall	124	XX
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Date of Notification (1) 8/19/15					Building O					267	ā AUG	24			-			
Agencies Notified	Type Notification		1 177	treet Ad 6 B La	dress w Drive								20024	- 2.	्र			
EPA DEP DOL	Initial Amended Amendment				e, Zip Cod d, NJ 07						41 <u>[</u> ]	· 1.	1-	1,	3/2			
DOH DCA	<ul> <li>Emergency (i justification)</li> <li>Cancellation</li> </ul>	ncluding	1,1122.8	ame of (	Contact					Tele	phone N	lumb	er					
				FACIL	ITY INFO	RMAT	ION					HEC. Y						
Name of Facility Where house	Abatement is Taking	Place (3)						S	f Facility (4 chool (K-1) ubchapter	2)	or than K	12\						
Street Address 400 Williams Street	t		-177					× O et	ther (i.e. p	rivate 8	comme					s,		
City (5) Scotch Plains								Square 2500		2	Floors		58	dg. Aç	je			
County (6) Union				ounty C	ode (7) SE ONLY)			Curren	t Use (Prid	or if bei	ng demo	lishe	d)					
Name of Monitoring Firm	n Hired by Building (	Owner (8)		ASCM	No.				ement Con onmenta			LC				1.2		
Street Address								Address Box 48	s 3, 4 E G	ate D	rive							
City, State, Zip Code								State, Zip	Code NJ 074	18								
Project Manager for Mo	nitoring Firm		Т	elephon	ne No.		100000000000000000000000000000000000000	hone No 764-22			License 703	e No.						
Start Date (10) 8/24/15		Schedule 9/20/15							A Monitor									
Occupancy Status Durin	ng Abatement (Chec	k Only On	e)	Stree					S									
Facility Closed/Vac	cated During Entire F ned Outside of Norm	Period of A	bateme	ent		_	City, 5	State, Zij	o Code									
Scope of Work (Check	All That Apply)					2000												
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	enovat					Min Glo	Containm i-Enclosure vebag Pro- i-Exempte	e cedure					3			
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Asbestos-Containing TO BE AB In Fac (13	g Material (ACM) BATED ility	Mai	d Solel intenan odial S (12)	ce/	Asbest (i.e.	os Cor therma surf	ntaining lal system acing, V	Material ns insula AT, or	(ACM) tion,	(	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure		
kitch	on			X			eiling t	ile		1	20 SF		x					
Kittori		^			oming c													
Name of Registered Wa	aste Hauler		10000	JDEP W		of Monto		Name of Registered Landfill										
Freehold Cartage			15939 TBD															
City, State Freehold				TBD Birdsboro, PA														
Completed by A. Scott Higgins		ident			Signature Date 8/19,													



CK 5037

Date of Notification (1) 8/19/15					Building Caacs Priv			(2)			1815	in	S. Takinoo			***	
Agencies Notified	Type Notification	201100000	5	Street Ad	ddress								×1.	the latest	73	70	
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DEP × DOL	Amended Amendment	<b>‡</b>			te, Zip Cod te NJ 084						ψź	1		*		34.	
ĭ DOH	Emergency (i				Contact					Tele	ephone 1	Nimi		-	ÚV.		
DCA	Cancellation		,	Jon													
Name of Facility Where	Abatement is Taking	Place (3)		FACII	LITY INFO	RMA	TION	Туре	of Facility (4	1)							
Jon Isaacs Private									School (K-1	9 <b>8</b> 8200							
Street Address 2 South Hanover									Subchapter Other (i.e. p				build	uildings, homes,			
City (5)									etc.) re Feet		Floors		ANDRES	dg. A			
Margate NJ 08402								1000		2	F10015		100000	ug. A 5+	ge		
County (6)					Code (7) USE ONLY)				ent Use (Prid		ng demo	olishe	d)				
Atlantic  Name of Monitoring Firm	Lirod by Building (	hupor (0)				_	Nome		se & Gara tement Con	_	(0)						
N/A	Thired by Building C	wher (o)		ASCN	I NO.	38		aco li		tractor	(9)						
Street Address								Addre									
City, State, Zip Code								Box 3	ip Code								
City, State, Zip Code	¥						100000000000000000000000000000000000000		in NJ 080	91							
Project Manager for Mor	nitoring Firm		Telephor	ne No.			hone N 753-9		×	Licens 00727							
Start Date (10) 9/9/15		d Com	Completion Date (11) Name of OSHA M Same					HA Monitor			,						
Occupancy Status Durin	g Abatement (Check	k Only One	e)	Street Address					SS								
	ated During Entire F								in Onda								
Other – Describe:		al Facility	nouis			_	City, S	state, Z	ip Code								
Scope of Work (Check A	All That Apply)							199		1							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			enovat emoliti				Full Containment with Negative Pressure Mini-Enclosure					е					
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Asbestos-Containing TO BE AB	ATED	Mai	ntenar odial S	ice/		therm	ontaining I al system	s insul			mount Specify		Re	R	Enca	En	
In Faci (13)		Cust	(12)	laiir			facing, VA r miscella			SI	or LF)		Remova	Repair	Encapsulate	Enclosure	
033.00		Yes	No	N/A								10	<u>a</u>	,	ate	Ге	
Exterior S	Exterior Siding					Ex	terior Si	ding		35	00 SF		x				
	32																
Name of Registered Wa	ste Hauler		100000	JDEP W			ic Yards		Name of	Registe	ered Lan	ndfill					
Transformation	Insformation 1898					10	/aste		ACUA	AUS							
City, State Egg Harbor NJ						Disp 9/7/	oosal Date 15	9	City, Stat 6700 D		RD. E	НΤΙ	NJ				
Completed by		Title	dont				Signatur	E)	1				Date				
Anthony T Perna		dent							8/19/15								

