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

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3)	111.71					and a second	
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Date of Notification (1)	3 / 1	4		Name	of Buildin ssler Inst	g Owner/Operator (titute for Rehabil	2) itation / Job #1	412-4848 ^C C	heck #6	814		
⊠ EPA	ype Notification ☑ Initial				Address 9 Pleasa	ınt Valley Way		ASBESTO	S CONT		&	
	Amended	L		City, S	State, Zip (Code	L		7117(7			
☐ DHSS	Amendment #		1	We	st Orang	e, NJ 07052						
(NJAC 5:23-8)	justification)	noidanig	1	Name	of Contac	t .		Telephone N	umber			
	Cancellation			Gai	ry Formis	sano						
·				FA	CILITY IN	FORMATION						100
Name of Facility Where Aba	atement is Takin	g Place	(3)				Type of Facility	(4)				
Kessler Institute for F			200500				School (K-12	1975				
Street Address							Subchapter 8				200	
1199 Pleasant Valley	Way						Other (i.e., pr homes, etc.)	ivate and com	merciai b	uliain	gs,	
City (5)					-		Square Feet	# of Floors	В	ldg. A	ge	
West Orange												
County (6)		111135		Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being dem	nolished)			
Essex							Institute					
Name of Monitoring Firm Hi	red by Building	Owner ((8)	ASCM	No.	Name of Abateme	ent Contractor (9)			10000		
Partner Engineering 8	& Science, Inc	c.				AbateTech, In						
Street Address		300	-			Street Address						
611 Insutrial Way W						30 Maple Ave	. PO Box 25					
City, State, Zip Code						City, State, Zip Co						
Eatontown, NJ 07724						Lumberton, N						
Project Manager for Monitor	ring Firm		Tel	ephone	No.	Telephone No.		License No.				
Brian Nemetz				32-904		609-265-2107		00529				
Start Date (10)	Sche	duled C	ompl	etion Da	te (11)	Name of OSHA M	onitor					
12 /16 /	14	12_ /	_3	1_/	14	EMSL Analyti	ical					
Occupancy Status During A	batement (Chec	k only c	ne)	-		Street Address						
☐ Facility Closed/Vacated I				ement		200 Route 13	0 North					
☐ Abatement Performed O						City, State, Zip Co	ode					
Time of Abatement:	AMP	M/	_PN		AM	Cinnaminson						
Scope of Work (Check all th	at apply)						ainment with Neg	ative Pressure	×	2	9	11
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		⊠ Re □ De				☐ Mini-Enc ☐ Glovebag ☐ Non-Exe		n-Friable Proce	edure			
		ls	Loca	ation				-	Ab	atem	ent T	уре
Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13)		Use Mai	inten	lely by ance/ Staff?		Description o stos Containing Ma ., thermal systems i surfacing, VAT, other miscellane	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
()		Yes	No	N/A		ouror rinoconario	, , , , , , , , , , , , , , , , , , , ,	¥			(t)	
T12 Mechanical Room		\boxtimes			Tank In	sulation		150 SF				
T12 Mechanical Room					Pipe/Fit	tting Insulation		50 LF	\boxtimes			
Main Boiler Room		\boxtimes			Tank In	sulation		210 SF	\boxtimes			
Throughout		\boxtimes			O&M Pi	pe/Fitting Insula	tion	62 LF		\boxtimes		
Name of Registered Waste I AbateTech, Inc.	Hauler		1.0	NJDEP N Hauler III 18750	No.	Cubic Yards of Waste 12	Name of Regist G.R.O.W.S.				33:	
City, State Lumberton, NJ				61		Disposal Date 12/31/14	City, State Tullytown,	PA		25/4-450		
Completed By (Print or Type Gwendolyn Trumbetti	No.		ons	Coordi	nator	Signature,	ut		Date 12	3/1	4	
CD A1			_							-		

ASB-41 MAY 11

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

CK 24010

				(Pi	ırsuar	t to NJA	C 8:60 and 5:1	6)			W		(n)
Date of Notification (1)	03 /	14			10000		g Owner/Operator ((2)	3 1	A a At was just when			
Agencies Notified EPA	Type Noti	fication			Street	Address State Stre		111	DEC	, 8	2014		
☑ DOLWD ☑ DHSS	Amend	ded Iment#				State, Zip C	3724		ASBEST			L&	
☑ DCA	☐ Emerg				Bos	ston, MA		<u>L</u>	LI	CENSIN	<u>G</u>		
(NJAC 5:23-8)	justific	ation)			A SECTION	of Contac	ā:		Telephone No	umber			
	☐ Cance	llation			Sus	an Peck			E 85	_	9.		
	W. 1. C				FA	CILITY IN	IFORMATION						
Name of Facility Where	Abatement i	s Taking	Place	(3)		200		Type of Facility (25			7	
Santander Bank								School (K-12) Subchapter 8		-12)			
Street Address								Other (i.e., pr			iilding	js,	
8 South Main Stree)T		1			6		homes, etc.)					
City (5) Marlboro, NJ								Square Feet	# of Floors		dg. A	ge	
County (6)				1577	Cour	ty Codo /7)(STATE USE ONLY)	2,000	1		45		
Essex					Cour	ity Code (/)(STATE USE ONLY)	Current Use (Price	or it being dem	iolisnea)			
Name of Monitoring Firm	Hired by B	uildina (Owner (8)	ASCM	No	Name of Ahatem	ent Contractor (9)					
Hillmann Consultir			,	-/	622		JVN Restora						
Street Address							Street Address	7,000,000					
1600 Route 22 East	t						47 Foster Ro	ad					
City, State, Zip Code						******	City, State, Zip C	ode					
Union NJ 07083							Staten Island	NY 10309					
Project Manager for Mon	itoring Firm			Tele	ephone	No.	Telephone No.	***************************************	License No.	•			
Tammy Lomax				9	08-557	-6171	718-605-6256	6	00774				
Start Date (10)		Sched	luled C	omple	etion Da	te (11)	Name of OSHA N	Monitor					
12 /20 /	14)1_ /	_2	/_	15	Testor Tech						
Occupancy Status During	g Abatemen	t (Checl	c only o	ne)			Street Address						
☐ Facility Closed/Vacate							10 59 Jackso	n Avenue					
Abatement Performed Time of Abatement:					rs - Des AM	cribe	City, State, Zip C						
Scope of Work (Check a	Il that apply)					2000	e e e e e e e e e e e e e e e e e e e	WAY 1/100				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 				novat moliti			☐ Mini-End ☐ Gloveba	tainment with Neg closure g Procedure empted (*) and Nor					
			Is	Loca	tion			mptes () and its	- 1		atem	ent T	vne
Location	10 To		20090	Norma	ely by		Description				-		
Asbestos-Containing TO BE ABA		CM)	10000000	inten			stos Containing Ma ., thermal systems		Amount (Specify	Remova	Repair	Encapsulate	Enclosure
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(13)		2	Yes	(12) No	N/A	1	other miscellane	eous)				late	(D)
Mens & Womens Res	strooms					Joint C	ompound		500SF				
						Coveba	ase-Mastic		10SF		П	П	П
				П								П	
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Name of Registered Was	te Hauler				NJDEP '	Naste	Cubic Yards of	Name of Regist	ered Landfill		Ш	Ц	
Newark Carting	ne i ladici			1.5	lauler II	O No.	Waste 5	lesi	erea Lanami		12		-
City, State							Disposal Date	City, State					
Newark, NJ							1/27/15	Bethlehem	,PA				
Completed By (Print or T	ype)	Title	9	unktonia.			Signature	~ ^ 1		Date			
Ignatius Marraccine	0	Р	roject	Man	ager		()	In Mira	Y	19-	3	14	i

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) December 3, 2014 Rich-Mark Contracting, Inc. Agencies Notified Type of Notification Street Address [X] EPA Initial Notification P O Box 124 DEP Amended Notification City, State, Zip Code Amendment #_ LICENSING DOL X Toms River, NJ 08754 [x] Emergency (including [X] DOH justification) Name of Contact Telephone Number DCA 1 Cancellation Mark Tucker **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (k-12) Subchapter 8 (other than k-12) Street Address [x]Other (i.e., private & commercial buildings, 27 Drake Way homes, etc.) City County Code (7) County (6) Square feet # of Floors Bldg. Age (STATE USE ONLY) 1500 sf 60 Toms River Current Use (Prior if being demolished) Ocean Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A Guardian Contracting, Inc. Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 732-349-9932 00624 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12/8/14 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Road Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe Piscataway, New Jersey 08854 Scope of Work (Check all that apply) Full Containment with Negative Pressure [x]Mini-Enclosure [x] >3 sf or ≥ 3 lf Renovation Glovebag Procedure ≥160 sf or ≥260 lf [x][x]Demolition Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Description of R E Location of Normally used Asbestos-Containing Amount N E E N Asbestos-Containing Material (ACM) Solely by Material (ACM) (Specify SF P C C M TO BE ABATED Maintenance/Custodial (i.e., thermal systems or LF) A A L 0 in facility Staff insulation, surfacing, 0 V (13)R S S (12)VAT, or U U other miscellaneous) A L R YES NO N/A E Interior X Asbestos floor tile 20 sf X X Interior 1700 sf X Joint compound Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Guardian Contracting, Inc. 20223 10 T.R.R.F. City, State Disposal Date City, State Tullytown. Pennsylvania 12/9/14 Toms River, New Jersey Completed by (Print or Type) Signature Date

