### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

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

Name of Building Owner/Operator (2) Date of Notification (1) November 29, 2011 Trinity Construction, Inc. Agencies Notified Type of Notification Street Address 2290 West County Line Road, Suite 202 Initial Notification [X] EPA 1 DEP [x] Amended Notification City, State, Zip Code Amendment # ] DOL X Jackson, NJ 08527 Emergency (including [x] DOH justification) Telephone Number Name of Contact ] DCA Cancellation David Kiessling FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) New Lisbon Development Center-Teaberry Cottage School (k-12) Subchapter 8 (other than k12) Street Address Other (i.e., private & commercial buildings, [x]130 Route 72 homes, etc.) # of Floors Bldg. Age Square feet County Code (7) County (6) City (STATE USE ONLY) 50 6000 sf Current Use (Prior if being demolished) New Lisbon Burlington Cottages Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Guardian Contracting, Inc. Whitman Street Address Street Address 1889 Route 9, Unit 61 116 Tices Lane, Unit B1 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271 East Brunswick, NJ 08816 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 00624 732-349-9932 732-390-5858 Scheduled Completion Date (11) Name of OSHA Monitor Scheduled Start Date (10) E.M.S.L. Analytical 12/14/11 12/13/11 Street Address Occupancy Status During Abatement (Check only one) 1056 Stelton Road Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe Piscataway, New Jersey 08854 Full Containment with Negative Pressure Scope of Work (Check all that apply) [x]Encapsulation Glovebag Procedure >3 sf or ≥3 lf [x] Renovation [x] Non-Exempted (\*) and Non-Friable Procedure Demolition ≥160 sf or ≥260 lf Abatement Type Description of Is Location E Amount Asbestos-Containing Normally used N N Location of E E (Specify SF Material (ACM) C C P Solely by Asbestos-Containing Material (ACM) M Maintenance/Custodial (i.e., thermal systems or LF) L TO BE ABATED 0 P 0 insulation, surfacing, Staff in facility V S S VAT. or (12)(13)U U A other miscellaneous) L L YES NO N/A Ε E X 110 If Asbestos elbows & joints X Attic Name of Registered Landfill Cubic Yards of Waste Name of Registered Waste Hader NJDEP Waste Hauler ID No. T.R.R.F. 20223 Guardian Contracting, Inc. City, State Disposal Date City, State Tullytown, Pennsylvania Toms River, New Jersey 12/15/11 Date Signature Completed by (Print or Type) 11/29/2011 Project Manager Nicholas Fernicola

### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

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

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	East Brunswick, NJ 08816									oute 9, Unit 61				
East Brunswick, NJ 08816  Foject Manager for Monitoring Firm  Telephone N							City, Sta	ate, Zip Co	de Toms I	River, New Jerse	ey 08'	755-12	271	
	East Brunswick; NJ 08816  oject Manager for Monitoring Firm  Telephone N 732-390-5							ne Number		License N	umber			
	East Brunswick; NJ 08816  roject Manager for Monitoring Firm  732-390-  Cheduled Start Date (10)  12/12/11  Scheduled 0  12/13/1				ion Date (	11)		19-9932 FOSHA M	onitor	00624				
732-390-5  cheduled Start Date (10)  12/12/11  Occupancy Status During Abatement (Check only one)					ion Date (	11)				L. Analytical				
12/12/11 12/13/11 Occupancy Status During Abatement (Check only one)							Street A	ddress	1056 S	telton Road				
Occupancy Status During Abatement (Check only one)  [ X ] Facility Closed/Vacated During Entire Period							O:+- O+-	-t- 7:- Co		totton read				
[ x ]       Facility Closed/Vacated During Entire Period         [ ]       Abatement Performed Outside of Normal Faci         [ ]       Other – Describe							City, Sta	ate, Zip Co	Piscata	way, New Jerse		54		
Scope of Work (Check all tha	at apply) .						[ ]			twith Negative Pres	ssure			
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Guardian Cont	racting, inc.			Dispos	sal Date	-	City, S	tate						
Toms River, N	lew Jersey	Titla		12/14	4/11 Signat	ture	Tully	town, Pe	nnsylvani	a	Date	:		
Toms River, New Jersey 12/ Completed by (Print or Type) Title Nicholas Fernicola Project Manager				er	otenat	Mid	28/	te	, I		11/	29/20	11	

Cf # 2182

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☑ DHSS	Amendment #2	1011100000	/11	Cape	May Co	urthouse, NJ	1					
☐ DCA (NJAC 5:23-8)	justification)	luuliig		Name o	f Contact		ASUL	IC Pephone Nur	nber			
,	☐ Cancellation			Mark	Elberfel	ld (		T -				_
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Street Address						Street Address 1123 BEAVE	PETET					
3370 Progress Dr												_
City, State, Zip Code	20					City, State, Zip Co BRISTOL, PA						
Bensalem, PA 1902			Tolo	phone N	Jo.	Telephone No.		License No.				-
Project Manager for Mon Mike Panapresso	itoting Film			5-244-	and the same	215-788-6040		00509				
Start Date (10)	The second secon		State Name of State of	tion Dat /_		Name of OSHA N BRISTOL EN	Ionitor VIRONMENTA	AL, INC.				
Occupancy Status During	Abatement (Check	c only c	ne)			Street Address						
☐ Facility Closed/Vacate	ed During Entire Per	riod of	Abater	ment		1123 BEAVE	R STREET			211111111111111111111111111111111111111		
Abatement Performed	d Outside of Normal	Facility	Hour	s - Desc	cribe	City, State, Zip C	ode					
Time of Abatement: _ OFF SITE 11/30 4 .		M/ <u>5:00</u>			3C.4M =	BRISTOL, PA	19007					
Scope of Work (Check a	Il that apply)	12/3	3-11	AM-	9 PM			estive Property				
☐ ≥3 sf or ≥3 lf		⊠ Re	novati	on		☐ Full Con		egative Pressure				
⊠ ≥160 sf or ≥260 lf		De				☐ Gloveba	g Procedure empted (*) and N	on-Friable Proce	dure	in district		
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) Cape Regional Health System, Inc. 14 / 11 11 / Type Notification Street Address DEC - 5 2011 Agencies Notified 2 Stone Harbor Blvd **⊠** EPA □ DOLWD City, State, Zip Code Amendment #1-11/22/11 **ASBESTOS CONTROL &**  □ DHSS Cape May Courthouse, NJ ☐ Emergency (including □ DCA Telephone Number Name of Contact justification) (NJAC 5:23-8) Mark Elberfeld ☐ Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Cape Regional Medical Center Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, Street Address homes, etc.) 2 Stone Harbor Blvd # of Floors Bldg. Age Square Feet City (5) 40+ 50,000 2 Cape May Courthouse Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) County (6) Cape May Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. BRISTOL ENVIRONMENTAL, INC. Criterion Labs, Inc Street Address Street Address 1123 BEAVER STREET 3370 Progress Dr City, State, Zip Code City, State, Zip Code BRISTOL, PA 19007 Bensalem, PA 19020 Telephone No. License No. Project Manager for Monitoring Firm Telephone No. 00509 215-788-6040 215-244-1300 Mike Panapresso Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) BRISTOL ENVIRONMENTAL, INC. 12 / 2 / 11 11 / 28 / 11 Street Address Occupancy Status During Abatement (Check only one) 1123 BEAVER STREET ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-3:30PM/5:00PM-1:30AM BRISTOL, PA 19007 REV#1-STARTING MON. 11/28-12/2/11-9 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure □ Renovation ≥3 sf or ≥3 lf Glovebag Procedure ☐ Demolition ≥160 sf or ≥260 lf ■ Non-Exempted (\*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Remova Encapsulate Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ (Specify (i.e., thermal systems insulation, TO BE ABATED **Custodial Staff?** SF or LF) surfacing, VAT, or IN Facility (12)other miscellaneous) (13)Yes N/A No X 255 LF Pipe Insulation and fittings M 2<sup>nd</sup> Floor Finance Room 8 LF  $\boxtimes$ П M П Pipe fittings 1st Floor Medical Records П П П П Name of Registered Landfill NJDEP Waste Cubic Yards of Name of Registered Waste Hauler Hauler ID No. Waste MINERVA LANDFILL SERVICE TRANSPORT GROUP, INC. 20990 City, State Disposal Date City, State WAYNESBURG, OH 44688 NEW CASTLE, DE 19720 Signature Title Completed By (Print or Type) Estimator Brian Scafiro