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Date of Notification (1)				Name (	of Buildin	g Owner / (					***					
Agencies Notified	ugust 18, 2015 Type Notification			_	of Americ Address	a		7015 AI	IC 24	£4 7	: 37					
□EPA □DEP	290,500,000			35 Wo	odbridge	Avenue		<u> </u>	10 (9 )	- 411	i(3L					
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DOH	1000	dment#		Highia	na Park,	NJ 08904										
DCA	Cancel	llation		Name of	of Contac lafsky	ot					Te	lephor	ne Nu	mbe	r	
				FAC	CILITY	INFORM	ATION									
Name of Facility When	e Abatement is	Taking Pla	ice (3)			Тур	e of Facil									
Bank of America Street Address						_	School (	•		( 10)						
35 Woodbridge Aven									ther than K		اما اما			4-1		
33 Woodbiidge Aveil	lue					Sa	uare Feet		# of Floor		ial building:	s, nor g. Age				
City (5)							6,200		# 01 F1001:	1	Dia	g. Age	60			
Highland Park						Cu	rrent Úse (		eing demo	lished)						
County (6) Middlesex			nty Code				7.									
Name of Monitoring Fi Environmental Testin			er (8)		ASCM		me of Aba		contractor (	(9)						
Street Address						Str	eet Addres	ss								
413 North Black Hors City, State & Zip Code							Radio Ro , State &									
Runnemede, NJ 080						120 n V 250	le Egg Ha									
Project Manager for M Howard Zenobi	onitoring Firm			lephone N 6-482-131		Tel	ephone No 9-296-6916	umber		L	icense Num		7			
Scheduled Start Date		cheduled C	Completi	on Date (1	1)	Nai	me of OSI	HA Monito	or			0081				
August 31, 2 Occupancy Status Dur				ber 30, 20	30, 2015 Synatech, Inc. Street Address											
Facility Close	d/Vacated Durir	ng Entire P	eriod of		t	829	Radio R	oad								
Abatement Pe	erformed Outsid	de of Norma	al Hours	5			/, State & : le Egg Ha									
Facility Occup	oied During Aba	tement														
Scope of Work (Check	all that apply)															
≥3 sf or ≥ 50 lf				Renovatio				Full Cor Mini-End		with Ne	gative Press	ure				
≥160 sf or ≥260	) If		Ц	Demolition	n				g Procedu							
Loos	ation of		a Lagati	on Norma	lly Haad		Descript		empted(*)	and No	on-Friable Pr				F	
Asbestos-Contair	ning Material (A		Solely b	y Mainten	ance or	As	sbestos-C	ontaining			int (Specify	Au	atem	2111	уре	
	ABATED acility		Custo	dial Staff?	(12)	(i.e	Material ( e., thermal			S	F or LF)		_			
	13)					insu	ation, surf	facing, VA	AT			<sub>D</sub>	_	Enc	m m	
						or c	ther misc	ellaneous	5)			Removal	Repair	aps	clos	
		No	N/A							val	air	Encapsulate	Enclosure			
Teller Area					Х	(	Cove base mastic 45 L									
											1000-0200	X				
Name of Registered W	/aste Hauler	0.6	NJDEP V		Cubic Y	ards of Wa	iste	Name	of Register	ed Lar	dfill					
Synatech, Inc.		l l	lauler ID	429	1			Grows	Landfill							
City, State					Disposa	al Date		City, St						et in a		
Little Egg Harbor, NJ	08087				Octobe	r 1, 2015		Morrie	ville, PA							
Completed By	Signatu		27.2	1.1101113	Da	ate										
Diane Aloia		Executive	Admini	strator	100	and 1	Vin a Ma									