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

12/3/2014

Project Manager

Nicholas Fernicola

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Date of Notification (1)				15/1/20/04		Illding Ow	ner/Opera	tor (2)		T	1		1				
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Agendes Notified EPA	1ype	Notification Initial		1.	46 Pop	lar St		Pa	lepty P		-/-	(2)	Services	CI	NS	ING		#
EPA DEP DOL		Amended Amendment				Zip Code ld Park,			12	ادا	isignatbi i 4	re) is	129 PA	diale.				
X Doll		Emergency (injustification)	ncluding	Ne	me of Co			Date	2.1.2			Tele	diane Nan	ье	r			
DCA		Cancellation				YINFOR		_									-	
Name of Facility Where Residential Prope Street Address		ment is Taking	Place (3)				Marian III Maria		S	chool	(K-12)) (Othe	r than K-12 commerci	2)	u iil elle	ode h	nmas	
111 Thames Ave.		-			STANCE STANCE OF				S.	tc.)	20: B			\$11 L				,
City (5) Maywood	20		4 V						Square 1500	SF		2	Floors		50	g. Ağı	3	
County (5) Bergen					OUNTY CO				Resi	den	tial Pr	opert		ned)			
Name of Monitoring Fir	m Hire	d by Building (Owner (8)		n/a n/a	No.	L	ozni	ca M	anag	t Cont		3.9759					
Street Address							- 100		oy Lr									
n/a City, State, Zip Code n/a	-	-				-	CI	ty, St	ate, Zh	p Ço	de NJ 07	035	(100 - 2011) 11 - 12 - 12 - 12 - 12 - 12 - 12 - 12					
Project Manager for M n/a	onitorin	ıg Firm			elephone	Na.	To	dopho	ns No 706-7).			License N 01193					
Stan Date (10) 12/3/2014			Scheduled		olotion Da	ate (11)			ost ica M		onitor geme	int Co	orp				-	
Occupancy Stutus Du	ring Ab	atement (Chec							Addres			-	-					
Facility Closed/VI Abatement Perfo Other – Describe	med C	During Entire Putside of Non	Period of Al	atemo	ent ·		C	ity, St	roy Li tate, Z oln P	jp Ço	NJ 07	7035						
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EXI	erior		1		1	, 1000								_				
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Name of Registered	Waste	Hauter			JDEP W		Cuble Y			TN	ame of	Regis	tered Land	Hill				
Loznica Manage				43	lauler ID 103313	Transitive and the second	of Waste	a		(BROV	VS La	andfill					

Date

.12/2/2014

City, State

Morrisville, PA

Disposal Date

TBD

Title

Secretary

Completed by

E. Cirovic

Lincoln Park, NJ 07035

City, State

CK 11349

State of New Jersey - Notification of Asbestos Abatement

8:60-7 and 12:120-7)

Date of Notification (1)							DEC	8 20	14	凹
		-			1	1				
Agencies Notified			ation	44 Rifle Camp Road			PSIUS	Table 1	KIH X	
X EPA	Emera	ency (inc				, 100	LICE	NSING	.020	
x DCA				Woodland Park, N.	J					
X DOL						Telepho	one Num	ber		
X DEP	L Cance	illeu								1
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									-	
Name of Facility Where Abatement is	s Taking Place (3)									
Berkeley College-Buildin	g # B1-2 nd Flo	or Exec	utive						7	6
Suitos	-			Other (i.e. private & co	ommercial bu	ildings, h	iomes, etc	C.)	nerez ez ez e	
				Sq. Feet: Unknown 3	# of Floors	<u>s:</u> 3 <u>B</u>	ldg. Age	<u>:</u> 50 y	ears	
44 Rifle Camp Road										
Cit. (5)	nty (6)	County C	Code (7)	Current ose (prior il boling i						
21/1/02										
Woodland Park Pas	Saic									
(N. N. J. E. 18-11-5	Ida Owner (9)	ASCM N	0	Name of Contractor (9)						
				GREENWOOD ABATE	EMENT CO	ONSUL	TANTS	, INC.		
EnviroVision Consultar	nts inc.	00078	'	J.,				40 		
				Street Address		911				
Street Address	# 255			0,000,000						
20-21 Wagaraw Road, Blo	ig # 35E			268 MAIN STREET				3333		
Fairlawn, NJ 07410						License	Number			
	Telephone	CONTRACTOR OF THE PARTY OF	8	Telephone (Vulnoci						
Fred Larson	973-630	3-9145		973-492-0477		00840	0			
	O to do lad	Camplation	Data (11)							
Scheduled Start Date (10)				INAMIC OF COLD CHARACTER						
December 18, 2014	Decemi	per 28, 2	014	FMSI inc						
	101						V.			
Occupancy Status During Abaten	nent (Check only	one)		000000000000000000000000000000000000000						
Facility Closed/Vacated Du	iring Entire Period	of Abaten	ient	1056 Stelton Road						
	side of Normal Fa	icility Hours	,-	City, State, Zip Code			**************************************			- 1
Describe	DEE 0 CD84 4	A 8.8								1
Other – Describe: 7AM-6	PIVI & 6PIVI-4	AW		Piscataway, NJ 088	354					
11 march										
										97.
Source of Work (Check all that app	<u>ly)</u>				v Full Cont	ainment	with Nec	ative Pre	essure	
					A Full Contro	an in toric	h pogati	e air		
≥ 3 sf or ≥ 3 lf			Renovation					vc an		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Demolition		Glovebag	Procedu	ire	Crichle !	Drocod	ure
							and Non-	-Friable i	Toceu	uie
							Abotom	ent Type		
Location of Asbestos-Containing	Is Location Norn	nally Used	Description of Asl	bestos Containing Material		U.C	Abatem	ent type		
Material (ACM) in Facility (13)		Custodial	(ACM) (i.e. therm	nai systems insulation, surfacil	or LF)		Remove	Repair E	ncap E	nclose
		NIA	VA1, or other mis	iceii.)	0, 2, 7					
	YES NO				2 95	n SE	IXI			
Bldg.# B1-2 nd Floor		X	VAT & Masti	C	3,03	0 31	-			
						Tw	10-10		4eii	-
	NJDEP W	aste Hauler	ID#	Cubic Yards of Waste:						
See Hauler Below # 1 & 2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
Becomber 3, 2014 Becomber 3, 2014 Becomber 3, 2014 Betolis Notification Type Bill Initial Notification Emergency (including justification) Cond. Cancelled Cancelled										
Hauler #1) Greenwood A	Serkeley College Dec Serve Se									
NJ DEP # 128	1 00	MITA	EOO NINED 4	10551	College Samp Road Zip Code AD Park, NJ Intact Gener Itv (4) -12) (i.e. private & commercial buildings, homes, etc.) Unknown 3 # of Floors: 3 Bldg. Age: 50 years (prior if being demolished): Intractor (9) OOD ABATEMENT CONSULTANTS, INC. INTROCOde J 07405 Number License Number 0477 00840 Selton Road Zip Code way, NJ 08854 x Full Containment with Negative Pressure Mini-Enclosure with negative air Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Wrap & Cut Ining Material Issulation, surfacing, or LF) 3,850 SF I SI					
Hauler #2) Newark Cartin	ig, Inc. – Newa	irk, NJ 04	HOUY, NJ DEP #	Street Address And Street						
				Cianatura		Date				
Completed by (Print or Type)			_				emher	3. 201	4	
Marin Graure	SENIOR	PROJE(<i>-</i> 1	Marin Graus	re	560	0111501	-,	055	
	MANAG	ER		7						

Emergency \$

Date of Notification (1) 12/2/14					Building O				ome		ムシ DE0	8 2	114		\parallel
Agencies Notified	Type Notification		5	Street Ad							<u> </u>	0 2	z F T		-
EPA DEP DOL	Initial Amended Amendment	#	(City, Stat	te, Zip Cod gg Harbo	le				ASE	ESTOS LICE	NSING		ά.	
DOH DCA	Emergency justification) Cancellation		1		Contact				1	Tele	phone N	lumber		,	
_				FACIL	ITY INFO	RMATIC	ON				士				
Name of Facility Where Mary & John Eddle								☐ s	of Facility (4) chool (K-12)	-					
Street Address 116 South Captain	s Drive							× o	ubchapter 8 other (i.e. priv tc.)				dings	, home	s,
City (5) Little Egg Harbor N	J 08070	-		-	10			Square 1000-	e Feet	# of	Floors		3ldg. / 35+	Age	
County (6) Ocean		1)		County C	Code (7) ISE ONLY)			Curren	nt Use (Prior e	if bei	ng demol	lished)			
Name of Monitoring Firm	m Hired by Building	Owner (8)		ASCM	No.			of Abate	ement Contr	actor	(9)	•		•	
Street Address								Address 3ox 32	_						
City, State, Zip Code					~~~	27	The state of the state of the state of	State, Zip	Code NJ 0809	1			¥		
Project Manager for Mo	nitoring Firm		1	Telephor	ne No.		Teleph	none No 753-98).		License				
Start Date (10) 12/3/14		Schedule		pletion [Date (11)		Name Sam		A Monitor						
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	cated During Entire med Outside of Nor					_	City, S	State, Zip	p Code						
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United Containers			10000	auler ID 2459	NO.	of Was			G.R.O.W	/.S.					
City, State Elm NJ	•					12/5/	sal Date 1.4	9	City, State Morrisvil	le N	J 08091	1			
Completed by Anthony T Perna		Title Presi	dent	10		S	Signatur	e		_		Date 12/2/1	4		