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

ASR-41

MAY 11 ///37

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roject Manager for Monitoring Firm	1	Telephone			845-369-7500	460	1130 1101	nibo:		
VILLIAM S. KERBEL		973-729-56			Name of OSHA				-	
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X Other - Describe: MO	NUAY - FRIDA	AY 7AM-3:	30 PM		City, State, Zip		CEALLS	NV 12	500	
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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 CORP. Date of Notification (1) m Street Address /11 11 126 E. LINCOLN AVENUE Type Notification Agencies Notified City, State, Zip Code Initial Notification EPA RAHWAY, NEW JERSEY 07065 DEC - 5 Amended Notification DEP DOL Cancellation Telephone Number Name of Contact On Hold DOH EMERGENCY NOTIFICATION GERRY STANKOVITZ DCA LICENSING **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) MERCK SHARP & DOHME CORPORATION Other (ie. private & commol. bldgs., homes, etc.) # of Floors Bldg. Age Square Feet Street Address 39,250 126 EAST LINCOLN AVENUE - BUILDING 71 County Code (7) Current Use (Prior if being demolished) City (5) County (6) COMMERCIAL OFFICE UNION (STATE USE ONLY) RAHWAY Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) PAR ENVIRONMENTAL CORPORATION ENVIRONMETAL HEALTH INVESTIGATIONS, INC. 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 Telephone Number Project Manager for Monitoring Firm 460 845-369-7500 973-729-5649 WILLIAM S. KERBEL Sched. Completion Date (11) Name of OSHA Monitor Expected State Date (10) QUALITY ENVIRONMENTAL 12 41 /11 11 / Year Year Month Street Address Occupancy Status During Abatement (Check only one) 1376 ROUTE 9 W Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: City, State, Zip Code MONDAY - FRIDAY 7AM-3:30 PM Other - Describe: WAPPINGERS FALLS, NY 12590 Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclo:, Renovation Demolition Glovebag Procedure >3SF OR LF Non-Friable Procedure >160 SF OR Abatement Type Description of Asbestos Is Location Location of REMOVAL Amount Containing Material (ACM) ENCAPSULE ENCLOSURE Asbestos-containing normally used (Specify (ie. Thermal systems solely by Material (ACM) SF or LF) insulation, surfacing, VAT, Maint/Custodial TO BE ABATED or other miscellaneous) Staff (12) in Facility (13) Yes No N/A 6.5 SF WINDOW GLAZING BUILDING 71 -2ND FLOOR 6.5 SF WINDOW GLAZING **BUILDING 71-3RD FLOOR** 

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 12/1 11 J. CURSIA DE Type Notification Agencies Notified Street Address 488 LEONIA SUB **EPA** Initial DEP City, State, Zip Code Amended 076 SEESTOS CONTROL & Amendment # DO GOTA Emergency (including LICENSING Name of Contact DOH Telephone Number iustification) DCA Cancellation MS. CURSIN ELLA **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) CURSINEULA School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 488 LEONIA etc.) City (5) # of Floors Square Feet Bldg. Age 1800 2. 1945 County Code (7) (STATE USE ONLY) County (6) Current Use (Prior if being demolished) BENGEN (LESI DENCE Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Best Removal Inc Street Address Street Address 450 South River St City, State, Zip Code City, State, Zip Code Hackensack , N.J. 07601 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201-329-7444 00388 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Omega Environmental Services 12/13/11 12/14/11 Occupancy Status During Abatement (Check Only One) Street Address 280 Huyler St Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours
Other – Describe: City, State, Zip Code Other - Describe: South Hackensack , N.J. 07606 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation ☐ \_Full Containment with Negative Pressure ☐ ≥160 sf or ≥260 lf Demolition Mini-Enclosure 1 Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM)
TO BE ABATED Asbestos Containing Material (ACM) Amount Maintenance/ (i.e. thermal systems insulation, (Specify Repair Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A BASSHENT THERMAL (NSULATION) 30 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Transport , Inc DJM 11/20 Cumberland County Landfill 22393 City, State Disposal Date City, State South Kearny N.J. 07032 12/14/ Newburgh PA, 17242 Completed by Title Signature Date Estimator J. MAIORANO

not use this form for asbestos licensure exempted activities.

State of New Jersey

Check # 1243	Date of Notification (1)		ırsuan	It to NJA	C 8:60 and 12:	120)		12.
Date of Notification (1)	and the of Notification (1)  30/2011  ency Notified  EPA  DEP  DOL  Amended  Amendment #  Emergency (incluing justification)  DOA  To ancellation  Taking P  Wate home  The of Facility Where Abatement is Taking P  Wate home  The of Monitoring Firm Hired by Building Own  The of Monitoring Firm Hired		Na	me of Build	ling Owner/Operato	r (2)	) E C F I	D/7 (5)
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Abatement Performe					City, State, Zip (		<u> </u>	
☐ Other - Describe:					Fair Lawn, NJ	07410		
Scope of Work (Check	all that apply)				-			
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Gr Tech LLC		00331	785			T.R.R.F. Ir	nc	
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NOTIFICATION OF ASBESTOS ABATEMENT 239 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) DEC G. - 5 2011 Agencies Notified Type Notification Street Address 1159 -Initial DEP ASBESTOS CONTRUL & City, State, Zip Code Amended LICENSING DOL Amendment # NORTH BERGEN Emergency (including Name of Contact justification) Cancellation Telephone Number DOH DCA MR.G. PUSO **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PUSO School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 1129 etc.) City (5) Square Feet # of Floors Bldg. Age NORTH BERGE N 1930 2000 2 County Code (7) (STATE USE ONLY) County (6) Current Use (Prior if being demolished) HUDSON RESIDEN CE Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Best Removal Inc Street Address Street Address 450 South River St City, State, Zip Code City, State, Zip Code Hackensack , N.J. Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201-329-7444 00388 Start Date (10) Name of OSHA Monitor Scheduled Completion Date (11) Omega Environmental Services 12/21/11 Occupancy Status During Abatement (Check Only One) Street Address 280 Huyler St Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours
Other – Describe: City, State, Zip Code South Hackensack , N.J. 07606 Scope of Work (Check All That Apply) 23 sf or ≥3 lf Full Containment with Negative Pressure Renovation □ ≥160 sf or ≥260 lf Demolition A Mini-Endosure -ET Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) No NA THERMAL INSULATION CAAW SPACE 180 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste DJM Transport , Inc Cumberland County Landfill 22393 City, State Disposal Date City, State South Kearny N.J. 07032 12/22/11 Newburgh PA, 17242 Completed by Title Signature Estimator . MAIORANO (In) NOn

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

State of New Jersey

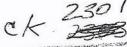
885434711 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMEN (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 11/29/2011 Stevens Institute of Technology Agencies Notified Type Notification Street Address Castle Point on Hudson **EPA** Initial City, State, Zip Code DEP Amended ASBESTOS CONTROL & X DOL Amendment # Hoboken, NJ 07030 LICENSING: Emergency (including Name of Contact Telephone Number × DOH justification) Cancellation John Lanza DCA n/a **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Pond House School (K-12) × Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, Castle Point on Hudson etc.) City (5) Square Feet # of Floors Bldg. Age Hoboken n/a n/a n/a County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Hudson Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **Briggs Associates** 0004 D&S Abatement, Inc. Street Address Street Address 3 Crosswicks Street 11 Rosengren Avenue City, State, Zip Code City, State, Zip Code Bordentown, NJ 08505 Totowa, NJ 07512 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Mike Hoodak 609-298-5520 973-345-8685 00675 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12/09/2011 12/12/2011 D&S Abatement, Inc. Occupancy Status During Abatement (Check Only One) Street Address 11 Rosengren Avenue Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Totowa, NJ 07512 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure × ≥160 sf or ≥260 lf Demolition Mini-Enclosure × Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ TO BE ABATED Enclosure (i.e. thermal systems insulation, (Specify Remova Repair Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A basement X pipe insulation 290 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste D&S Abatement, Inc. Waste Management of PA 20996 TBD City, State Disposal Date City, State Totowa, NJ TBD Tullytown, PA Completed by Title Signature