CK # 4731

Date of Notification (1) 8-18-15				Name of	f Building ( Ronald	Owner/C L & Ka	Operator atherin	r (2) ie R	Fox		73	(i) (c)		20.7			
Agencies Notified	Type Notification			Street A 95 S L	ddress _ocust A	ve,			2.	E15 /	1224		· -				
EPA DEP DOL	Initial Amended Amendment				ite, Zip Co n,NJ 080				(s	) - }	1	1	5 /	43			
DOH DCA	Emergency ( justification) Cancellation			Name of Rose	f Contact Lerro					Tel	ephone	Num	ber/	JL			
Name of Facility Where	Abatement is Takin	a Diace (3)		FACI	LITY INFO	RMATI	ON	Tun	e of Facility (	4)		-4					
Res. House	Abatement is Takin	g Flace (5)						П	School (K-1								
Street Address 95 South Locust S	treet								Subchapter Other (i.e. p etc.)	8 (Oth				dings,	home	es,	
City (5) Salem, nj 08079								Squ 30	iare Feet 00	# 0	f Floors	3		ldg. A	ge		
County (6) Salem					Code (7) USE ONLY)				rent Use (Prio	or if bei	ng dem	olishe	ed)				
Name of Monitoring Firm Connell Greene Co	n Hired by Building ( onsulting	Owner (8)		ASCN	ΛNo.	1.0			eatement Con Environme			es, I	nc.				
Street Address 904 Kings Arms Dr	rive						Street 570		ess ns Run								
City, State, Zip Code Downingtown, PA	19335								Zip Code Hill, NJ 080	62							
Project Manager for Mor Rick Pellissier	nitoring Firm		Telepho 484-4	ne No. 32-9363		Telepl 610		No. -4676		Licens 0114		).					
Start Date (10) 8-20-15		Scheduled 8-21-15		npletion	Date (11)		Name EMS		SHA Monitor								
Occupancy Status Durin	g Abatement (Chec	k Only One	e)	Street Address 200 Rt 130													
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire I	Period of Al nal Facility	batem Hours	rs City, State, Zip Code													
Scope of Work (Check A						_	Cinr	nami	nson, NJ								
≥3 sf or ≥3 lf	на так Арріу)	✓ Re	enova	tion			<u>~</u>	F	ull Containme	ent with	n Negati	ve Pr	e Pressure				
≥160 sf or ≥260 lf		☐ De	emolit	ion			Mini-Enclosure  Glovebag Procedure										
		la l						_ N	Ion-Exempted	d (*) an	d Non-F	riable	e Pro		e ement		
Location		No	ocati ormal Sole	ly		De	scription	n of	15						ре		
Asbestos-Containing TO BE AB	ATED		ntenar	nce/	Asbest (i.e.	thermal	system	s insu		(5	mount Specify		Re	70	Enc	四四	
In Facil		Ousio	(12)	itan:			cing, VA niscellar			SF	or LF)		Remova	Repair	Encapsulate	Enclosure	
		Yes	No	N/A									=		ate	G,	
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Basem				E	Elbows	3			16		х						
Name of Registered Was	ste Hauler		N	JDEP W	/aste	Cubic	Yards		Name of I	Registe	ered Lan	ndfill					
Assured Environme		auler ID 03489		of Wa	<u> </u>		Minerva	a Lan			-0.00						
City, State Mullica Hill, NJ						8-25-	7257.00		City, State Wayne	e sburg	, ОН						
Completed by John Zumbo							Signature	Us	In Ze	N		Dat 8-	e 18-1	5	5		

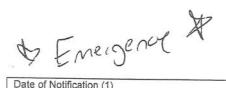
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CHECK	#	2014.2

										51	110						
Date of Notification (1)		See Variety of			Name of	Building (	Owner/O	perator	(2)		10 11	199					
08/17/2015				1	Terrand	ce Pern	а					14-71	37				
Agencies Notified	Тур	e Notification			Street A	ddress					7			46	•		
EPA		Initial			123 Ba	ker Ave	9				2. /	local 1	88				
DEP		Amended			City, Sta	ite, Zip Co	de				-	1.14.14	i'	151			
DOL	[mm]	Amendment		_	Wharto	n, NJ 0	7885						100				
DOH	L	Emergency justification)			Name of	Contact					Tel	ephone Num	ber				
DCA		Cancellation			Terran	ce Pern	а					- 3					
					FACI	LITY INFO	ORMATIC	NC						-			
Name of Facility Where	Abate	ement is Takin	g Place (3	3)					Typ	e of Facility (	(4)						
Private House										School (K-1							
Street Address												er than K-12 & commercia		linas.	home	es.	
123 Baker Ave									1	etc.)				277233		*	
City (5) Wharton, N	J 078	885							Squ	uare Feet	# 0	f Floors	В	ldg. A	ge		
County (6)	Section					Code (7)			Cu	rrent Use (Pri	or if be	ng demolish	ed)				
Morris				- 1	(STATE	USE ONLY,	)	-									
Name of Monitoring Fir	m Hire	d by Building	Owner (8)	)	ASCN	/ No.		Name	of A	batement Co	ntractor	(9)					
							- 1	Nick F	Res	toration L	LC						
Street Address								Street	Add	ress	274						
								72 Br	ook	side Rd							
City, State, Zip Code								City, S	State	Zip Code							
						10		Rand	olpl	h NJ 078	69						
Project Manager for Mo	onitorin	ng Firm		T	Telepho	ne No.		Teleph				License N	٥.				
					973-9					2550		01133					
Start Date (10)			Schedul	ed Co	mpletion	Date (11)		Name	of O	SHA Monitor	-						
08/28/2015			08/31/2	2015				J&S E	Env	ironmenta	1						
Occupancy Status Duri	ing Aba	atement (Che	ck Only O	ne)				Street	Add	ress							
Facility Closed/Va	cated	During Entire	Period of	Abater	ment			2333	RT	22							
Abatement Perfor	med O	utside of Norr	nal Facilit	y Hour	S			City, S	State	Zip Code							
Other – Describe:							-	Union	nion, NJ 07083								
Scope of Work (Check	All Tha	at Apply)															
≥3 sf or ≥3 lf				Renov	ation			Full Containment with Negative Pressure									
≥160 sf or ≥260 lf				Demoli	ition					Mini-Enclosur							
									MAG .	Glovebag Pro Non-Exempte		d Non-Friab	le Pro	cedur	е		
			1	s Loca	tion										emen	t	
1 ti				Norma			Doc	a a rintia n	f					Ty	ре		
Location Asbestos-Containing		erial (ACM)		ed Sole		Asbes		scription aining N		rial (ACM)	A	mount			m		
TO BE A	BATE			aintena stodial	Staff?	(i.e.	thermal					Specify	Rei	Z.	Encapsulate	Enclosure	
In Fac			16350	(12)				cing, VA niscellar			5	F or LF)	Remova	Repair	psu	osu	
	.,		Vos	No	N/A	1				NO. 6			<u>a</u>		ate	9	
	Yes 1													-	-	-	
Basement Area	asement Area					TSI					180	LF	×				
Name of Registered W	noto U	oulor		Ι,	NIDED W	Cubia	Vordo		Name of	Pogist	ered Landfill				1		
Nick Destaration LLC					NJDEP Waste Cubic Yard Hauler ID No. of Waste					1 2000 10-000000		orou Lanuilli					
Nick Restoration LLC 33782						TBD			G.R.O.								
City, State Randolph, NJ 07869							Dispos	sal Date	)	City, Sta		A					
Completed by		Title						ignature	e/1/		100	Da	te				
Elvira Mrda			Presi	ident					411	Jua L	MOV	7 08	117/2	2015			