Date of Notification (1) 12/1/14				Name of Steven	Building C	wner/O	perator	(2)		DEC		2014 2014	< 7		
Agencies Notified	Type Notification			Street Ad 314 Ma	Idress ain Stree	t	1			SBESTOS	CO	TRO	8		
EPA DEP DOL	Amended Amendmen				e, Zip Cod e, NJ 070					LICE	NSIN	G			
DOH DCA	Emergency justification) Cancellation		1 (6)	Name of Mr. Ste	Contact even Sur	ng				Telephor	e Nun	nber			
Name of Facility Where Residential	Abatement is Takir	ng Place (3)		FACIL	ITY INFO	RMATIC	NC	Тур	e of Facility (4)						
Street Address 304-306 New York	Avenue					- 4		×	School (K-12) Subchapter 8 Other (i.e. pri etc.)	(Other tha			ings,	home	s,
City (5) Union City	12	-	4					Squ	are Feet	# of Floo	rs	6000	dg. A	ge	
County (6) Hudson				County C	ode (7) ISE ONLY)	1	_	Cur	rent Use (Prior	if being de	molish	ed)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.				eatement Contr tracting & E		ental	Cons	ulting	g, Ind	o.
Street Address							Street 1141		ess ute 23						
City, State, Zip Code									Zip Code NJ 07470						
Project Manager for Mon	nitoring Firm			Telephor	ne No.		Teleph 973-		No. 9200	Lice 004	nse N 108	0.			
Start Date (10) 12/15/14		Scheduled 12/22/14		pletion [Date (11)		2010/07/2019		SHA Monitor Ision Consu	Itants, In	c.				
Occupancy Status Durin X Facility Closed/Vac Abatement Perform X Other – Describe:	cated During Entire	Period of Al	oatem Hours		2		City, S	1 Was	agaraw Roa Zip Code		#34A				
Scope of Work (Check /		7.00 a.m 3	.30 p.i	11.		_	Fair	Law	n, NJ 07410)					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti					J N	ull Containmer fini-Enclosure Blovebag Proce Ion-Exempted	edure				Э	
l a velic	7.1		_ocation			D		82					Abate Ty	ment	
Locatio Asbestos-Containing TO BE AB In Fac (13)	g Material (ACM) BATED ility	Mair	Solel ntenar odial S (12)	nce/		os Cont thermal surfac		Materi ns insi AT, or		Amour (Speci	fy	Removal	Repair	Encapsulate	Enclosure
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City, State Wayne, New Jersey	y					Dispos	sal Date	Э	City, State Morrisvil		sylvai	nia			
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Date of Notification (1) 12/2/14					Building C & Harold				Home	/ -		A	No.		
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☑ DOH ☑ En	nergency (stification) ancellation		10000	Name of	Contact				Ĺ	Tele	phone N	umber-			
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Name of Facility Where Abatement Marie & Harold Auffinger F)					-	f Facility (4)	ž.					
Street Address 20 South Ensign Drive								S	ubchapter 8 ther (i.e. pri tc.)	(Othe			dings	, hom	es,
City (5) Little Egg Harbor NJ 08070)	7						Square 1000-	e Feet	# of	Floors		3ldg. 35+	Age	
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Name of Monitoring Firm Hired by N/A	/ Building (Owner (8)		ASCM	No.			of Abate	ement Cont	ractor (9)				
Street Address							Street	Address Box 32	s						
City, State, Zip Code							City, S	State, Zip	T	91					
Project Manager for Monitoring F	irm		T	Γelephor	ne No.		Telepi	hone No 753-98		-77	License				
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Start Date (10) 12/3/14		12/5/14	1	ipietion t	Date (11)		Sam	ie							
Occupancy Status During Abaten	nent (Chec	k Only Or	ne)				Street	Addres	S						
Facility Closed/Vacated Dur Abatement Performed Outsi Other – Describe:	ing Entire I de of Norn	Period of Anal Facility	Abatem Hours	ent		_	City, S	State, Zip	Code						
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V					<u></u>						- 11	1511			
Name of Registered Waste Haule United Containers	er		Н	JDEP Wauler ID 2459		of Wa	Yards aste		Name of F	WB(c)	red Land	11111			
City, State Elm NJ	*					Dispo 12/5	osal Date /14	е	City, State Morrisvi		08091				
Completed by Anthony T Perna		Title Pres	ident				Signatur	(e)				Date 12/2/	4		

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					of Building Ow					(I)		
Date of Notification (1)						JI IIVIL		110	DEC		3 20	1/
12 / 1	/14				Address	NII II	DO BOY 20	000 BV28 414				
Agencies Notified T	Cancella On Hold	tification d Notification	CATION	City, S RAHV	. LINCOLN AVE State, Zip Code WAY, NEW JER of Contact Y BETH BAKER	SEY 0	7065		ASBES I	OS C CEN	OLT) SING	ROL
					FORMATION	-1100			_			
Name of Facility Where Abat MERCK SHARP & DOHME C						Туре				home	s, etc.)
Street Address							uare Feet	# of Floors		Bldg	g. Age	
126 EAST LINCOLN AVENUE	- EXTERIO	R PIPE RACK					n/a	n/a			n/a	
City (5) RAHWAY	County	1.8			ty Code (7) USE ONLY)	VAC	ANT	or if being demo				
Name of Monitoring Firm Hir ENVIRONMETAL HEALTH IN	ed by Build i VESTIGATION	ing Owner (8) ONS, INC.			ASCM No. 17	PAR	ENVIRONM	nent Contractor		N		
Street Address 655 WEST SHORE TRAIL						313 8	SPOOK RO					
City, State, Zip Code	SPARTA NE	W JERSEY 0	7871				State, Zip C FERN, NEW	oae / YORK 10901				
Project Manager for Monitoring			phone Nu	mber			ohone Numb		icense N	umber		
WILLIAM S. KERBEL, CIH		973-	729-5649			100000000000000000000000000000000000000	369-7500	100000	101			
Expected State Date (10) 12 / 11	/14	1	mpletion /	30	/15	1	e of OSHA N RISCI LABO	Monitor DRATORIES II	ИС	#11	480	
Month Day Occupancy Status During Aba	Year	Month		Day	Year	Stree	et Address					
Abatement Perform X Other - Describe: M Scope of Work (Check all that Demolition x >3SF OR LF >160 SF OR 2	londay - Frid		PM	5000.		ainmen os , g Proc	t with Negati edure	V YORK, NEW				
Location of		Is Loca	tion		Description of As					baten	nent Ty	1
Asbestos-contain Material (ACM) TO BE ABATE in Facility (13)		normally solely Maint/Cus Staff (by stodial		Containing Materi (ie. Thermal synsulation, surfacion or other miscella	stems ing, VA	ιΤ,	Amount (Specify SF or LF)	REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
Exterior Pipe Rack System		x		pe Insula	tion			200 Ln. Ft.	Х			
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Name of Registered Waste Ha FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		NJDEP W Hauler ID 1593	No. 9		ds of Waste 120	LYC 447	ALEXANDE	red Landfill UNTY RESOU R DRIVE/ROU		NAGI	EMEN'	T SEI
City, State FREEHOLD, NEW JERSEY				isposal C 2/01/14-0	3/30/15		State NTGOMERY	, PA 17752			/	
Completed by (Print or Type) BENJAMIN SANCHEZ		itle IRECTOR OF	OPERA	TIONS	Signature	X			Date / Z	/4/	14	