Project Manager

Susan Brkusanin

Date

11/29/2011



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Anthony i Perna	Completed by							4/00			_		-

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County (6) A C County Code (7) (STATE Current Use (Prior it being demolished)  Name of Monitoring Firm Hired by Building Owner (8) N/A  Street Address  Street	15	5	ſ	1
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Country (6) C A **C NA**	rigs,	<b>J</b> S,		
Name of Monitoring Firm Hired by Building Owner By Server Address  Street Address  Street Address  Siry, State, Zip Code  City, State, Zi	g. Ag	Ag	æ	
Name of Monitoring Firm Hired by Building Owner   ASCM No.   Name of Abatement Contractor (9)				
Name of Abatement Contractor (9)    Composition   Contractor (9)				
Street Address  Applic Shape N. J. odes  Applic Shape N. J. odes  Stock To go Code  Maplic Shape N. J. odes  Applic Shape N. J. odes  Street Address  Street A	<u>,                                     </u>	_		_
Street Address  3 6 9 5 5 PRULE SUE  City. State, Zip Code  City. State, Zip Code  Maple SILADE N.J. od os  Project Manager for Monitoring Firm  Telephone No.  Selephone No.  Felephone No.  Solephone No.  Felephone N				
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Facility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours				
Abatement Performed Outside of Normal Facility Hours  Other - Describe:  Dope of Work (Check all that apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  City, State, Zip Code  MAPLE S   ADE   N. J. O or Map    Mini-Enclosure  Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure  Non-Exempted (*) and Non-Friable Procedure  Subsettos-Containing Material (ACM)  IO BE ABATED  IN Facility (13)  Yes No N/A  SID IN C  X TRANSITE  3000 P  Amount (Specify SF or LF)  TO ANSITE  Name of Registered Landfill  Light Company			_	=
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Location of Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  SID IN Cu  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  SID IN Cu  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  SID IN Cu  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  SID IN Cu  Normally Used Solely by Maintenance/ (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Yes No N/A  SID IN Cu  NUDEP Waste Hauler ID No. IT A Waste  Cubic Yards of Waste				
Normally Used Solety by Maintenance/ Custodial Staff? (12)  Yes No N/A  SID IN C  TO Registered Waste Hauler  Normally Used Solety by Maintenance/ Custodial Staff? (12)  Yes No N/A  SID IN C  Normally Used Solety by Maintenance/ Custodial Staff? (12)  Yes No N/A  TO A NS ITE  Normally Used Solety by Maintenance/ Custodial Staff? (12)  Yes No N/A  TO A NS ITE  Normally Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  TO A NS ITE  TO A NS ITE  Normally Used Solety by Maintenance/ (Specify SF or LF)  Proposition  To Asbestos Containing Material (ACM) (Specify SF or LF)  Proposition  To Asbestos Containing Material (ACM) (Specify SF or LF)  Proposition  To Be Abat To Be Abat To Be Abat To Be Asbestos Containing Material (ACM) (Specify SF or LF)  Proposition  To Be Abat To Be Abat To Be Abat To Be Asbestos Containing Material (ACM) (Specify SF or LF)  Proposition  To Be Abat To Be Asbestos Containing Material (ACM) (Specify SF or LF)  Proposition  To Be Abat To Be Asbestos Containing Material (ACM) (Specify SF or LF)  Proposition  To Be Asbestos Containing Material (ACM) (Specify SF or LF)  Proposition  To Be Asbestos Containing Material (ACM) (Specify SF or LF)  To A NS ITE  To A NS ITE			_	_
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NOTIFICATION OF ASBESTOS ABATEMEN (Pursuant to NJAC 8:60 and 12:120) Check # 1244 Name of Building Owner/Operator (2) Date of Notification (1) Brad Norris 12/01/2011 Street Address Agency Notified Type Notification **ASBESTOS CONTROL &** 421 Baker Avenue LICENSING M Initial XI FPA City, State, Zip Code □ Amended ☐ DEP DOL Amendment # Westfield, NJ 07090 ☐ Emergency (including Telephone Number Name of Contact justification) **⊠** DOH ☐ Cancellation ☐ DCA Brad Norris **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) ☐ School (K-1 2) Private home ☐ Subchapter 8 (Other than K-1 2) Street Address Other (i.e. private & commercial buildings, homes, etc.) 421 Baker Avenue Square Feet # of Floors Bldg. Age City (5) Westfield, NJ 07090 County Code (7) (STATE USE Current Use (Prior if being demolished) County (6) ONLY) Union Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner(8) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State. Zip Code City, State, Zip Code Wayne, NJ 07470 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 01127 973-638-1777 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Envirovision Consultants, Inc 12/11/2011 12/10/2011 Street Address Occupancy Status During Abatement (Check only one) 20-21 Wagaraw Road, Bldg .# 34A ☒ Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: Fair Lawn, NJ 07410 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☒ Renovation ☐ Mini-Enclosure ≥ 3 sf or >3 lf ☐ Demolition ☑ Glovebag Procedure □ ≥160 sf or >260 lf □ Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Encapsulate Asbestos-Containing Material (ACM) Maintenance/ Enclosure (Specify Remova Repair (i.e., thermal systems insulation. TO BE ABATED Custodial surfacing, VAT, or SF or LF) IN Facility Staff? other miscellaneous) (12)N/A Yes No 110 LF X Pipe insulation Basement X Name of Reg stered Landfill Name of Registered Waste Hauler NJDEP Waste Hauler Cubic Yards of Waste ID No. T.R.R.F. Inc Gr Tech LLC 0033785 Disposal Date City, State City, State Tullytown, PA Wayne, NJ 07470 Date Title Signature Completed by 12/01/2011 N.Jevtic Owner

\* Do not use this form for asbestos licensure kempted activities

ASB-41

State of New Jersey

acceptations of the forest and statement

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Street Address PO Box 316				Jan Company			Street A		e Avenu	ie			63		
City, State, Zip Code Thorofare, New Jer	Type Notification    Type Notification		City, State, Zip Code Woodland Park, New Jersey 07424												
Project Manager for Mor Steve Flannigan	nitoring Firm	Notification Initial Amended Amendment # Emergency (including justification) Cancellation  Penet is Taking Place (3) Phool  D7039  By Building Owner (8) Group  D8086 Grim  Scheduled 12/11/11 Itement (Check Only One) Pouring Entire Period of Abautside of Normal Facility Histart  It Apply)  Rer Der  Prial (ACM)  Is Lo No Used Mainto Custod  Yes  Pauler	1000	Telephon 856-84			973-2	one No. 25-84	00		License N 01104	o.			
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City, State Woodland Park, Ne	ew Jersey 0742	4				12/13			City, Sta Morris		Pennsylva		<u> </u>		
Completed by Tatiana Kalenikova		7 220-0	Pres	ident		0.00	Signature		ra Ke	ala		ate 1/30/	11		

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

#### State of Ne NOTIFICATION OF ASB (Pursuant to NJAC

Estimator

N.J. 07032

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ner (8) ASCI	M No.	1	Name of Abatement Contractor (9)										
			Best Removal Inc										
		2000	Street Address 450 South River St										
		CANAL STREET,	State, Zip		1100	1 50							
			Hackensack , N.J. 07601										
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DJM

City, State

Date of Notification (1)

Agencies Notified

**EPA** 

DEP

DOH

DCA

City (5)

County (6)

Street Address

Start Date (10)

City, State, Zip Code

Other - Describe:

□ ≥160 sf or ≥260 lf

23 sf or ≥3 lf

DOL Type Notification

Amended

Amendment #

justification) Cancellation

Moore

Emergency (including

Initial

Name of Facility Where Abatement is Taking Place (3)

ORAN OF

Name of Monitoring Firm Hired by Building Owner (8)

Occupancy Status During Abatement (Check Only One)

☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe:

540 CHESTNOT

esser

Project Manager for Monitoring Firm

12/14/11

Scope of Work (Check All That Apply)

Location of

Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

(13)