	N	/D.,	rought t	OF ASBE to NJAC 8	·60 and	1 12.120	11	- / 111	ah	R	118	71	7		
Date of Notification (1) 8/20/15		1	Name of Bill And	Building C drew	Owner/C	peratof	#2\f	UG 24	(K -		( ( - )				
Agencies Notified Type Notification    X   EPA   X   Initial		,	Jucet A	ddress tle Stree		<i>*</i>	₩,		/.	46					
DEP         ☐ Amended           X         DOL         _ Amendment #_		11 12 1		te, Zip Coo ford NJ	de		= 1	101N q	KI I						
Emergency (in justification)  DCA  Cancellation	cluding		Name of Bill And	Contact drew					Tele	enhone N	lumh	ər			
			FACII	LITY INFO	RMATI	ON									
Name of Facility Where Abatement is Taking house	Place (3	)					Туре	of Facility (4 School (K-1	2)	0.0000000000000000000000000000000000000	2060270				
Street Address 25 Myrtle Street							×	Subchapter Other (i.e. p etc.)				ouild	ings,	home	es,
City (5) Rutherford							Squa 260	are Feet 0	# of 2	Floors		BI 6'	dg. A 1	ge	
County (6) Bergen				Code (7) JSE ONLY)	-		Curr	ent Use (Prid	or if bei	ng demol	ished	)			
Name of Monitoring Firm Hired by Building Ov	vner (8)		ASCN	l No.				atement Con ironmental			_C				
Street Address						2000 CHARLES	Addre Gate	ess Drive, PO	Box 4	183					
City, State, Zip Code								Zip Code d, NJ 0741	8						
Project Manager for Monitoring Firm			Telephor	ne No.		300000000000000000000000000000000000000	hone N 764-2	No. 2276		License 703	No.				
	Schedule 9/15/15		pletion [	Date (11)		Name	of OS	SHA Monitor							
Occupancy Status During Abatement (Check	Only On	ie)	Street					ess							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma  Other – Describe:						City, S	State, 2	Zip Code				-			
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	annessana .	tenova emoliti			300	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Proce									
		Locati	1000000										Abate Ty	ment pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Solel intenar todial S (12)	y by nce/		tos Con thermal surfa	scription taining I system cing, VA niscella	Materia s insu AT, or	00-350-050 D	(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
	No	N/A								_			Ф		
basement		X		pipe	insula	ation		18	30 LF	>	2				
Name of Registered Waste Hauler		573.5	JDEP W		Cubic Yards										
Freehold Cartage		Hauler ID No. of Waste 10			10 Western Berks Landfill										
City, State Freehold, NJ	4.0000000			Disposal Date City, State Birdsboro, PA											
Completed by A. Scott Higgins	Title Presi	dent				Signatur	(d	1			Date 8/20				





CK 5040

Date of Notification (1) Paul metzinger		Name of Building Owner/Operator (2)															
	Notification			Name of Building Owner/Operator (2) Paul Metzinger Private Home  Street Address 85 Albert Drive													
ĭ EPA □	Initial			85 Albert Drive  City, State, Zip Code													
DEP DOL	Amended Amendment # Emergency (i		_	Manahawkin NJ 08050													
DOH DCA	justification) Cancellation		Name of Contact Telephone Number Paul														
Name of Facility Where Abater	mont in Taking	Diago (2		FAC	ILITY INF	ORMAT	ION	1									
Paul Metzinger_Private	5)					Type of Facility (4)											
Street Address 85 Albert Drive			School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial bu							build	ouildings, homes,						
City (5)									etc.) re Feet	# 0	Floors		Тв	lda A	ne		
Manahawkin NJ 08050							1000	00+ 1				Bldg. Age 35+					
County (6) Ocean		County Code (7) (STATE USE ONLY)				Curre	nt Use (Prior	r if bei	ng demo	olished	i)						
Name of Monitoring Firm Hired N/A						e of Abatement Contractor (9)											
Street Address		Street				et Address											
City, State, Zip Code							Box 329 State, Zip Code										
Project Manager for Monitoring						st Berlin NJ 08091  phone No. License No.											
						753-9			License 00727								
Start Date (10) 8/21/15	ed Cor	npletion	Date (11)		Name Sam		IA Monitor							G I			
Occupancy Status During Abat	ie)				Street	Addres	S				_						
Facility Closed/Vacated D Abatement Performed Ou Other – Describe:	uring Entire Potside of Norma	eriod of A	Abaten					tate, Zi	p Code								
Scope of Work (Check All That	Apply)					_											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	, , pp.)/		enova emoli	lition				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
		ls	Locat						= Non-Exempled (") and				Abatement				
Location of	20 mm May 400 citis (10 dec	l N	lormal d Sole	ly	- SK	De	scription	of				-	_	Ту			
Asbestos-Containing Mater TO BE ABATED	ial (ACM)	Mai	intena odial	nce/		thermal	taining N systems	s insula			mount pecify		<sub>Z</sub> D	_	Enc	ф.	
In Facility (13)		Oust	(12)	otan:			cing, VA niscellar			SF	or LF)		Remova	Repair	Encapsulate	Enclosure	
		Yes	No	N/A				•					a	7	late	ıre	
Exterior Siding	I			х		Exte	rior Sid	ding		10	00 SF	x	:				
												1					
							-			-	-	+	-				
Name of Registered Waste Hauler					NJDEP Waste   Cubic Yards			ds Name of Registered Landfill									
United Roll Off				Hauler ID No. of Waste 3			ste		G.R.O.W								
City, State Elm NJ		Disposal Date 8/26/15				ate City, State Morrisville PA 19067											
Completed by Anthony T Perna		Title Presid	dost	Signature			ignature	pature Date									
iony i i ema	uelli					8/20,			0/15								