C Table 1		η,		t to NJAC	**************************************	THE RESERVE OF THE PERSON	A	The second second			a	
Date of Notification (1)			Name	of Building	Owner/C	perator , ((2) LUcockle				0001	
Agencies Notified Type Notification	n	-	Street	Address	117	2 -	- CCC2246	ICICY) [:	8	71114	
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DOL Amendmen		-		UE	albo	14/	NJ	08096	LICE	NSIN	16	
DOH justification)	Γ	Name (of Contact		/		Telephone	Numbe	r		
DCA Cancellation	n				B_{II}		365					100000
Name of Facility Where Abatement is Tak	no Place (3)	FAC	ILITY INF	ORMATI	ON	Type of Facility	(4)	_			
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Street Address		′		``			Subchapte	er 8 (Other than				
2205 B	read	5+					Other (i.e.	private & comn	nercial b	ullding	s, hom	ies,
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County (6) = a Chancles	2 10			Code (7) USE ONLY)		Current Use (P		olished			
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Street Addréss	1		10.			Street	Address	,	1			
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City, State, ZIp Code			505	5-		City, S	late, Zip Code	1	T 12	375	21	
Project Manager for Monitoring Firm	100		Telepho	250		Toloph	rate, Zip Code 2. / 12. / C. c. one No.) // 5	11:		د.	
Rebecca Rebute	7	100		715-ZZ	7//	/- Add	one No. -346 C97	Licen	Se No.	74.		
Start Date (10)	Schedule						of OSHA Monito					
Start Date (10)		20	·	15		j.	GNOG IN		-			
Occupancy Status During Abatement (Che	ck Only On	e)					Address					
Facility Closed/Vacated During Entire							617 5	to kec h	El.			
Abatement Performed Outside of Nor Other – Describe:	mal Facility	Hours				City, St	ale, Zip Code	WT OF	3	_		
Scope of Work (Check All That Apply)							rectioned i	0 000	-7 7			
23 sf or ≥3 lf	Po	enova	llon				Full Cambalan		-	220000		
≥160 sf or ≥260 lf	p-man	emolili					Mini-Enclosur	ient with Negati e	ve Pres	sure		
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	ls	ocali	nn n				Tron Exchipte	, die item	I	2002	temen	t .
Location of	N	ormall	У		Des	cription	of		L	7	уре	
Asbestos-Containing Material (ACM) TO BE ABATED		Solei Nenan		Asbes	los Conta	elning M	aterial (ACM) insulation,	Amount	١,	,	g	m
In Facility	Custo	dial S (12)	taff?	(surfac	ing, VA7	, or	(Specify SF or LF)	Zeillova	Repair	Cap	Enclosure
(13)		(1-)			other m	iscellane	eous)	5575	- Va	air	Encapsulate	sure
	Yes	No	N/A					,			9	1897
1th And 2th Floors			1	(Acr	1) 日	00 K	Liler /044	2000:	SFY			
1st Floor			V	(ACA	川下Pa	W.	er-Cot	572	U V	1		
1st And 2ml Floors			¥	Winder	o Fam	1 Chi	iking	500				
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Name of Registered Waste Hauter			IDEP W		Cubic Y		Name of	Registered Lan			اــــــا	
Ani Sou LLC			auter ID		of Wasi	ie	WH	of fa				
City, State Delance Completed by JUE 1411		1_			Disposa	-	City, Sta	е	1			
Delanco NJ		ā			119	30	Tuli	lytown to	7			
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CK# 25M	NO	TIFICATION	tate of New Jer N OF ASBESTO to NJAC 8:60	S ABATE			n []	M		
Date of Notification (1)		Name o	of Building Owne	r/Operator	(2)	Till		11: See -		
17/3/10/			gon Sch		28 93	lii DEC	8	2014		17
Agencies Notified Type Notification			Address	111-15		had tent i				-
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DEP Amended		City, St	ate, Zip Code		\		ENSI			
EPA Initial Amended Amendment Emergency		- M	ingsin	an 1	MIN JACK	~1 087110				
Emergency			of Contact		CC 5. 3	Telephone Nu				
DOH justification) Cancellation		1				C relephone iva	TIDE		10	
L Cancellation	L		Vi							-
Name of Facility Where Abatement is Ţakir	Di (0)	FAC	ILITY INFORMA	ATION	T	(1)	1271			
					Type of Facility	(4)				
Schmitz Residen	1 CP				School (K-	-12)				
Street Address					Subchapte	er 8 (Other than K-1)				
338 12 AR					Other (i.e.	private & commerci		dings,	home	es,
					etc.)					
City (5)					Square Feet	# of Floors		ldg. A	_	
11/11/43/2020					MOU	\rightarrow		(00		
County (6)			Code (7)	C.	Current Use (P	rior if being demolish	ned)			
minmunh		(STATE	USE ONLY)		Trender		F(X)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	M No.	Namo	of Abatement Co					
or morntoring i in it lifed by building	Owner (0)	ASCI	VI 140.							
				and the second second	Insulation Co	., IIIC.	-			
Street Address		According to the second	C(Street	Address					
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City, State, Zip Code			-	City 9	State, Zip Code					
					s Neck, N.J. 0	7722				
Desired Manager for D. S. C. S.		1=:								
Project Manager for Monitoring Firm		Telepho	one No.		hone No.	License N	o.			
				732-	-294-1757	00029				
Start Date (10)	Scheduled (Completion	Date (11)	Name	of OSHA Monito	r				-
12/12/14	17/16/	LI				PA.				
Occupancy Status During Abatement (Che	VCX I I I I	<u> </u>			A 44				S=	
		-		Street	Address					
Facility Closed/Vacated During Entire	Period of Aba	tement				State Committee				
Abatement Performed Outside of Norr	nal Facility Ho	ours		City, S	State, Zip Code			Marie Control		
Other - Describe:	in-									22
Scope of Work (Check All That Apply)				-	No Section 1					-
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In Facility		12)		facing, VA		SF or LF)	Removal	Repair	Encapsulate	Enclosure
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Name of Registered Mests Haute		LAUDED	10.4	'- W f	1.7		1			
Name of Registered Waste Hauler		NJDEP V Hauler ID		oic Yards	Name of	Registered Landfill				
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		12000								
City, State				osal Date						
Colts Neck, New Jersey			1.16	2/14/14	4 Eastor	n,, PA				
Completed by	Title			Signature	9 / \	, Da	te	1		
Bree McGuire	Secreta	rv Treasi	irer	17.	2/1	, ,	- 1	- 1.	ï	1

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roject Manager for Menitoring Firm			/ BidBo: F	BANG FLO			ne No. 94-1757	Closma 00029	Ndo		-	Fat-Manuel
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Facility Cidead/Vacation During Entire Abatement Parloyment Outside of Notice Other - Describe:	BARAR OF	Michigan	nen!				idrese le, Zie Code					
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& Emergency D

State of New Jersey

Emergence	N	OTIFIC (Pu	CATION	te of Nev OF ASBE o NJAC 8	V Jersey STOS ABATE 3:60 and 12:12	EMEN 20)	TCRI	agent assembly in the					7
Date of Notification (1) 12/3/14					Owner/Operato Private Hom			100	EC 8	3 20	14		2
Agencies Notified Type Notification EPA Initial		5	Street Ad					ACRE	STOS C	CHUT	BUL	<u> </u>	
DEP Amended Amendment				e, Zip Coo awkin N	de J 08050			ASDL	LICENS				
DOH justification) DCA Cancellation		1000	Name of (Contact				Tele	phone Nu	mber			
			FACILI	ITY INFO	RMATION	-	-	-			es ⁵	-0.00	-
Name of Facility Where Abatement is Takin Tony Capella Private Home	g Place (3)					Тур	oe of Facility (4						
Street Address 1354 Paul Blvd					4	×	Subchapter Other (i.e. p etc.)	8 (Other	than K-1 commerc	2) al buil	dings	, hom	ies,
City (5) Manahawkin NJ 08050				,			uare Feet 00+	# of I	Floors		3ldg. <i>A</i> 35+	Age	
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Name of Monitoring Firm Hired by Building (N/A	Owner (8)		ASCM I	No.		of Al	batement Con Inc.	tractor (9	9)		,		
Street Address						t Addi Box							
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Project Manager for Monitoring Firm		T	elephone	e No.	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	hone -753-	No. -9800	100	License N	0.			
Start Date (10) 12/3/14	Scheduled 12/8/14	i Comp	oletion Da	ate (11)	Name		SHA Monitor						
Occupancy Status During Abatement (Chec	k Only One)			Street	t Addr	229						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of At	ateme	ent				Zip Code				200010		
Scope of Work (Check All That Apply)		-											
≥3 sf or ≥3 if ≥160 sf or ≥260 if		novatio molitio				N G	ull Containme fini-Enclosure Blovebag Procession-Exempted	edure				Α.	
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Name of Registered Waste Hauler United Containers		Hau	DEP Was	o.	Cubic Yards of Waste	-	Name of R		d Landfill				
City, State		224	109		3 Disposal Date 12/8/14		City, State Morrisvil		19067				

Completed by

Anthony T Perna

Title

President

Date

12/3/14

Signature

& Emergency &

Type Notification

Date of Notification (1)

Agencies Notified

12/3/14

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

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CATION C	e of New J OF ASBES NJAC 8:6	lersey TOS ABAT 0 and 12:1	EMENT 20)	m.	国人	GE I	W	E	M	
Name of B	Building Ov ogulaski	ner/Operat	or (2) lome		Г)EC 8	2014	ļ	世	丌
Street Add	dress in lakes l	Blvd.	-	- -			ALTD	n s		-
City, State	e, Zip Code gg Harbo	r NJ 080	70			LICEN	SING			
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FACIL	ITY INFOR	MATION	Type of	Facility (4)					_
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			Square 1000+	Feet	# of	Floors	35	ig. Ag +	е	
County C	ode (7) SE ONLY)				r if bei	ng demolish	ned)			
ASCM	No.		me of Abate ernaco Ind		tractor	(9)				
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			y, State, Zip est Berlin		91					
Telephon	ne No.	85	lephone No. 56-753-98	300		License N 00727	lo.			
mpletion [ate (11)	1	me of OSH ame	A Monitor						
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ation ally		Descrip	otion of					Ту	pe	_
olely by nance/ il Staff? 2)		thermal sys surfacing	ng Material tems insula , VAT, or ellaneous)		(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
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NJDEP V Hauler ID 22459		Cubic Yall of Waste 1	ras	G.R.O	V-572	tered Landf	ul			