BASELLENT

Name of Registered Waste Hauler

South Kearny

J. MAIORANO

Transport , Inc

ASB-41

### State of New Jersey

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DOH ,	justification Cancellation				e of Conta	ct - EDUL	127	1	Telephone Numb	er		• • •	
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County (6) CAP C	MAY				nty Code (	7) (STATE		Current Use (P	rior if being demolis	hed)			
Name of Monitoring Firm (8)	Hired by Building	Owner		ASCM	No.	1	1	ent Contractor (9		j			
Street Address			'			Street Add	ress	S,S Pruc	E DUE.				_}
City, State, Zip Code						City, State.	Zip Co	de '	DE, N.J.	08	5 2	-	
Project Manager for Mor	nitoring Firm		,Tele	phone	No.	Telephone		-0472	License No.	74		15.7	
Start Date (10)	Sche	eduled (	Comple -2	tion Da	ite (11)	Name of OS	M AHE	onitor FPW KL	End		-		_
Occupancy Status Durin  Facility Closed/Vacate				ment		Street Addi	ress 69	S, SPA	LULE LUE.			÷,	
Abatement Performed Other - Describe:	d Outside of Norma	al Facili	ty Hou	rs		City, State,	Zip Co	OLE SI	10DE N.	J.,	08	05	2
Scope of Work (Check a	ill that apply)			-									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		□ R	enovat emolitic	ion In		Mir	ni-Encl	osure Procedure	gative Pressure on-Friable Procedu	re			
		N	Location	1				TIPLES ( ) SI KE TY			bater Typ		
Location of Asbestos-Containing No. 100 BE ASAT IN Facility (13)	Material (ACM) ED	Mai C	d Solel ntenar ustodia Staff? (12)	ce/	Asbes (i.e.	Description to Scotland to Scotland thermal system surfacing, other miscel	g Mate ems in: VAT, c	sulation, or	Amount (Specify SF or LF)	Removal	Repair	. Encapsulate	Enclosure
5 ID IA	10	Yes	NO	X	T	RAWSIT			20004	X			
3171				/-					7				
		-								-	-		
Name of Registered Was		<u> </u>		JOEP V Buler ID	No.	Cubic Yard of Waste		CIM	istered Landfill , C , M.U. A				-
City, State  MAPCF  Completed By	SHADE	N,	7,			Disposal Da		City, State	Date	しば			<del>.</del> =
Completed By	15	e ,	11	0		1 .	wit	2 Kolin	m 12/	1/	11		

	NO		CATION		STOS AB		NT F				414	9
					wner/Ope		- 110)14		WE	-	1	
Date of Notification (1)		3					11 100			$\neg \parallel$	$\parallel \parallel$	
December 01, 2011  Agencies Notified Type Notification			Street Add		/ Johns	011 & J	OIIIISOIII	DEC -5		#-	111	
7.90.000					te 202,	PO Ro		520 5	2011	L	1	
EPA Initial				e, Zip Cod		1000						
DEP Amended Amendment #	10	1		NJ 0886				ASBESTOS CONT	ROL &	Ţ	1	
Emergency (ir	ncluding	1 25,100	Name of (					Telephone	umber			
DOH justification)  DCA Cancellation				1anager		į	and the middlessian	ļu-i		-		
DCA Cancenation	-		And the second section is		RMATION	1	71 (4.7-4)					
Name of Facility Where Abatement is Taking	Place (3)					T	ype of Facility (4	)				
Ortho Diagnostic / Johnson & Johnson	n						School (K-12					
Street Address								3 (Other than K- ivate & commer	-12) rcial buildi	inas	home	۹.
1000 / 1001 Route 202							etc.)	ivate & comme	Ciai build	iigs,	nome	J.,
City (5)						S	quare Feet	# of Floors	Ble	dg. A	ge	
Raritan, NJ								3				
County (6)			County C	ode (7)		C	urrent Use (Prio	r if being demol	ished)			
Somerset			(STATE U	SE ONLY)	-	-		Facility				
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	No.	1	Name of	Abatement Cont	ractor (9)				
Bulava Environmental, Inc.					T	he MA	CK Group, LI	.C.				
Street Address			1		5	Street Ac	idress					
12 Kilmer Drive					1:	500 Kir	ngs HWY N,	STE 209				
City, State, Zip Code						City, Stat	te, Zip Code					
Hillsborough, NJ 08844-3830					C	herry H	Hill, NJ 08034					
Project Manager for Monitoring Firm			Telephon	e No.		Telephor		License	No.	28.4		
Edward J. Bulava		9	08-874	-6207	(9	973) 75	9 - 5000	00781				
Start Date (10)	Schedule	d Con	npletion D	ate (11)	Ì	Name of	OSHA Monitor		-200			
5/6/11			12/31/1	1	T	he MA	CK Group, L	_C.	+			
Occupancy Status During Abatement (Check	k Only On					Street Ad	ddress					
Facility Closed/Vacated During Entire F			nent		1	500 Kii	ngs HWY N,	STE 209				
Abatement Performed Outside of Norm	al Facility	Hours	8			City, Sta	te, Zip Code					
Other - Describe:					— c	herry I	Hill, NJ 08034	1				
Scope of Work (Check All That Apply)												
3 st or >3 lf	X F	Renova	ation			$\boxtimes$	Full Containme	ent with Negativ	e Pressur	е		
≥160 sf or ≥260 lf	No.	Demoli				×	Mini-Enclosure	E.				
							Non-Exempted	(*) and Non-Fria	ble Proce	dure		
	Т.		.							Abat	emen	t
	1.0	Locat Norma	100000000000000000000000000000000000000		Dass	cription o	.f			T <u>y</u>	ype	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		d Sole	ely by	Asbest			terial (ACM)	Amount			m	m
TO BE ABATED		intena todial			thermal s	systems i	insulation,	(Specify SF or LF)	Rer	Re	Encapsulate	Enclosure
Location of Asbestos-Containing Material (ACM)		(12)	-52212300 EV2		other mi	ng, VAT. iscellane		SF OF EFF	Remova	Repair	Sula	DSur
(13)			T	4					<u>a</u>	7	ate	Ф
	Yes	No	N/A							-	-	-
OCD Central Steam Boiler	X					pipe		20 lf	-X			-
OCD Central Steam Boiler  OCD K Building Basement – North Stairway		X			VAT	& mas	tic	150 s/f	-X	Ļ.,		-
OCD R Building Basement - North Stallway  OCD Boiler Plant		X			Breech	hing/St	ack	230 s/f	-X		_	
US Boilet Flatt						Tank		350 s/f	X			
Name of Registered Waste Hauler			NJ DEP W	Vaste	Cubic Y		Name of	Registered Lan	dfill			
Name of Registered Waste Hauter			Hauler ID		of Wast		DELL	orial Landfill				
Freehold Cartage			222	2.53	Diagram	7.5	City, Star	erial Landfill				
City, State					Disposa		The second of th	A CONTRACTOR OF THE CONTRACTOR				
Freehold, NJ			12/31/11   Imperial, PA 15126   Date									
Completed by	Title	U-0001000			Sign	yrrature	19/-		12/1/11			
Michael Cooper	Presid	dent							12/1/11			

		Location Normall		Description of				emen: /pe	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma	ed Solel intenar todial S (12)	y by ice/	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Liciosaia
	Yes	No	N/A					0	
OCD Boiler Plant		X		pipe insulation	40 l/f	$\perp X$		ļ	ļ.,
_"_		X		Vat/Mastic	240 s/f	$\perp X$			_
OMP Labs 137		X		floor tile & mastic	500 s/f	$\perp X$		ļ	
OCD Boiler Room	X			pipe insulation	410 l/f	$\perp X$			
OCD N-21		X		sheet vinyl & Mastic	75 s/f	X			
OCD Boiler Plant  -"-  OMP Labs 137  OCD Boiler Room	X			Fittings	16 If	$\perp X$			
OCD CAMA G-184		X		linoleum & mastic	350 s/f	X			
OCD J Building		X		exterior Transite panels	5	X			
		X		linoleum & mastic	1,050 sf	$\perp \times$			
		X		VAT & Mastic	6,300 s/f	$\times$			
B-47		X		transite fume hood	120 s/f	X			
OCD G116		X		sheet vinyl and mastic	168 s/f	$\times$			
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		1000							