CHECK # 5855

Date of Notification (1) 08-19-15		Name of Building Owner/Operator (2) Hyatt Regency Hotel						2015 / UC 24 / // 7:48									
Agencies Notified	Type Notification			Street Address						#1 -	1.30		55.4	1:6	O		
П -го.	[E]			2 Albany Street											C.I		
EPA DEP	X Initial Amended		H	City, State, Zip Code													
× DOL	Amendment	#			Brunswick,	N.I 0	8901					7		1-1			
	Emergency				A 0 %	140 0	0001							- 10.5			
⊠ DOH		Name of Contact Telephone Number															
☐ DCA	Cancellation		John Tracy														
				FACI	LITY INFORM	MATIC	NC							- ***			
Name of Facility Where		g Place (3	3)					Тур	e of Facility (	(4)							
Hyatt Regency Hotel	el								School (K-1	(2)							
Street Address								Ħ			er than K-12	2)					
2 Albany Street								×	Other (i.e. p	orivate (	& commercia	al buil	dings	, home	es,		
7									etc.)		, =.						
City (5)									are Feet	0.00	f Floors		Bldg. /				
New Brunswick								1,2	37	1		1	35 yr	5.			
County (6)					Code (7)			Curr	rent Use (Pri	or if bei	ng demolish	ed)					
Middlesex				(STATE	USE ONLY) _		_	Hot	tel								
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	/ No.		Name	of Ab	atement Cor	ntractor	(9)						
EHS Innovators, LL	10 N N N N N N N N N N N N N N N N N N N	(0)		1.00.					Environm								
				1		-				Orrical							
Street Address	1D 171						- 17 F TA TA	Addre	37:3								
203 Main Street, PN	VIB 174								d Street								
City, State, Zip Code	200.000						City, S	State,	Zip Code								
Flemington, NJ 088	22-1610			Carl				Carlstadt, NJ 07072									
Project Manager for Mon	itorina Firm			Telepho	ne No.	-	Telep	hone I	No.		License N	0.					
Robert J. Kretvix		105	237-9348	- 1			6565		00756								
Start Date (10)		<u> </u>					SHA Monitor			_							
08-24-15	ea Con 15	ipielion	Date (11)	- 1		n-Air											
	100					293 533											
Occupancy Status During	g Abatement (Chec	k Only Or	ne)				Street										
Facility Closed/Vaca	ated During Entire	Period of	Abaten	ement				59 Jackson Avenue									
Abatement Perform				ırs City, S				State, 2	Zip Code			22					
Other – Describe: _				Long Isl					g Island City, NY 11101								
Scope of Work (Check A	II That Apply)		7						2.534								
	· · · · · · · · · · · · · · · · · · ·		255				г	7									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		_	Renova						ull Containm		Negative P	ressu	ire				
≥160 sf or ≥260 lf			Demolit	Midon					lini-Enclosure								
											(*) and Non-Friable Procedure						
				P242.								Abatement					
		100	Locati Normal										Туре				
Location			ed Sole		A = b = = 4 = =			tion of ng Material (ACM)					T				
Asbestos-Containing TO BE ABA		Ma	intena	nce/	(i.e. the						mount Specify	70		田田	ш		
In Facili		Cus	todial S	Staff?			ing, VA		nation,		or LF)	em	Rep	cap	nde		
(13)			(12)				iscella		)			Remova	Repair	Encapsulate	Enclosure		
\$ 600		Yes	No	N/A					(0)			<u>m</u>		ate	- G		
		163	140	1307									-		-		
Lower Lo	evel			×	M	len's	Bath	room	1		600	х					
Lower Lo	evel			×	La	adies	Bath	room	n		600	x					
	2,416,550	-						10-11-12 h			200000		1				
													_				
		i.															
Name of Registered Was	0.000	JDEP W	(2)(2) (Can)	ubic \			Name of	Registe	red Landfill			1.7					
ATC, Inc. / JBT (500	71)		1 0 0 0 0 0 0	auler ID		f Was	te		Minerva	Ente	rprises						
	10 X 65		24	4310		BD					**************************************						
City, State					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		al Date		City, Stat								
Shirley, NY / Bronx,	NY							Waynes	sburg,	OH 4468	8			- 8			
Completed by		Title				Si	gnature		1	_	Dat	e		3-3770			
Richard Doran		Proje	ct Ma	nager			1.1	-	JA L	2	08	-19-	15				
		10 10		225			Y I	~	00	2	-						