EPA Initial DEP Amended Amendment #_							Name and Advanced Ball	-	944				
DOL Amendment #_			r, State, Zip tle Egg F	p Code Harbor N	J 08070			ASE	LICEN	ISING			
Emergency (inc justification) DCA Emergency (inc justification) Cancellation	luding	130000	me of Cont eter	tact				Teler	ohone Nu	mber		74.6	
			FACILITY	INFORMA	TION								
Name of Facility Where Abatement is Taking P Peter Bogulaski Private Home	Place (3)					Туре	of Facility (4 School (K-12	2)					
Street Address 423 Twin lakes Blvd						×	Subchapter of Other (i.e. pretc.)	divate &	commerc	ial buildi	ngs, l	nome	s,
City (5) Little Egg Harbor NJ 08070						100		1	Floors	35	dg. Ag 5+	je	
County (6) Ocean			unty Code			Curi	rent Use (Prio	r if bein	g demolis	shed)			
Name of Monitoring Firm Hired by Building Ow N/A	mer (8)	1	ASCM No.		Name Pern		atement Con Inc.	tractor ((9)		٠		
Street Address			2000		Street PO E						50, 11		
City, State, Zip Code							Zip Code rlin NJ 080	91					
Project Manager for Monitoring Firm		Те	lephone N	0.	Teleph 856-		No. 9800		License 00727	No.			
	Scheduled (Compl	etion Date	(11)	Name Sam		SHA Monitor						
Occupancy Status During Abatement (Check	Only One)	-			Street	Addr	ess						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 if	I Facility Ho	ovatio			City, S		Zip Code						12
≥3 \$1 01 ≥3 11 ≥160 sf or ≥260 lf	-	nolition					Full Containm Mini-Enclosure Blovebag Pro	e cedure					
	-						Mini-Enclosure	e cedure			cedur		_
≥ 160 sf or ≥260 lf	Den Is Lo		n 1 .			×	Mini-Enclosure	e cedure			cedur Abate	e ement rpe	t
	Is Lo Nor Used S Maint Custod	ocation mally Solely enanc	by ,	Asbestos C (i.e. then su	Descriptio	n of Materns ins	Mini-Enclosure Glovebag Pro Non-Exempte rial (ACM) ulation,	e cedure d (*) and A			cedur Abate	ment pe Encapsu	Γ
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Lo Nor Used S Maint Custod	ocation mally Solely enanc	by ,	Asbestos C (i.e. then su oth	Descriptio containing mal systen urfacing, Vo er miscella	n of Materns ins AT, o	Mini-Enclosure Glovebag Pro- Non-Exempte rial (ACM) ulation, r	e cedure d (*) and A (S	d Non-Fri mount Specify or LF)	able Pro Removal	cedur Abate Ty	ement pe	t Enclosure
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Exterior Siding behind drywall	Is Lo Nor Used S Maint Custod	ocation mally Solely enancial Sta 12)	by /	Asbestos C (i.e. then su oth	Descriptio containing mal system urfacing, V	n of Materns ins AT, o	Mini-Enclosure Glovebag Pro- Non-Exempte rial (ACM) ulation, r	e cedure d (*) and A (S	d Non-Fri mount Specify	able Pro	cedur Abate Ty	ment pe Encapsu	Γ
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Lo Nor Used S Maint Custod	ocation mally Solely enancial Sta 12)	by // aff?	Asbestos C (i.e. then su oth	Descriptio containing mal systen urfacing, Vo er miscella	n of Materns ins AT, o	Mini-Enclosure Glovebag Pro- Non-Exempte rial (ACM) ulation, r	e cedure d (*) and A (S	d Non-Fri mount Specify or LF)	able Pro Removal	cedur Abate Ty	ment pe Encapsu	Γ
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Exterior Siding behind drywall	Is Lo Nor Used S Maint Custod	ocation mally Solely enancial Sta 12)	by // aff?	Asbestos C (i.e. then su oth	Descriptio containing mal systen urfacing, Vo er miscella	n of Materns ins AT, o	Mini-Enclosure Glovebag Pro- Non-Exempte rial (ACM) ulation, r	e cedure d (*) and A (S	d Non-Fri mount Specify or LF)	able Pro Removal	cedur Abate Ty	ment pe Encapsu	Γ
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Exterior Siding behind drywall	Is Lo Nor Used S Maint Custod	ocation mally Solely enance ial Stat 12)	by // aff?	Asbestos C (i.e. there is conthing the conthing is conthing in the conthing is continued in the control in the	Descriptio containing mal systen urfacing, Vo er miscella	n of Mater Ma Mater Mater Mater Mater Mater Mater Mater Mater Mater Mater Mate	Mini-Enclosure Glovebag Pro- Non-Exempte rial (ACM) ulation, r	e cedure d (*) and (S SF	d Non-Fri mount Specify or LF)	Removal x	cedur Abate Ty	ment pe Encapsu	Γ
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Exterior Siding behind drywall located in sun room back of house	Is Lo Nor Used S Maint Custod	ocation mally Solely enance ial Stat 12)	by // aff? N/A X DEP Wast uler ID No.	Asbestos C (i.e. there is to oth) E e Ct of 1	Description containing mal system urfacing, Vier miscellar er miscella	n of Mateins AT, o nneou	Mini-Enclosure Glovebag Pro- Non-Exempte rial (ACM) ulation, r s) Name of G.R.O	e cedure d (*) and (*) and (S SF	mount Specify or LF)	Removal x	cedur Abate Ty	ment pe Encapsu	Γ

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Date of Notification (1)	12-3-1	4		Name of	Building Ow Chuc			larner	ال DEC	8	201	<u>/</u>	
Agencies Notified	Type Notification	7		Street Ad	4	50	4 V	Vest M	10/10	AUE	•		
□ EPA . □ DEP	Initial Amended		-	City, Stat	e, Zip Code		A. T. A.	VCS.	ASDES	00 00	HATA	01 8	_
DOL	Amendment #_		<u>.</u>		~	٥٠	nd	Brook	, NJY	386	305	<u> </u>	
DOH -	 Emergency (in justification) 	Juding	1	Name of	Contact	14/	ärn	0.0	Telephone N	lumber			
□ DCA	☐ Cancellation			<u></u>	ITY INFOR	-		CR .	<u> </u>			-	
Name of Facility Where					CC		T	ype of Facility (4	1)				
Street Address 2 =	family I)ur	111/	19/0	ffice				2) 8 (Other than K	(-12)			
35	14 West	Ma	ipti	E A	JUE_			Other (i.e. p etc.)	rivate & comme	rcial bui			es,
City (5) Bound	d BROOK	. 1	IJ	-0	8809	5	S	quare Feet	# of Floors	1	Sldg. A	ge 5≁·	-
County (6)				County C	Code (7)		10	urrent Use (Price	1 / /	7 1	11		
<u>260</u>	perset	(0)		ASCM		- W		Dingle for	nily / 6 f	fice	Hou	<u> </u>	2
Name of Monitoring Firm	Hired by Building Ov	vner (o)	.	ASCIVI	NA		E I	PC Te	hoole	e ie	S .	In	h R
Street Address	30x 33	7				1	Street Ad	idress Box	337	J		95 4 4	
City, State, Zip Code	nua-t	NJ		08	533	3	City, Star	te, Zip Code	st Ni	70	2	13	3
Project Manager for Mo	ii g im	4 -	T	Telephor	ne No.		Telephor	ne No.	License	No.	200	AA	
Steve S	chenken				7 <i>5</i> 8-33			58-336	5	<u>, O(</u>	27	7	
Start Date (10)	S .			5-15	Date (11)			OSHA Monitor	hnologie	T	`oc		
Occupancy Status Durin	g Abatement (Check	1 1/4					Street Ac	ddress	~		- 10		-
Facility Closed/Vac	ated During Entire Pe	riod of A	batem	ent			P.	O BOK	337				
Other – Describe:	ned Outside of Norma	racility	Hours	*-		-		u Egypt	LU	08	53	3	
Scope of Work (Check A	II That Apply)												
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	a Villa		enova emoliti					Mini-Enclosure		e Pressi	ıre		
	*								cedure d (*) and Non-Fr	iable Pro	cedur	e	
		ls	Locati	on								ement rpe	t
Location			Normali d Sole		Ashanta		cription o	f terial (ACM)	Amount	-	Τ,	8	Г
Asbestos-Containing TO BE AB		Ma	intenar odial S	nce/		ermal s	systems i	nsulation,	(Specify	70	R	Encapsulate	Enc
In Faci (13)		Cus	(12)	Juli.			ing, VAT, iscellane		SF or LF)	Remova	Repair	psul	Enclosure
. (,		Yes	No	N/A			÷	65		=		ate	9
1st Cloop	Back Door Aleg		X		Floo	n -	Tile	5	150 51	= x			
7 1001	0 - 000-((1										
										1511			
Name of Registered Wa	ste Hauler			IJDEP W lauler ID		Cubic \ of Was			Registered Lan		,	_	۸.۲
	hnologies)		170	00		- 1	City, Stat	e Manag	ene	to	ET	W.
City, State	22	UJ					al Date		isville	PA			
New E	24bi	Title				_	ignature			0-4-	- 3	, ,	Li
Chara Saha	Kan	Do	آلہ نے س	1. +			51	- DAV	4	17	- 3	-1	7