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Ortho Diagnostic / Johnson & Johnson DEC May 05, 2011 Street Address Type Notification Agencies Notified ASBESTOS CONTROL & 1000 / 1001 Route 202, PO Box 300 Initial **EPA** LICENSING City, State, Zip Code Amended DEP Amendment #\_ Raritan, NJ 08869 DOL Emergency (including Telephone Number. Name of Contact justification) DOH Project Manager Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Ortho Diagnostic / Johnson & Johnson Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, Street Address 1000 / 1001 Route 202 Bldg. Age # of Floors Square Feet City (5) Raritan, NJ Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Facility Somerset Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) The MACK Group, LLC. Bulava Environmental, Inc. Street Address Street Address 1500 Kings HWY N, STE 209 12 Kilmer Drive City, State, Zip Code City, State, Zip Code Cherry Hill, NJ 08034 Hillsborough, NJ 08844-3830 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00781 (973) 759 - 5000 908-874-6207 Edward J. Bulava Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) The MACK Group, LLC. 5/10/11 5/6/11 Street Address Occupancy Status During Abatement (Check Only One) 1500 Kings HWY N, STE 209 Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Cherry Hill, NJ 08034 Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation  $\geq$ 3 sf or  $\geq$ 3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 If Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Location of Asbestos Containing Material (ACM) Amount Used Solely by Asbestos-Containing Material (ACM) Enclosure Maintenance/ (Specify Remova (i.e. thermal systems insulation, Repair TO BE ABATED surfacing, VAT, or SF or LF) Custodial Staff? In Facility (12)other miscellaneous) (13)N/A Yes No TBD pipe OCD Central Steam Boiler Name of Registered Landfill Cubic Yards NJ DEP Waste Name of Registered Waste Hauler of Waste Hauler ID No. BFI Imperial Landfill TBD 22253 Freehold Cartage City, State Disposal Date City, State Imperial, PA 15126 5/10/11 Freehold, NJ Date Signature Title

President

5/5/11

Michael Cooper

Completed by

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

The little was the said with the said was a second with the State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Ortho Diagnostic / Johnson & Johnson June 02, 2011 Street Address Type Notification Agencies Notified 1000 / 1001 Route 202, PO Box 300 Initial **EPA** City, State, Zip Code DEP Amended ASBESTOS CONTROL & Amendment #2 DOL Raritan, NJ 08869 LICENSING Telephone Number Emergency (including Name of Contact DOH justification) Cancellation Project Manager DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Ortho Diagnostic / Johnson & Johnson School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, 1000 / 1001 Route 202 etc.) Square Feet # of Floors Bldg. Age City (5) 3 Raritan, NJ Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Facility Somerset Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. The MACK Group, LLC Bulava Environmental, Inc. Street Address Street Address 1500 Kings HWY N, STE 209 12 Kilmer Drive City, State, Zip Code City, State, Zip Code Cherry Hill, NJ 08034 Hillsborough, NJ 08844-3830 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00781 (973) 759 - 5000 908-874-6207 Edward J. Bulava Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) The MACK Group, LLC 12/31/11 5/6/11 Street Address Occupancy Status During Abatement (Check Only One) 1500 Kings HWY N, STE 209 Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Cherry Hill, NJ 08034 Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Туре Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ (Specify (i.e. thermal systems insulation, Remova TO BE ABATED Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)N/A Yes No 20 If pipe OCD Central Steam Boiler 150 s/f VAT & mastic OCD K Building Basement - North Stairway Breeching/Stack 230 s/f OCD Boiler Plant 350 s/f Tank 11 Name of Registered Landfill NJ DEP Waste Cubic Yards Name of Registered Waste Hauler of Waste Hauler ID No. BFI Imperial Landfill 7.5 22253 Freehold Cartage City, State Disposal Date City, State 12/31/11 Imperial, PA 15126 Freehold, NJ Signature Date

6/2/11

Michael Cooper

Completed by

Title

President

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

Date of Notification (1)			Name of	Building	Owner/Opera	tor (2)	1) 5 6	보내생	SIN	1					
July 28, 2011			Ortho Diagnostic / Johnson & Johnson												
Agencies Notified Type Notification	1		Street Ad			111	111	- 5 2011							
⊠ FPA □ Initial		1	000 / 10	001 Ro	ute 202, Po	O Box	300	2 ZUII	Sections						
DEP Amended		_	City, Stat			-	1	Same	9						
DOL Amendmen	t #3	— F	Raritan,	NJ 088	69	1		S CONTROL &							
DOH Emergency justification			Name of	Contact	2		The second secon	Elifelephone!	Number	J		307			
DCA Cancellation		F	Project N	/lanage	r	: 5	Bergamma dice nua	ada							
					ORMATION		a Tear to Nave to Elevation			-					
Name of Facility Where Abatement is Taki	ng Place (3	)				Тур	e of Facility (4	)							
Ortho Diagnostic / Johnson & John Street Address	son	9				$-\Pi$	School (K-12 Subchapter	2) 8 (Other than h	(-12)						
								rivate & comme	ercial buil	dings	home	<b>3</b> S,			
1000 / 1001 Route 202				163			etc.)	# of Floors		Bldg. A	100	-			
City (5)			Squ	are Feet	1000	-	nuy. /	ige							
Raritan, NJ								3			-				
County (6)			County C			Cur	rent Use (Prio	r if being demo							
Somerset ·			DEATE O					Facility	У						
Name of Monitoring Firm Hired by Building	Na	me of Al	patement Con	tractor (9)											
Bulava Environmental, Inc.					The	MAC	K Group, LI	_C			0.000				
Street Address					Str	eet Add	ress								
12 Kilmer Drive					150	0 King	s HWY N,	STE 209							
City, State, Zip Code		- 1-500			Cit	y, State,	Zip Code				19/10/19/19				
Hillsborough, NJ 08844-3830					Che	erry Hi	II, NJ 08034	1							
Project Manager for Monitoring Firm		T	Telephon	e No.		ephone		Licens	e No.						
Edward J. Bulava		c	08-874	-6207	(97	3) 759	- 5000	00781							
Start Date (10)	Schedule		npletion D				SHA Monitor								
5/6/11			12/31/1		The	MAC	K Group, LI	C.							
Occupancy Status During Abatement (Ch	eck Only Or		12/01/1		The second second	eet Add									
					1500 Kings HWY N, STE 209										
Facility Closed/Vacated During Entire Abatement Performed Outside of No	Period of a	Abater Hour	nent s		-		Zip Code	0.220	0.00						
Other - Describe:	mai i domit,	rioui			1	55 A	II, NJ 08034	1							
a complete the control of the contro					Cite	SITY III	11, 140 0000-								
Scope of Work (Check All That Apply)						$\nabla$									
≥3 sf or ≥3 lf	in man	Renova				Full Containment with Negative Pressure Mini-Enclosure									
≥160 sf or ≥260 lf	П,	Demoli	uon			$\boxtimes$									
						Non-Exempted (*) and Non-Friable Procedure									
	Is	Locat	ion							Abatement Type					
Location of .	H 17.700. 17.	Norma			Descrip	tion of			-	1	ype	T			
Asbestos-Containing Material (ACM)	5503505	ed Sole	107 (E. 107 CHO 107 CHO)		tos Containir			Amount	_		m	m			
TO BE ABATED	F	todial		(i.e	<ul> <li>thermal syst surfacing</li> </ul>			(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure			
In Facility (13)		(12)			other misce			01 01 21 )	VOD	pai	Sula	Sur			
									<u> </u>	¬	ate	œ.			
	Yes	No	N/A							,	+				
OCD Central Steam Boiler	X				pip	e		20 lf	$\perp$ X	_		_			
OCD K Building Basement - North Stairw	ay	X			VAT &	mastic		150 s/f	$ \times$						
OCD Boiler Plant		IX			Breechin	g/Stac	k	230 s/f	$ \times$						
_"_		X			Ta	nk		350 s/f	$\times$						
Name of Registered Waste Hauler		NJ DEP W	/aste	Cubic Yard		Name of	Registered Lar	ndfill	31						
Traine of registered traste ridge.	Hauler ID		of Waste			2 201 ANDW									
Freehold Cartage	53		7.5 BFI Imperial Landfill												
City, State					Disposal D	and the second s									
Freehold, NJ						12/31/11   Imperial, PA 15126									
Completed by	Title				Signa	iture	17/	200	Date						
Michael Cooper	Presid	dent				catharine /	1/		7/28/11						