Emergency &

## State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 8/20/15 Drew Colman Private Home Agencies Notified Type Notification Street Address 114 East 30th Street × **EPA** Initial DEP City, State, Zip Code Amended DOL Amendment # Ship Bottom NJ 08008 Emergency (including Name of Contact DOH justification) Telephone Number DCA Cancellation Drew FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Drew Colman Private Home School (K-12) Street Address Subchapter 8 (Other than K-12) 114 East 30th Street Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Ship Bottom NJ 08008 1000 +1.5 35 +County (6) County Code (7) Current Use (Prior if being demolished) Ocean (STATE USE ONLY) House & garage Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A Pernaco Inc. Street Address Street Address PO Box 329 City, State, Zip Code City, State, Zip Code West Berlin NJ 08091 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 856-753-9800 00727 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 8/21/15 8/24/15 Same Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Туре Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED Encapsulate (i.e. thermal systems insulation. (Specify Custodial Staff? Remova Enclosure Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Exterior Siding X Exterior Siding 1900 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste United Containers G.R.O.W.S. 22459

Disposal Date

Signature

8/24/15

Title

President

Anthony T Perna

Completed by

City, State

Elm NJ

Date

8/20/15

Morrisville PA 19067

City, State

Check# 12000

Date of Notification (1)	N	Name of Building Owner/Operator (2)													
8-19-15				Freehold Regional High School District											
Agencies Notified	Type Notification		8.7	Street Address											
⊠ EPA	□ Initial			405 Squankum-Yellowbrook Road							6				
□ DEP		. 1	100	City, State, Zip Code							9	-			
X DOL	Amendment  □ Emergency (			Farmingdale, NJ				727							
X DOH	justification)	including	1000	Name of Contact Telephone Number											
Ø DCA	☐ Cancellation			Pat Lagravenis										-	
Name of Facility Where A	hatament is Takin	a Place (2)		FACIL	ITY INFOR	RMATIC	N	Type	of Facility (4	1)	-				
Freehold Towns															
Street Address	niip nign b		-						chool (K-12 Jubchanter	2) 8 (Other than K-	12)				
281 Elton-Adel	phia Road									rivate & commer		lings, l	home	S,	
City (5)	prira road							Square	tc.)	# of Floors		ldg Ag			
Farmingdale, N	IJ 07727										1.0			~	
County (6)			17	County C	'ode (7)				,000+/-	r if being demoli		Ю+у	ear	5	
Monmouth				County Code (7) (STATE USE ONLY)				scho		ir ir beirig derrion	sileu)				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No		Name		ement Con	tractor (9)				-	
PARS Environme				001						ronmental	CO .	Tnc			
Street Address	arcur bervi			001	31			Addres		Connected	CO. 7.	LIIC.	8		
500 Horizon Dr	rive, #540								s Aveni	ae					
City, State, Zip Code							City, S	State, Zir	o Code					-	
Hamilton Towns	ship, NJ 0	8691					City, State, Zip Code Norristown, PA 19401								
Project Manager for Mon	3			Telephone No				Telephone No. License No.							
Firoz Jan			6	09-89	90-7277	6	610–239–9920 00398								
Start Date (10)	Com	pletion [	Date (11)	-	Name	of OSH	A Monitor					-			
8-10-15		9-4-1	5				Ply	mouth	n Envir	conmental	Co., I	nc.			
Occupancy Status During	Abatement (Chec	k Only One						Addres				-5.55			
☐ Facility Closed/Vaca	ated During Entire	Period of Ab	atem	ement urs C				923 Haws Avenue							
☐ Abatement Perform		nal Facility F	lours					City, State, Zip Code Norristown, PA 19401							
Other – Describe: _	occupied			Norristown					own, PA	19401					
Scope of Work (Check A	II That Apply)														
□ ≥3 sf or ≥3 lf		37.77.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00		ovation				EX Full Containment with Negative Pressure							
≥160 sf or ≥260 lf		□ De	moliti	olition 🗆											
										d (*) and Non-Fri	cedur	edure			
		Is L	ocati	on								Abate			
Location	of		rmall		2000		escription of				-	T	ре	$\overline{}$	
Asbestos-Containing		Used Main			Asbesto					Amount (Specific	-		E	П	
TO BE AB		Custo		Staff?	(1.e. t		system cing, V	ns insula AT, or	ition,	(Specify SF or LF)	em	Repair	cap	nde	
(13)	850		(12)			other m	niscella	neous)		70	Removal	air	Encapsulate	Enclosure	
		Yes	No	N/A									le		
boiler room		х			boiler	hre	echi	na/a	uct	360 SF	x				
				-	pipe f					110 LF	X	-		$\vdash$	
boiler room		X		-						1 - 27/100 - N-13		-			
boiler room		X			spray	on i	ırep	DIOOI	1113	1,720 SF	Х				
Name of Registered Was	ste Hauler		100	JDEP V		55000000	Yards		Name of	Registered Land	dfill				
Newark Carting				lauler ID 1509	No.	of Was			Grand	Central S	Sanita	arv	Lan	dfil	
To the service of a second residue of	: 		Т.				yds. Grand Central Sanitary Landfi posal Date City State								
City, State Newark, NJ						9-4-				rgyl, PA 1	8072				
Completed by		Title					Signatu	re	. /	-31-1	-Date				
David Rowley			\a-	Mana	~~~		,-ga to	1	N/	ule	8–19-	_15			
parta kowież		Proje	CL	Mai la	Jer			ari	WIL	vec	0-19	13			