		(Pursuant	to NJAC 8:60 an	d 12:120)		- 11		
Date of Notification (1) 12-3-	14	Name o	Fam N	Operator (2)	DEC.	8	2014	
Agencies Notified Type Notificati	A	Street A		Woodchu	ASBESTO	500	viho	i di
DOL Amendmi	ent #		Flemi	ngton N	J 0818	i	<u>G</u>	
DOH justification Cancellat	n)	To	F Contact (Telephone Num	ber	-	-
Name of Facility Where Abatement is Ta	king Place (3)			Type of Facilit	y (4)			
Street Address Street	J. His	Due Ili	15	☐ School (I	(-12) ter 8 (Other than K-12	2)		
123 West	Wood	schue	ch Rd		# of Floors	al build	ings, h	
City (5) Flemington	1	J (18822		2		70	+-
County (6) Hunterdon		(STATE	Code (7) USE ONLY)		Prior if being demolish	ed)		
Name of Monitoring Firm Hired by Buildi	og Owner (8)	ASC	No.	Name of Abatement (Contractor (9)	ies	J	inc
P.O. Box 3	337			Street Address R.O. Box	x 337)	1	
City, State, Zip Code	N2	08	533	City, State, Zip Code	TUN tav	0	85	33
Project Manager for Moeif ni go irm	es.		758-3365	Telephone No. 4	License N	53	190	Ĭ.
Start Date (10)		d Completion		Name of OSHA Monit	chnologies	T		•
Occupancy Status During Abatement (C	. 0			Street Address			ic	
Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe:				P.O. Bo City, State, Zip Code New Egyp		าคร	537	3
Scope of Work (Check All That Apply)	***			JIP	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		enovation emolition		Mini-Enclos Glovebag F				
	ls	Location	T ·	L Non-Exem	neu () and North hab	1	Abaten	
Location of	Licar	lormally d Solely by		escription of staining Material (ACM)	Amount		Тур	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ivial	ntenance/ odial Staff? (12)	(i.e. therma	all systems insulation, acing, VAT, or miscellaneous)	(Specify SF or LF)	Removal	Repair	Enclosure Encapsulate
Basement	· X	140 1477	Pipe 3	Insulation	100 LF	x		_
) CSC-7C()					2.0	<u> </u>		
						\vdash		
Name of Registered Waste Hauler		NJDEP V Hauler ID		aste	of Registered Landfill			
EPC Technolog	ies		00	osal Date City, S	Ste Manager	nenl	FOF	- KA
City, State New Equpt	NJ		12	-19-14 Mo	enisuille E	A		
Steve Schenker	Pre	sident		Signature Sleve) Sc	lecky 100	12	-3-	14

State of New Jersey - Notification of Asbestos Abatement

			(Pursu	ant to N.J.A.C.	8:60-7 and 1	12:120-7)		ECEIVER
Date of Notification (1) December 2, 2014	4.3	2			Name of Build	ding Owner/Opera	ator (2)	0.00
Agencies Notified X EPA x DCA x DOL X DEP		Notification Initial Amende Emerginestific Cancel	al Notifed Certinency (in ation)	fication	Street Addres 36 Madiso City, State, Zi Madison, Name of Con James Hall	on Avenue op Code NJ		ASBESTOS CONTROL & LICENSING lephone Number
x DOH				FACILITY INF	ORMATION			
Name of Facility Where Abate Drew University- Hall				e .	Type of Facilit ☐ School (K- ☐ Subchapte	12) r 8 (other than K-12	Y	
Street Address 36 Madison Avenue						private & commerc Unknown # o		homes, etc.) Bldg. Age: 70 years
City (5) Madison	County (6 Morris	Σ		Code (7) Use Only)	Current Use (prior if being dem	nolished):	
Name of Monitoring Firm Hired Briggs Associates, I		Owner (8)	ASCM	No.	Name of Contr			
Street Address 3 Crosswicks Street					Street Address	<u>s</u>	ENT CONS	SULTANTS, INC.
City, State, Zip Code					268 MAIN S City State, Zip			
Bordentown, NJ					Butler, NJ		1.11	N
Project Manager for Monitoring Michael Hoodak	g Firm	Telephone N 609.298.			7elephone Nu	70000-000-00		pense Number
Scheduled Start Date (10) December 17, 2014		Scheduled C December			Name of OSH EMSL inc.	A Monitor		
Occupancy Status During Al Facility Closed/Vacate Abatement Performed Describe - Occupie Other - Describe:	ed During l Outside o	Entire Period	of Abater		Street Address 1056 Stelt City, State, Zip Piscatawa	on Road		
Source of Work (Check all tha	t apply)							
≥ 3 sf or ≥ 3 lf ⊠≥ 160 sf or ≥ 2	260			☒ Renovati Demolition	-	Glo	Mini-Enclos vebag Proce n-Exempted	edure (*) and Non-Friable Procedure
Location of Asbestos-Containi Material (ACM) in Facility (13)	Sole	ocation Normal ely by Maint./Co f? (12) S NO		Description of Asb (ACM) (i.e. therm VAT, or other mise	al systems insu	ng Material lation, surfacing,	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose
Hall Sciences Room # S218 3 rd Floor Hallway-Rm S315		X		Spray On Fir	eproofing		260 SF 400 SF	
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	2	NJDEP Was See Below		r ID#	Cubic Yards 30	of Waste:	M. G.	me of Registered Landfill eadowfill Landfill R.O.W.S inerva Ent. Ohio
Hauler #1) Greenwood NJ DEP # 12 Hauler #2) Newark Carti	561 NY I	DEP#			07405	Disposal Date December 28, 2014	City, Sta Route 2 Bridgepo 9000 Mi	<u>ite</u>
Completed by (Print or Type)	10.0	Title	echapostatus		Signature		Da	
Marin Graure		SENIOR P MANAGER		CT	Marin Gr	aure	De	ecember 2, 2014

0eo 03 14 03:09	P Resor	rce Manage mei		NSU page	8569144	66 D	G F	2	W [
			State of Net ATION OF ASB ant to N.J.A.C	ESTOS ABAT		ĐOL D	10 C		1
ate of Notification	(1) 12-03-2014		Name of Building O Kennedy University	wner / Operator (Hospital	2)	U DEC	YCEK		
EPA DEP DOL	Type Notifica	ded(Additional -Fitings Found)	Street Address 2201 Chapel Hill C City, State & Zip Co Cherry Hill, NJ 080	ide		WAIVER A	PPR	OVE	D
図 DCA	Emen		Name of Contact Mr. Mike McCloske	у		Tel	echon	e Numi	jer
iame of Fadity V ennedy Universit freet Address 201 Chapel Hill (y Hospital	nt is Te ring Place	FACILITY INFO	Type of Facility School (K-	12) r 8 (Other tha	mercial buildings	, home	s, etc.)	
thy (6) Cherry Hill, NJ 08	002	County (5)	County Code (7)	250,000 Current Use (P Hospital		2	g. Age	52	
riterion Leborator Street Address	ios, Inc.	y Building Owner	(8) ASCM No.	Name of Abate Resource Mens Street Address 2115 Mamilton	agement Grou	ip, LLC	And the second		
370 Progress Driving, State & Zip (ode			City. State & Zi Trenton, NJ 09	p Code	4	1 !		
Benselem, Pa. 1902 Project Manager I Vr. Mikc Panepres	or Manitoring f	irm Te	Sephone Number 5-244-1300	Telephone Nur 608-977-6159		License Nu	mber 01188	5	
Scheduled Start I	Date (10)	Scheduled Compl	Charles and the second	Name of OSHA	A Monitor antal Laborato	ries Inc			
Coupancy Status Facility C Abstemas	During Abele leged/vacated at Performed C 3:30pm-12:	ment (Chack only During Entire Peri utside of Normai i Dam	ad of Abstement	Street Address 2333 Route 22 City, State & Z Union, NJ 070	lp Code				
Scope of Work (C 29 a9 af or 2 2150 af 2	3 If 280 If Location of	pply)	Renovation Demolition	Description	Mini-En Mon-Ex of	leg Precedures empted and Non- Amount	Friable	Proce	
l l	estas-Containi feterial (ACM) O RE ABATED In Fecility (13)	Å.	Solely Used Solely by faintenance or ustodial Staff? (12)	Asbestos-Conti Material (AC (i.e., thermal sy insulation, surfect or other miscella	M) stems ng, VAT	(Specify SF or LF)	Removal	Regiair	Encapsulat
OR				Pipe Fitting	28	30 Each	A SHARE		
Name of Registe		iler		TBD	Grows Land	pistered Lendfill			
City, State Trenton, NJ 086				Disposal Date	City, State Morrisville, P	A	15.		
Completed By (F Mr. Brian Haney			Prosident	Signature	n thin	QY.	Date 12/03	¥2014	

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) * 4 have Date of Notification (1) December 4, 2014 Arjay Graphics Agencies Notified Type of Notification Street Address 178 E. Pierrepont Ave [X] EPA Initial Notification] DEP Amended Notification City, State, Zip Code Amendment #_ Rutherford, NE 07020 NEINE [x] DOL [x]Emergency (including DOH justification) Name of Contact Telephon] DCA 1 Cancellation Rich Calandra FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Residence School (k-12) Subchapter 8 (other than k-12) Street Address Other (i.e., private & commercial [X] 223 Bryn Mawr buildings, homes, etc.) County (6) City County Code (7) Square feet # of Floors Bldg. Age Lavallette (STATE USE ONLY) 1830 sf Ocean Current Use (Prior if being demolished) Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Guardian Contracting, Inc. N/A Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271 Telephone Number License Number Project Manager for Monitoring Firm Telephone Number 732-349-9932 00624 Scheduled Start Date (10) Name of OSHA Monitor Scheduled Completion Date (11) 12/05/2014 12/09/2014 E.M.S.L. Analytical 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 Scope of Work (Check all that apply)] Full Containment with Negative Pressure] Mini-Enclosure] Glovebag Procedure []_≥3 sf or ≥3 lf Renovation [x] Non-Exempted (*) and Non-Friable Procedure [x] Demolition [X] $\geq 160 \text{ sf or } \geq 260 \text{ lf}$ Abatement Type Description of Is Location E Location of Normally used Asbestos-Containing Amount E E N N Solely by Material (ACM) (Specify SF Asbestos-Containing Material (ACM) P C M TO BE ABATED Maintenance/Custodial (i.e., thermal systems or LF) A A 0 in facility Staff insulation, surfacing, P V R S (13)(12)VAT, or U other miscellaneous) A R L YES NO N/A L E X Asbestos siding 1850 sf X Exterior Cubic Yards of Waste Name of Registered Landfill NJDEP Waste Hauler ID No. Name of Registered Waste Hauler T.R.R.F. Guardian Contracting, Inc. 20223 Disposal Date City, State 12/10/2014 Tullytown Pennsylvania Toms River, New Jersey