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Ortho Diagnostic / Johnson & Johnson July 29, 2011 -5700Street Address Type Notification Agencies Notified 1000 / 1001 Route 202, PO Box 300 Initial **EPA** City, State, Zip Code ASBESTOS CONTROL & Amended DEP Amendment #4 LICENSING Raritan, NJ 08869 DOL Emergency (including elephone Number Name of Contact justification) DOH Project Manager Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Ortho Diagnostic / Johnson & Johnson Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) 1000 / 1001 Route 202 Bldg. Age # of Floors Square Feet City (5) Raritan, NJ Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Facility Somerset Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. The MACK Group, LLC. Bulava Environmental, Inc. Street Address Street Address 1500 Kings HWY N, STE 209 12 Kilmer Drive City, State, Zip Code City, State, Zip Code Cherry Hill, NJ 08034 Hillsborough, NJ 08844-3830 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00781 (973) 759 - 5000 908-874-6207 Edward J. Bulava Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) The MACK Group, LLC. 12/31/11 5/6/11 Street Address Occupancy Status During Abatement (Check Only One) 1500 Kings HWY N, STE 209 Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Cherry Hill, NJ 08034 Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation  $\geq$ 3 sf or  $\geq$ 3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Amount Asbestos Containing Material (ACM) Encapsulate Asbestos-Containing Material (ACM) Maintenance/ (i.e. thermal systems insulation, (Specify Remova TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)N/A Yes No 20 lf pipe OCD Central Steam Boiler 150 s/f VAT & mastic OCD K Building Basement - North Stairway 230 s/f Breeching/Stack OCD Boiler Plant 350 s/f Tank Name of Registered Landfill Cubic Yards NJ DEP Waste Name of Registered Waste Hauler Hauler ID No. of Waste BFI Imperial Landfill 7.5 22253 Freehold Cartage Disposal Date City, State City, State

Date

7/29/11

Imperial, PA 15126

12/31/11

Signature

Title

President

Michael Cooper

Freehold, NJ

Completed by

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

Date of Notification (1)			Name of E	Building C	Owner/O	perator (2	2)	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
September 13, 2011		(	Ortho Dia	agnostic	c / Joh	nson &	Johnson		1.	111						
Agencies Notified Type Notification			Street Add				TO UI DE	C - 5 2011		11						
		1	1000 / 10	01 Rou	ute 202	2, PO B	ox 300/	- 4011	- Lance	1_						
EPA Initial Amended	_		City, State	e, Zip Cod	de		ASE	9709 200		i						
DOL Amendment #		F	Raritan, I	NJ 0886	69	#	NODE	STOS CONTROL &	ž.							
DOH Emergency (in justification)	cluding		Name of 0			E.	The second second	Telephone Nu	umber							
DOH justification) DCA Cancellation		F	Project M	1anagei	r	( )	Company to the Company									
				ITY INFO			A second to the									
Name of Facility Where Abatement is Taking	Place (3)	)					Type of Facility (4	)								
Ortho Diagnostic / Johnson & Johnso	n						School (K-12		4980							
Street Address								3 (Other than K- ivate & commer	12) cial build	inas	home	30				
1000 / 1001 Route 202							Other (i.e. pr etc.)	ivate a commer	ciai build	ingo,	Home	.0,				
City (5)							Square Feet	# of Floors	BI	dg. A	ge					
Raritan, NJ								3								
County (6)	-1	County Co	ode (7)			Current Use (Prio	r if being demoli	ished)								
			(STATE U.	SE ONLY)				Facility								
Somerset  Name of Monitoring Firm Hired by Building Ov	vner (8)		ASCM	No.		Name o	f Abatement Cont									
Description of the control of the co	(-)					The MA	ACK Group, LI	.C.								
Bulava Environmental, Inc.  Street Address							Address									
						1500 K	ings HWY N,	STF 209								
12 Kilmer Drive				-				512 200								
City, State, Zip Code							y, State, Zip Code erry Hill, NJ 08034									
Hillsborough, NJ 08844-3830			Telephon	o No		Telepho		License	No.							
Project Manager for Monitoring Firm						became all as		00781	(ATACARIE)							
Edward J. Bulava		1000	908-874				59 - 5000 of OSHA Monitor	00701								
	Schedule		mpletion D			555000000000000000000000000000000000000		0								
5/6/11			12/31/11	1			ACK Group, LI Address					-				
Occupancy Status During Abatement (Check	Only On	ie)						STE 200								
Facility Closed/Vacated During Entire Pe	eriod of	Abate	ment			and the second s	ings HWY N,	STE 209								
Abatement Performed Outside of Norma Other - Describe:	I Facility	Hour	s			200000000000000000000000000000000000000	ate, Zip Code	_								
Other - Describe.						Cherry	Hill, NJ 08034	ł		-						
Scope of Work (Check All That Apply)						<u></u>	7									
≥3 sf or ≥3 If	Market Co.	Renov				Full Containment with Negative Pressure  Mini-Enclosure										
≥160 sf or ≥260 lf		Demol	ition			5	Glovebag Prod									
								(*) and Non-Frial	ble Proce	dure						
	le	Loca	tion								emen	t				
l	11723	Norma	2200000		De	escription	of			T -	ype					
Location of Asbestos-Containing Material (ACM)	19/00/1990		ely by ance/		tos Con	taining M	aterial (ACM)	Amount			m	_ m				
TO BE ABATED			Staff?	(i.e.		I systems acing, VA	insulation,	(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure				
In Facility (13)		(12)	)			miscellan	100	0, 0, 2, ,	VOU	pai	Sula	DSUI				
(10)	-	-	$\top$						<u>a</u>	7	ate	Ф				
	Yes	No	N/A						\7	-	-	-				
OCD Central Steam Boiler	X					pipe		20 lf	$ \stackrel{\times}{\bigcirc}$	-	-	-				
OCD K Building Basement - North Stairway		X	>		VAT & n			150 s/f	$\rightarrow$	-		+				
OCD Boiler Plant		X	<b>\</b>		Bree	ching/S	tack	230 s/f	- X	-	-	-				
						Tank		350 s/f	X							
Name of Registered Waste Hauler			NJ DEP W			Yards	Name of	Registered Land	dfill							
- wall ald Contago		Hauler ID 222		of Wa	7.5	BFI Impe	erial Landfill									
Freehold Cartage				Dispo	osal Date	City, Stat										
City, State				-	12/31/1											
Freehold, NJ						12/31/11   Imperial, PA 15126   Date										
Completed by	Presid	dont			,	Mar.	17/1-		9/13/11							
Michael Cooper	riesi	uent								-	W.W	100				