### 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)	11-4	- 2452	9		Name of Building Owner/Operator (2) Middlesex School District								
		Notification 7			Street Address								
Agencies Notified	1 1	Volincation	Type		300 John F. Kennedy Drive,								
⊠ EPA		☑ Initial Not			City, State, Zip Code								
□ DCA	1	☐ Amended	#		Middlesex, NJ 08846  Name of Contact  Telephone Number								
⊠ DOL				ition (including	I Name of Contact								
DEP		ustification) ⊐ Cancelled			Joseph Sobato (principal)								
⊠DOH .	,	_ Caricelled											
				FACILITY INF	ORMATION								
Name of Facility Where Abatemen	t is Tal	king Place (	3)		Type of Facility (4)								
Middlesex High School					⊠ School (K-12)								
					☐ Subchapter 8 (other than K-12)  Other (i.e. private & commercial buildings., homes, etc.)								
Street Address 300 John F. Kennedy Dr.					Sa Feet: # of Floors: Bldg. A	Age:	1960's						
300 John F. Kennedy Dr.					Current Use (prior if being dem	olished):	High Sch	rool					
City (5) County				Code (7)	3								
Middlesex	Vliddle	sex	(State L	Jse Only)									
100000 1 11000-billion (1000-1000)					Name of Contractor (0)								
Name of Monitoring Firm Hired by	Bldg.	Owner (8)	ASCM	No.	Name of Contractor (9)								
					Panoramic Window & Door S	ystems	Inc.						
01 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					Street Address								
Street Address					712 Sergeantsville Road								
City, State, Zip Code					City State, ZipCode								
		Stockton, NJ 08859  Telephone Number License Number											
Project Manager for Monitoring Firm Telephone Number					Telephone Number P (732)926-0900 x102		01237	Number					
					F (732)926-0300 X102		01201						
		Cahadulad	Completi	on Date (11)	Name of OSHA Monitor								
Scheduled Start Date (10)		09/05/15	Completi	on Date (11)	IAQ GURU LLC								
08/31/15		03/00/10											
Occupancy Status During Abatem	nent (C	heck only o	ne)		Street Address								
☐ Facility Closed/Vacated During	Entire	Period of A	batemen	t	87 Main Street								
□Abatement Performed Outside	of Norr	mal Facility	Hours -		07. 01.1. 7. 0.4.								
Describe					City, State, Zip Code								
⊠Other – Describe: Mon-Sat 7:0	00 -3:3	0			Lincoln Park, NJ 07035								
MOTHER - Describe: Moti-Sat 1.0	.0.0	•											
Source of Work (Check all that at	(ylqc												
2 -5 2   5				⊠ Renov	ation	ni-Enclos	ure						
≥ 3 sf or ≥ 3 lf ⋈ > 160 sf or ≥ 3	260 If			□ Dem		lovebag	Procedure	Э					
△ ≥ 100 SI OI ≥ 1	200 11					Friable P	rocedure						
Leasting of Achaetas	le l n	cation Norm	ally	Description of A	sbestos Containing Material	Amou		Abateme	ent Type				
Location of Asbestos- Containing Material (ACM) in		Solely by	any	(ACM) (i.e. then	rmal systems insulation,	(Spec	ify SF or	Dames and De	pair Encap En	close			
Facility (13)	Main	t./Custodial	Staff?	surfacing, VAT,	or other misc.)	LF)		Remove Re	ран Епсар Еп	iciose			
, ( - /	(12)	77.02				1							
	YES	NO	NA		Transite Soffit	1650	SF	×					
Exterior of Building			×		Hallsite Som			X					
		NIDED!!!			Cubic Yards of Waste		Name o	f Registere	d Landfill				
Name of Reg. Waste Hauler		NJDEP W: 0036057	aste Haul	eriD#	Cubic Falus of Waste		Chrin La						
Panoramic Window & Dr Sys I	ne	0030037				N.							
Panoramic Window & Di Gys ii	110				Dis	sposal D	ate		State				
					· 1.71			East	on, PA				
					1/1///								
Orangleted by (Delet as Type)		Title			Signature / / / / Date								
Completed by (Print or Type)  Mark M Jovic		Consultar	nt		1/								
Walk W COVIC			105.F1		110001			0-41	()				
					1/								