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

Signature

Project Manager

Date

12/4/14

Completed by (Print or Type)

Nicholas Fernicola

NOTIFICATION OF ASBESTOS ABATEMENT

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

		(Pursu	ant to	NJAC 8:60 an	d 12:120)	D. Cho	#2	57	88	
Date of Notification (1) December 4, 20	14		1	Name of Building (Properties I.I.	CELLIN	Ei.)		
[] DEP [] Amer	tion I Notification I	ation		Street Address City, State, Zip Coo	(2)	rumlin Drive	& LICENSIU	12: i	is L		
[] DCA justif	ication) ellation		1	Name of Contact Rich B	arrese		Telephone Number	3			
		FA	CILI	TY INFORMA	TION						- 8
Name of Facility Where Abatement is Taking Residence Street Address 152 W. Bayway	g Place (3)					Type of Facility (School (k-12) Subchapter 8 (of Other (i.e., priva				
City Chadwick Beach	County (6	<u>(</u>)		County Code (7) STATE USE ONL	Y)	Square feet 760sf	# of Floors	33-7 - 66	g. Age	57	
	Ocean					Current Use (Prio Resid					
Name of Monitoring Firm Hired by Building N/A	Owner (8)		- A	SCM No.	Name of	Abatement Contract	or (9) dian Contracting,	Inc.			
Street Address					Street A	ddress 1889	Route 9, Unit 61				
City, State, Zip Code Project Manager for Monitoring Firm	Te	lephone Nun	nber			te, Zip Code Toms ne Number	River, New Jers			271	
Scheduled Start Date (10) 12/05/2014		heduled Com 2/09/2014		n Date (11)		9-9932 OSHA Monitor	00624 S.L. Analytical				
Occupancy Status During Abatement (Check [X] Facility Closed/Vacate [] Abatement Performed [] Other – Describe	d During En				Street A	1056 te, Zip Code	Stelton Road taway, New Jerse	ey 08	354		
Scope of Work (Check all that apply)] $[] \ge 3 \text{ sf or } \ge 3 \text{ lf}$ $[X] \ge 160 \text{ sf or } \ge 260 \text{ lf}$		[] Ren [x] De				[] Mini-Encl				ıre	
· ·								Aba	tement	Туре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Location mally used olely by ance/Custoo Staff (12) NO N/	dial /A	Ash N (i.e. inst	Description Description Destos-Con Material (A , thermal Illation, su VAT, of Var er miscell	ntaining ACM) systems rfacing, 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 sidin	g		1100sf	X			I
					-			-	-	-	-
								-	-		\vdash
Name of Registered Waste Hauler Guardian Contracting, Inc.	DIN	EP Waste Ha 2022	.3	3	rds of Was	T.R.R.F.	stered Landfill	-	1		
City, State Toms River, New Jersey	Location		isposal 2/10/2	2014	City, St Tully	^{ate} bwn, Pennsylvar	nia				
Completed by (Print or Type) Nicholas Fernicola		Manager		Signature W. Ch.	1-	1		Date 12/	4/14		
	*Do no	t use this fo	rm for	asbestos licensu	re exempl	ted activities.	Q 20				

NOTIFICATION OF ASBESTOS ABATEMENT

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

OL# 2578 Date of Notification (1) Name of Building Owner/Operator (2)" Messercola Enterprises December 4, 2014 Type of Notification Agencies Notified Street Address [X] EPA Initial Notification DEP Amended Notification City, State, Zip Code Amendment #_ Matawan, NI 10747 3140 [x] DOL [x]Emergency (including [x] DOH justification) Name of Contact Telephone Number] DCA Cancellation Fernando FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (k-12) Subchapter 8 (other than k-12) Street Address Other (i.e., private & commercial [x] 206 S Lagoon Lane buildings, homes, etc.) County Code (7) Square feet # of Floors Bldg. Age City County (6) (STATE USE ONLY) 520 sf 1 Current Use (Prior if being demolished) Lavallette Ocean Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Guardian Contracting, Inc. N/A Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271 Telephone Number License Number Project Manager for Monitoring Firm Telephone Number 732-349-9932 00624 Name of OSHA Monitor Scheduled Start Date (10) Scheduled Completion Date (11) E.M.S.L. Analytical 12/05/2014 12/09/2014 Occupancy Status During Abatement (Check only one) Street Address 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)] Mini-Enclosure Glovebag Procedure $[] \ge 3 \text{ sf or } \ge 3 \text{ lf}$ Renovation [x] Demolition [x] Non-Exempted (*) and Non-Friable Procedure [X] $\geq 160 \text{ sf or } \geq 260 \text{ lf}$ Abatement Type Description of Is Location E Normally used Asbestos-Containing Amount Location of E E N N Asbestos-Containing Material (ACM) Solely by Material (ACM) (Specify SF C P M TO BE ABATED Maintenance/Custodial (i.e., thermal systems or LF) A 0 insulation, surfacing, Ρ in facility Staff V S (12)VAT, or R (13)other miscellaneous) A L YES NO N/A L 650 sf X X Asbestos siding Exterior Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Guardian Contracting, Inc. 20223 2 T.R.R.F. City, State Disposal Date City, State Tullytown Pennsylvania 12/10/2014 Toms River, New Jersey Date Completed by (Print or Type) Title Signature 12/4/14 Nicholas Fernicola Project Manager *Do not use this form for asbestos licensure exempted activities.



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Date of Notification (f) DEC -8 -AM 12	- 11	Name of	F-Runinfirms Ox	voer/Operati	¥ [7]			-			
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DOH Emergency (in justification)		Name of	Contact ,				Telephone Num	ber			
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NOTIFICATION OF ASBESTOS ABATEMENT APPROVED CINDY MITCHELL,

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

Ch# 2741

Date of Notification							Owner / Operato		RECE	142				
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Project Manager for		irm	Teleph	none	Numb	er	Telephone No			License N	Number			
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City, State		3. ,					Disposal Date	-0.0722	, State					\neg
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County (6) Burlington				ounty Co	ode (7) SE ONLY)		Currer	nt Use (Prio e	r if being	g demolish	ied)			
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City, State, Zip Code							, State, Zi est Berlii	p Code n NJ 080	91					
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Start Date (10) 12/15/14		Scheduled 12/19/14		pletion D	Date (11)		ne of OSH me	IA Monitor						
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City, State Elm NJ						Disposal D 12/19/14		City, Sta Morris	te ville PA	19067				
Completed by	Title Presio	lent			Signa				_	Date 12/5/1	14			
Anthony T Perna		1-16310	CIIL				1			نالل				



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

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Date of Notification (1) 12/4/14					uilding Own				2014	DFr	-8 AM	THE TANK			
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County (6) Camden				ounty Co	ode (7) SE ONLY) _				Use (Prio ercial bu		ng demolish J	ied)			
Name of Monitoring F N/A	irm Hired by Build	ng Owner (8)		ASCM	No.		Name of Pernac		nent Conf	ractor	(9)				
Street Address							Street Ad								
City, State, Zip Code							City, Stat		Code NJ 080	91					
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City, State Elm NJ						Dispo: 12/8/	sal Date 14		City, Sta Morris		A 19067				
Completed by Anthony T Perna		Title Presid	dent	87		8	Signature	P			1 ac 11 5	Date 12/4/	14		





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

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Date of Notification (1) 12/5/14			Na Ja	ame of B anice C	Building Ov Candio I	vner/O	perator (2 e Home		MA DEC	-8 /		10				
Agencies Notified	Type Notification			reet Add				- 6			er t (Egr	12				
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City (5) Ship Bottom NJ 080	008	-						Square 1000+		# of Fl 2		3	ldg 5+	Age		
County (6) Burlington			C	County Co	ode (7) SE ONLY)			Current	Use (Prio	r if being	demolish	ned)	E Come			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCM	No.			of Abate aco Ind	ment Cont	tractor (9))					
Street Address		¥.						Address ox 329						1		
City, State, Zip Code				-				tate, Zip Berlin	Code NJ 080	91			9.500			
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Completed by Anthony T Perna		Title Presid	dent				Signatur	re (100	Date 12/5/	14			