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

Date of Notification (1)		Ortho Diagnostic / Johnson & Johnson C E W E FA														
October	05, 2011		(	*****	-1.44 (61.	c / John	son &	Johnso	n Up		EIN	<del>    -  </del>				
Agencies Notified T	ype Notification			Street Ad				IKIL								
⊠ EPA □	Initial		100			ute 202,			DEC	- F 0011	$-\frac{H}{2}$					
DEP	Amended	ŝ	- 1	City, Stat				비니	DLO	2 5011	[ Long					
DOL	Amendment #_  Emergency (in		— F	Raritan,		69		Felenbone Number								
DOH □	justification)			Name of			į	ASBESTOS TENENDOR Number								
DCA L	Cancellation		F	Project N			<u> </u>		LIC	1			-			
Name of Facility Where Ab	atamont is Taking I	Diago (2)	_	FACIL	ITY INFO	ORMATIO	N .	Type of F	acility (4)	section cont.	-					
1.00											or second by					
Ortho Diagnostic / John Street Address	nson & Jonnso	n							ool (K-12) chapter 8	) (Other than k	(-12)					
										vate & comme	ercial build	ings,	home	s,		
1000 / 1001 Route 202								etc.) Square F		# of Floors	В	dg. A	ge			
City (5)								Square r	cei	NATA		ug.,	9-			
Raritan, NJ		-275 001		Carrativ C	) ada (7)			Current I	lee /Prior	if being demo	lished)			-		
County (6)				County C	Jode (7) ISE ONLY)	,	_   `	Current C	ise (Filoi	Facility						
Somerset		(0)	1	1 40014	N-		Nama	f Abatem	ent Contr							
Name of Monitoring Firm H		vner (8)		ASCM	NO.											
Bulava Environmental,	Inc.			J			Street A	ACK Gro	oup, LL	C						
Street Address								75	1 N N C	TE 200				2)		
12 Kilmer Drive					THE RESIDENCE OF THE PARTY OF T		STE 209		-	e constitue						
City, State, Zip Code					1		State, Zip Code rry Hill, NJ 08034									
Hillsborough, NJ 0884	na								08034	Licens	e No	_				
Project Manager for Monito		Telephor			Telepho		00	12625505								
Edward J. Bulava		908-874				59 - 50 f OSHA N		00781			_000					
Start Date (10)		mpletion [						<u> </u>								
5/6/11			12/31/1	1		Street A	ACK Gr	oup, LL								
Occupancy Status During A	Abatement (Check	Only On	ie)			1			A D / B I C	TE 200						
Facility Closed/Vacate	ed During Entire Pe	eriod of A	Abate	ment		-				STE 209						
Abatement Performed Other - Describe:	Outside of Norma	Facility	Hour	S			888	ate, Zip C								
							cherry	Hill, NJ	08034							
Scope of Work (Check All	That Apply)	G						а	27							
≥3 sf or ≥3 lf		Discussion .	Renova				Ŕ		ontainme nclosure	nt with Negati	ve Pressu	e				
≥160 sf or ≥260 lf		П	)emoli	uon			$\geq$	Glovel	oag Proce							
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		Is	Loca	tion							emen ype	ι				
Location of	of		Norma	310			cription o					Г	Ť	T		
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TO BE ABAT		Cus		Staff?	(1.6		ing, VAT		.,	SF or LF)	e m	Repair	aps	Enclosure		
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		Yes	No	N/A						· 20 If	X					
OCD Central Ste	am Boiler	$\wedge$		,	_		pipe				$-\langle \rangle$		1-	-		
OCD K Building Basement	- North Stairway		X			VAT	& mas	stic		150 s/f	$-\langle \rangle$	_		-		
OCD Boiler	Plant		X			Breec	hing/St	tack		230 s/f	X					
			V	<del></del>			Tank			350 s/f	X					
Name of Registered Waste	Haulor			NJ DEP V	Vaste	Cubic		- T N	Name of F	Registered Lar	ndfill			1		
Name of Registered Waste	e naulei			Hauler ID		of Was										
Freehold Cartage				222	253		7.5	The state of the s		rial Landfill						
City, State						Dispos			City, State							
Freehold, NJ			2010-000				2/31/11	A CONTRACTOR OF THE PARTY OF TH	nperial,	PA 15126						
Completed by		Title				Sį	gnature	10	7/_	0	Date					
Michael Cooper	16-100 <u>120 II - 110 - 1</u>	Presid	dent				Jan San	1//			10/5/11					

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

		Locatio		D		Abatement Type					
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma	d Solely intenan odial S (12)	by ce/	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)	Encapsulate	Enclosure				
	Yes No N/A							-	-		
OCD Boiler Plant		X		pipe insulation	40 l/f	$\Diamond$		-			
_"		X		Vat/Mastic	240 s/f	$\Diamond$		-	-		
OMP Labs 137		X		floor tile & mastic	500 s/f	$\langle \rangle$	-	-	-		
OCD Boiler Room	X			pipe insulation	410 l/f	$\langle \rangle$		-	-		
OCD N-21		X		sheet vinyl & Mastic	75 s/f	X		<u></u>	-		
OCD G Basement	X	,_,		Fittings	16 lf	X	-		-		
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Date of Notification (1)	-		1	Name of B	Building Ov	wner/O	perator (2)	) [[	可信用	是自己	1 50 F	pan,		
Octo	ber 21, 2011		100			/ Joh	nson & J	Johnso	on		tha			
Agencies Notified	Type Notification			Street Add			V-000000000000000000000000000000000000		M		[[]			
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I DEP	Amended	7	-	3.0	, Zip Code				1			1		
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□ DOH	justification)	cruding		Name of C	Contact				ASSE	Telephone N	umber	- III		
DCA	Cancellation		P	roject M	lanager			GEL MANNE						
			FACILI	TY INFO	RMATI			Facility (4)	at his to					
Name of Facility Where								_	THE RESERVE AND ADDRESS		*			
Ortho Diagnostic / J	ohnson & Johnso	n							nool (K-12)	(Other than K-	-12)			
Street Address							-	Oth	er (i.e. pri	vate & commer	rcial build	ngs,	home	s,
1000 / 1001 Route 2	202							etc.	The second secon	w (E)	Tol	- A		
City (5)							S	Square I	Feet	# of Floors	DI	dg. A	ye	
Raritan, NJ										3	in bind)			
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Name of Monitoring Fire	m Hired by Building Ov	wner (8)		ASCM	No.				nent Contr					
Bulava Environmen	tal, Inc.								roup, LL	C				
Street Address							Street A							
12 Kilmer Drive							1		WY N, S	STE 209				
City, State, Zip Code							City, Sta							
Hillsborough, NJ 08	8844-3830						-		J 08034					
Project Manager for Mo			Telephone	e No.		Telephor			License	No.				
Edward J. Bulava				08-874-			(973) 75			00781				
Start Date (10)	d Con	npletion D	ate (11)		Name of			1390						
5/6/1	1		12/31/11	1				roup, LL	C					
Occupancy Status Duri	ing Abatement (Check	Only On	e)				Street A							
Eacility ClosedVa	acated During Entire Po	eriod of A	bater	nent					IWY N, S	STE 209				
Abatement Perfor	med Outside of Norma	I Facility	Hours	5			City, Sta	ate, Zip	Code					
Other - Describe:						-	Cherry	Hill, N	J 08034					
Scope of Work (Check	All That Apply)						- 1	_						
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≥160 sf or ≥260 lf			emoli	tion			K	-	Enclosure ebag Proce	adura				
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OCD Central	Steam Boiler	$\times$					pipe			20 lf				
		+'	X			VA	T & mas	stic		150 s/f	$\times$			
OCD K Building Baser		1		+		Bree	eching/St	tack		230 s/f	$\times$			
OCD Boi	lier Plant					Dice		-		350 s/f	X			
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Name of Registered V	Vaste Hauler			NJ DEP W Hauler ID		C 5555000	aste		Name of t	togistorou zum				
Freehold Cartage				222	.53		7.5	E	BFI Impe	rial Landfill				
City, State					-	Disp	osal Date		City, State					
Freehold, NJ	*						12/31/11		mperial,	PA 15126				
Completed by		Title					Signature	1	7/	2	Date			
Michael Cooper		Presid	dent				and the same	//			10/21/1	1		
Wildiaci Ocopci								100						

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

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Ortho Diagnostic / Johnson & Johnson October 26, 2011 Type Notification Street Address DEC Agencies Notified 1000 / 1001 Route 202, PO Box 300 EPA Initial City, State, Zip Code Amended ASBESTOS CONTROL & DEP Amendment #8 DOL Raritan, NJ 08869 Emergency (including Telephone Number Name of Contact justification) DOH Cancellation Project Manager DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Ortho Diagnostic / Johnson & Johnson Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, 1000 / 1001 Route 202 Bldg. Age Square Feet # of Floors City (5) Raritan, NJ Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Facility Somerset Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) The MACK Group, LLC. Bulava Environmental, Inc. Street Address Street Address 1500 Kings HWY N, STE 209 12 Kilmer Drive City, State, Zip Code City, State, Zip Code Cherry Hill, NJ 08034 Hillsborough, NJ 08844-3830 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00781 (973) 759 - 5000 908-874-6207 Edward J. Bulava Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) The MACK Group, LLC. 12/31/11 5/6/11 Street Address Occupancy Status During Abatement (Check Only One) 1500 Kings HWY N, STE 209 Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Cherry Hill, NJ 08034 Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation  $\geq$ 3 sf or  $\geq$ 3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Туре Normally Description of Location of Used Solely by Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Maintenance/ Enclosure ncapsulate (i.e. thermal systems insulation, (Specify Remova TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)N/A Yes No 20 If pipe OCD Central Steam Boiler 150 s/f VAT & mastic OCD K Building Basement - North Stairway 230 s/f Breeching/Stack OCD Boiler Plant 350 s/f Tank Name of Registered Landfill Cubic Yards N.I DEP Waste Name of Registered Waste Hauler of Waste Hauler ID No. BFI Imperial Landfill 7.5 22253 Freehold Cartage Disposal Date City, State City, State Imperial, PA 15126 12/31/11 Freehold, NJ Date Signature Title Completed by 10/26/11 President Michael Cooper