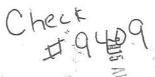
#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)			Name of Building Owner/Operator (2)									
August 20, 2015	5	X	Name of Building Owner/Operator (2)  Bravo Realty & Development  Street Address									
[ ] DEP [ ] Amen	ion Notificati ded Notifi dment#	ication	Street Address  805 Orchard Avenue  City, State, Zip Code  Point Pleasant Beach, NJ 08742									
[x] DOH [x] Emerg	gency (inc			Point	Pleasant Beach, N	IJ 08742 / U.A.	1/1/6	K				
I DCA	cation) Ilation		Name of Contact Gabe	Bravo	8	Telephone Number						
		FA	 CILITY INFOR!	ILITY INFORMATION								
Name of Facility Where Abatement is Taking Residence	Place (3)			School (k-12)								
Street Address					į į	Subchapter 8 (other than k-12)						
1542 North Michig	gan Ave	nue			[x]	Other (i.e., privat homes, etc.)	e & con	nmerci	al build	lings,		
City	County (6)			_Y)	Square feet 1000 sf	# of Floors	Bldg. Age 60					
Atlantic City	Atlantic City Atlantic			3.)	Current Use (Prior	if being demolished)		0	0	$\neg$		
Name of Monitoring Firm Hired by Building (	Owner (8)		ASCM No.	Name of	Reside  Abatement Contractor							
N/A					Guard	ian Contracting,	Inc.					
Street Address				Street A		Route 9 Unit 61						
City, State, Zip Code				1889 Route 9, Unit 61 City, State, Zip Code								
Project Manager for Monitoring Firm	T 7	Telephone Number	·	Telephor	Toms ne Number	River, New Jerse License N		55-12	271			
					9-9932	00624	unioci					
Scheduled Start Date (10) 8/20/15	S	Scheduled Comple 8/21/15	tion Date (11)	Name of	OSHA Monitor F M S	.L. Analytical						
Occupancy Status During Abatement (Check of X ] Facility Closed/Vacated [ ] Abatement Performed Of Cother - Describe	During E	intire Period of Ab		Street Address tement 1056 Stelton Road								
Scope of Work (Check all that apply)			[ ] Full Containment with Negative Pressure									
For T		51./7	[ ] Mini-Enclosure									
$\begin{bmatrix} X \end{bmatrix} > 3 \text{ sf or } \ge 3 \text{ lf}$ $\begin{bmatrix} \\ \end{bmatrix} \ge 160 \text{ sf or } \ge 260 \text{ lf}$		Renov	ration [ ] Glovebag Procedure lition [ X ] Non-Exempted (*) and Non-Friable Procedure									
*		22					Abate	ement '	Гуре			
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)	No	s Location ormally used Solely by enance/Custodia Staff (12) NO N/A	l (i	Description Sbestos-Con Material (A e., thermal sulation, su VAT, of her miscell	ntaining ACM) systems irfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E		
Exterior		X	Asbestos cor	crete wall	e i	10 sf	X					
*												
Name of Registered Waste Hauler	l NI	DEP Waste Haule	er ID No.   Cubic N	ards of Was	te Name of Regist	ared I and 611						
Guardian Contracting, Inc.	143	20223	2	arus or was	T.R.R.F.	ered Landilli						
City, State Toms River, New Jersey			oosal Date City, State 4/15 Tullytown, Pennsylvania									
Completed by (Print or Type) Nicholas Fernicola	Title Projec	t Manager	Signature	Class	// Le		Date 8/20	)/201:	5			

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



	Date of Notification (1)	21-15	N	lame of	Building Owner	/Operator	(2) Jer	Ry Mo	ORE	173					
	Agencies Notified Type Notified		- 5	Street Ac	idress Q	12 -	77		15						
	☐ EPA  Initial ☐ Amen			City, State, Zip Code 2											
	DOL Amen	dment # gency (including	- L		K	iver	ton	NJC	980	7	<u> </u>				
	DOH justific		N	lame of	Contact	Ma	ore	Table							
	78 79			FACIL	ITY INFORMA					_					
	Name of Facility Where Abatement is	Taking Place (3)	)a :	e lle	26		Type of Facility (4)  School (K-12)								
	Street Address	7		.1.			☐ Subchap	ter 8 (Other than K-12)  private & commercial buildings, homes,							
	803	homas	>	AU	3		etc.) Square Feet								
	City (5) Riverton	, NJ	٠,	30	3077	0	Square Feet # of Floors Blog. Age /00+								
À	County (6) Burling	ī		County C	Code (7) ISE ONLY)		Current Use (	Prior if being demolis	shed)						
1	Name of Monitoring Firm Hired by Bu			ASCM	No.	Name	of Abatement	Contractor (9)	_						
Z	EPC Techno	alogies			NA	Street	T ST	echnolog	gie!	<b>5</b> ,	In	-			
_	Street Address Box	337				P	Address Bo	× 337							
કુ	City, State, Zip Code	714	- (	29	533	City S	tate, Zip Code	71A 44.	7	96	13	3			
Š	Project Manager for Movith rig Firm	, 140	1	elephor	ne No.	Teleph	one No.	License	No.	0	10				
アニ	Steve Schen	Kea			758-3365		758-37		0	24	7				
5	Start Date (10) 8 - 3   - 15	Scheduled	Com	pletion I	Date (11)		of OSHA Moni	ichnologies	T	00					
ر	Occupancy Status During Abatement	(Check Only One	)			Street	Address	7		-					
9	☐ Facility Closed/Vacated During ☐ ☐ Abatement Performed Outside of	Entire Period of Ab	atem Hours	ent		City, S	P.O. Box 337 Dity, State, Zip Code New Egypt NJ 08533								
)	Other – Describe:														
	Scope of Work (Check All That Apply					_	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement								
	≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		novat moliti			0.00									
		15				7									
			ocatio			) o o adation	o.f				ре				
	Location of Asbestos-Containing Material (AC	Used	Solei	y by	Asbestos Co	Description ontaining N	naterial (ACM) s insulation,	Amount (Specify	70		En	ш			
	TO BE ABATED In Facility	Custo	dial S (12)	taff?	sur	facing, VA r miscellar	T, or	SF or LF)	Removal	Repair	Encapsulate	Enclosure			
	(13)	Yes	No	N/A	Olife	iiiioociiai	10000)		al	7	late	Ire			
	Basement	X X			Pipe?	Casi J	ation	100 LF	X						
	PAGGITO ()	-   ~			100-	4001		10			-				
						1- V	Nome	of Bogistorod Land	SII						
	Name of Registered Waste Hauler	٠		JDEP W auler ID	No. of V	oic Yards Vaste		e of Registered Landi		L	C I	Aic			
	EPC Technolo City, State	gies		1700		posal Date	City,	State		6 0		4 ,			
	New Egypt	NJ.	8	): 	9	7 1		anisville	PA						
	Steve Schen Kee	Pres	sid.	+		Signature	Se	Kenk	Date C	3-6	1-1	5			
	KITCUE WOLLEN I I HOME	1 1100	اعلى ل						25000	-					