State of New Jersey

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

		Locatio		Description of		Abatement Type						
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma	d Solely intenan odial S (12)	by ce/	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure			
	Yes	No	N/A					-	-			
OCD Boiler Plant		X		pipe insulation	40 l/f	$\rightarrow$						
_"_		X		Vat/Mastic	240 s/f	$\rightarrow$	-	-	-			
OMP Labs 137		X		floor tile & mastic	500 s/f	$\rightarrow$	-		-			
OCD Boiler Room	X			pipe insulation	410 l/f	$\rightarrow$	-	-	-			
OCD N-21		X		sheet vinyl & Mastic	75 s/f	-		-	-			
OCD G Basement	X			Fittings	16 lf	$\rightarrow$	-		-			
OCD CAMA G-184		X		linoleum & mastic	350 s/f	X		_	_			
OCD J Building		X		exterior Transite panels	5	X						
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Date of Notification (1)	1070	T	Name of E	Building	Owner/Oper	rator (2)			WE		f		<u> </u>		
November 18, 2011		C	Ortho Dia	agnosti	c / Johns	on & Jo	ohnson	***********		!					
Agencies Notified Type Notification			Street Add				Parameter of the control of the cont	nro .							
⊠ FPA □ Initial		1	000 / 10	001 Ro	ute 202, F	PO Box	( 300 L)	DEC - 5	2011	- 10	إراسا				
DEP Amended			City, State	e, Zip Co	ode		1 1			-		,			
DOL Amendment #		- F	Raritan,	NJ 088	69		A	SBESTOS CONT	DAI -	١					
DOH Emergency (ir justification)	icluding		Name of	Contact				Telephone	Number						
DCA Cancellation		F	Project N	lanage	er		*					75	-20-02		
		2022-161			ORMATION		9 lax	100							
Name of Facility Where Abatement is Taking Ortho Diagnostic / Johnson & Johnson		)				Ту	pe of Facility (4								
Street Address		-						8 (Other than	K-12)						
		- 39					Other (i.e. pi etc.)	rivate & comm	ierciai bu	llair	igs,	nome	is,		
1000 / 1001 Route 202	-					Sc	uare Feet	# of Floors		Bld	g. A	ge	-		
City (5)						•	3								
Raritan, NJ		County C	ode (7)		C	urrent Use (Prio		nolished)	2-2						
County (6)			(STATE U.			_   0,	anom ood (i ne	Facilit							
Somerset			1.0014			lama of	Abatement Con		ıy						
Name of Monitoring Firm Hired by Building C		ASCM	No.	30			St (0)								
Bulava Environmental, Inc.							CK Group, LI	_U					_		
Street Address						treet Ad		075 000							
12 Kilmer Drive		524					gs HWY N,	STE 209		-			-		
City, State, Zip Code					C	ity, State	, State, Zip Code								
Hillsborough, NJ 08844-3830							lill, NJ 08034			_					
Project Manager for Monitoring Firm			Telephon	e No.	T	elephon	e No.	Licen	se No.						
Edward J. Bulava		Ç	908-874	-6207	(9	73) 75	9 - 5000	0078	1						
Start Date (10)	Schedule	ed Cor	npletion D	ate (11)	N	lame of	OSHA Monitor								
5/6/11			12/31/11 The MACK Group, LLC.												
Occupancy Status During Abatement (Check	Only On		Street Address												
			ment		15	1500 Kings HWY N, STE 209									
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	al Facility	Hour	S		-	City, State, Zip Code									
Other - Describe:			Cherry Hill, NJ 08034												
Scope of Work (Check All That Apply)		-					, 110 0000								
	N					$\square$	Full Cantainm	ant with Nogat	livo Proce	urc	,				
≥3 sf or ≥3 lf	Taxable Co.	Renova Demoli				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure									
≥160 sf or ≥260 lf	П,	Jenion	illon												
						Non-Exempted (*) and Non-Friable Procedure									
	Is	Loca	tion							Abatemen Type					
Location of		Norma	ally		Desc	ription of			-	Т	- ' y	he	T-		
Asbestos-Containing Material (ACM)	100000000000000000000000000000000000000	ed Sol	ely by		stos Contair	ning Mat	erial (ACM)	Amount	3			ш	m		
TO BE ABATED			Staff?	(i.€	e. thermal sy	ystems ir ig, VAT,		(Specify SF or LF	. I m		Re	Encapsulate	Enclosure		
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(13)	-		_						<u>a</u>		7	ate	œ.		
	Yes	No	N/A							,			-		
OCD Central Steam Boiler	X				p	ipe		20 lf	>						
OCD K Building Basement - North Stairway		X			VAT 8	& mast	ic	150 s/f	f  >	$\langle$		_			
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_"_		NJ DEP W	laste	Cubic Ya		Name of	Registered La	16		_		_			
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Freehold Cartage		222	.53		7.5	BFI Impe	erial Landfi	11				1)			
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Freehold, NJ Completed by	Title					mature	1101	0	Date	-					
A CONTRACTOR OF THE CONTRACTOR		dont			4	1/2	19/-		11/18/	11					
Michael Cooper	Presid	uent			-		11/18/11								

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

### State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 11 14 / 11 Cape Regional Health System, Agencies Notified Type Notification Street Address Ø EPA 8376 Initial DEC 2 Stone Harbor Blvd DOLWD 8338 ☐ Amended City, State, Zip Code Amendment # ☑ DHSS ₹369 Cape May Courthouse, NJ ☐ Emergency (including ☐ DCA Name of Contact justification) Telephone Number (NJAC 5:23-8) □ Cancellation Mark Elberfeld **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Cape Regional Medical Center School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 2 Stone Harbor Blvd homes, etc.) Square Feet # of Floors City (5) Bldg. Age Cape May Courthouse 50,000 2 40+ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Cape May Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. Criterion Labs, Inc. Street Address Street Address 1123 BEAVER STREET 3370 Progress Dr City, State, Zip Code City, State, Zip Code Bensalem, PA 19020 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 215-244-1300 00509 215-788-6040 Mike Panapresso Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 12 / 2 / 11 11 / 28 / 11 BRISTOL ENVIRONMENTAL, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code PM/5:00PM-1:30AM Time of Abatement: \_\_\_\_AM-\_\_ BRISTOL, PA 19007 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure □ Renovation Mini-Enclosure ≥3 sf or ≥3 lf □ Demolition ≥160 sf or ≥260 ff ☐ Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Description of Location of Repair Enclosure Used Solely by Encapsulate Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ (i.e., thermal systems insulation, (Specify TO BE ABATED Custodial Staff? surfacing, VAT, or SF or LF) IN Facility (12)other miscellaneous) (13)Yes No N/A X 255 LF 2<sup>nd</sup> Floor Finance Room Pipe Insulation and fittings  $\boxtimes$ 8 LF Ø 1<sup>st</sup> Floor Medical Records M Pipe fittings П NJDEP Waste Cubic Yards of Name of Registered Landfill Name of Registered Waste Hauler Hauler ID No. Waste SERVICE TRANSPORT GROUP, INC. MINERVA LANDFILL 20990 Disposal Date City, State City, State WAYNESBURG, OH 44688 NEW CASTLE, DE 19720

Completed By (Print or Type)

Brian Scafiro

Title

Estimator

Signature