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

* Emergency \$

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	CI	1201

Date of Notification (1)	*		N	ame of E	NJAC 8: Building O	wner/Oper	rator (2)	CN	1914 DE(The state of the s	led from	Ü		
12/4/14					Evans P	rivate H	ome		BIA DEC	3-8	Abe IO			
Agencies Notified	Type Notification		9.70	treet Add	dress 27th St			a	荣皇		AM IZ	i,		
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DOH DCA	Emergency (i justification) Cancellation	ncluding	10000	lame of C Cheryl	Contact				Telep	ohone Nu	mber			
				FACIL	ITY INFO	RMATION			-					
Name of Facility When Cheryl Evans Priv	e Abatèment is Taking vate Home	Place (3)						ype of Facility School (K	-12)		(0)			
Street Address 257 W 27th St				8			×	etc.)	private &	commerc	cial buil	200000		es,
City (5) Ship Bottom NJ 0	08008						1	quare Feet 000+	1	Floors	3	ldg. / 5+	Age	10.00
County (6) Camden				County C	ode (7) SE ONLY)			urrent Use (P ommercial			shed)			
Name of Monitoring Fi	irm Hired by Building (Owner (8)		ASCM	No.		Name of Pernac	Abatement C	ontractor (9)				
Street Address						11.7	Street Ac						: N	200
City, State, Zip Code								e, Zip Code Berlin NJ 08						
Project Manager for M	Monitoring Firm		7	Telephor	ie No.	10,110	Telephor	ne No. 3-9800		License 00727	No.			
Start Date (10)	Schedule		pletion [Date (11)	N		OSHA Monito	or						
12/5/14	uring Abatement (Chec						Street A	idress						-
➤ Facility Closed/V	acated During Entire I	Period of A	batem	ent		_	City, Sta	te, Zip Code						
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United Containers			F	lauler ID 2459		of Wast	e	G.R.	O.W.S.					
City, State Elm NJ						Disposa 12/9/1		City, State Morrisville PA 19067						
Completed by Anthony T Perna	Signature Date 12/4/14													

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Resource Management

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Date of Notification	145						708	Asa	1	7
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Agencies Natified T	Type Notification		Street	Address			1-1	11/	YOU	THING
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☑ DOH □ DCA	☐ Cancellation		Name Mr. Mi	of Contact ke McClos	lony		*		Telanhaa	a Alumbar
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Name of Facility Wh Kennedy University	ere Abatament is '	Toking Place	(3)	The state of the s	Type of Fac	lity (4)			: [3	
Street Address		-			Subschool	(K-12)	Gal		1 1 1	
2201 Chapel Hill Ca	mpus				Other (I	poera (.A. neha	Other the	en K-12) Amercial build		
City (5)	74				Square Feet	19119	# of Flo	ors	Blog. App	1, etc.)
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Charly I was no decide	- Julean				Current Use	(Prior I	f being d	emalished)		
Name of Monitoring	Firm Hired by Bull	its Owner	(8)	IASCM No	Hospital Name of Abi	alam a	A Classic	1 (6)	The state of the s	
Crimmon Laboratories	Inc.		-,	Le Colonia I M	Resource M	nterrigh Namar	real Gran	act (8)	Agenta	_
Street Addrage 3370 Progress Drive, S	Suize T	4			Street Addre	BB	-			
City, State & Zip Con	iune j	<u>H</u>			2115 Hamile	on Ave,	Suite 20	12	Action	
Bensslem, Pa. 19020	T 6	F.			City, State & Treaton, NJ	ZIP Co	de		-	
Project Manager for Mv. Mike Paneprose	Monitoring Firm		ephone		Telephone N	umber		Il iounte	Number	
Scheduled Start Date	1400	1215	-244-130	10	S09-677-615	9		P1641100	01185	
124-2014		uled Comple	APRIC ST	0 (11)	Name of OS J&S Environ	HA Ma	niter			
Occupancy Status D	uring Abstement (Check only o	ne)		Street Addre	SS		rias inc	***************************************	
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Facility Occu	pled During Abels	ment	-		- I - I - I - I - I - I - I - I - I - I	905	73			
Scope of Work (Chai	ck all that albbihl						_		OR OTHER DESIGNATION OF THE PERSON OF THE PE	***********
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☐ ≥160 of ≥260	19	. [naMio			Mini-Em	xosure Ag Procedure		
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Ashann	eation of e-Containing		e Locatio		Description	n of		Amount	1 Abate	ement Typa
Mane	rial facility) 145	Sciely b	4	Asbeston-Cor Material (A	italning Cun		(Specify SF or LF)	-	T
TOBI	Fedlity	Ma	intenand	10 8	(La., thermal -	watern	.	or ur LF	Wen	B B B
141	(13)	Cu	todial 8 (12)	lan7	or other miscell	cing, V	AT		Monad	
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OR .			国	口上	Pipe Pittle	105		50 Each	191	-1 "
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A CONTRACTOR OF THE CONTRACTOR			+ 1	-						
			181	古十一					-1915	Annual Land
dame of Registered 1	Naste Hauler .		NJE	EP Weste	Cubic Yerde	Name	of Real	stered Landill		
Resource Managema	nt Grave LLC			ler ID No. 5218	of Waste	1				
City, State	arachi pro		903	92 10	TED		s Landfill			
Transon, NJ 08819					Disposal Date TBD	City,	Siete Wile, PA			
emplated By (Print	r Type)		Teds)	Signature)	011.04 195	TORIE, CA		IR.	
Ar. Brian Haney				ident	21	21	Non	1.	Date 12/06/2	014
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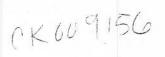
PK 13697

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

Date of Notification (1) DEC. 5, 2014		Na T	ame of RYK(Building (D PART	Owner/Op NERS,	erator INC.	(2)			Han Cold				
Agencies Notified Type Notification			reet Ad 75 R	dress OUTE 7	0	+			Zij	DEC -8	Al	1 12:	ie	
EPA Initial Amended Amendment				te, Zip Co (, NJ 08					458			<u></u>	'OL	
DOH justification Cancellatio)			Contact GE BAI	RDSLE	Y	9			ohone Num				
	mercano S. America		FACIL	ITY INFO	RMATIO	N		Here was	-		inski serili	500 100		
Name of Facility Where Abatement is Taki LAKEWOOD PLAZA II BLDGS.1		}					☐ s	of Facility chool (K-	12)	11 14 40				
Street Address 154 DR. MARTIN LUTHER KING	BOULEVA	ARD	7							r than K-12 commercia		dings,	home	es,
City (5) LAKEWOOD					8		Square 1400		# of 2	Floors		ldg. A 972		
County (6) OCEAN				Code (7) ISE ONLY)		_		nt Use (Pr IDENTI		g demolish	ed)			
Name of Monitoring Firm Hired by Building AIR CONSULTING SERVICES, L	Owner (8) LC		ASCM	No.				ement Co ouch As		9) Abatem	ent C	Corp.	, Inc	
Street Address 301 East Ward Street				83.5			Addres Broad	s way, Ur	nit A					
City, State, Zip Code Hightstown, NJ 08520		-					state, Zip Bran	ch, NJ (7740				-	
Project Manager for Monitoring Firm David M. Kichula			elephon	ne No. 71-2489			none No 222.83			License No).			
Start Date (10) 12/19/14	Scheduled 12/31/14		letion D	Date (11)		Name N/A	of OSH	A Monitor					200010000	
Occupancy Status During Abatement (Che	ck Only One)					Street	Addres	e .				·		
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: VACANT CRAWLS	Period of Aba	ateme	nt				tate, Zip						-	
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novatio nolitio				~	Min	-Enclosur /ebag Pro	e cedure	Negative P			**	
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	\$100 miles	ocatior rmally	3 1/10										ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used : Maint Custoo	Solely enanc	by e/		Desc tos Contai thermal s surfacii other mi	ystem: ng, VA	Material s insula T, or		(S	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A								-		te	CO.
32 CRAWLSPACES		31	X			TSI			170 L	EACH	Х			
		-				- XIV-00								
					7.5255							-		
Name of Registered Waste Hauler		NJI	DEP W	aste ·	Cubic Y	ards		Name of	Register	ed Landfill		L		L
Finishing Touch Asbestos Abatem	ent Corp., I	Hau	uler ID 058		of Wast 2 cy.					RTH LAN	DFIL	L.		
City, State LONG BRANCH, NJ 07740					Disposa 12/31/		ě	City, Sta MORF	te RISVILL	E, PA		11		
Completed by JOSEPH P. MILLER	Title PRESI	IDEN	Т		Sig	rlature W	MI	My		Da 12	te 2/5/1	4		

CK 149 8500820

Date of Notification (1 12/02/14)		2.4		Building Powel	Owner/O	perator	(2)	- 27	112	CEN	/EL	j		×
Agencies Notified	Type Notification	4	411	Street Ad 273 Ma	ddress aitland A	Ave		2.0		A DEC	-8 A	HB:	6 A		
EPA DEP DOL	Amended Amendment				te, Zip Co ck, NJ C				45,	į.	Cearn	ish	翻	- 2 27	711504
☑ DOH DCA	justification) Cancellation			Name of George	Contact e Powel	II			G.	Tala	AH CAN	Mar			
				FACIL	ITY INFO	ORMATIC	NC								
Name of Facility Whe House	re Abatement is Takin	g Place (3)							of Facility (4 school (K-1)	2)					
Street Address 273 Maitland Ave	1					•		X	Subchapter Other (i.e. p tc.)				dings,	home	es,
City (5) Teaneck				0.0000				Squar N/A	e Feet	# of N/A	Floors	10000	Bldg. A	ge	
County (6) Bergen				County C	ode (7) ISE ONLY)	9	Currer	nt Use (Prio	or if being	ng demolis	hed)			10
Name of Monitoring F N/A	irm Hired by Building	Owner (8)		ASCM	No.				ement Con ement, In		(9)				
Street Address							Street	Addres	entra de aproducio este de la constante de la						
City, State, Zip Code		*					City, S	State, Zi				***			-
Project Manager for N	Monitoring Firm			Telephor	ne No.		Teleph	none No 345-86).		License N	Company of the Compan			
Start Date (10) 12/19/14		Scheduled 12/20/14		npletion [Date (11)		Name	of OSH	A Monitor ement, In	l	<i></i>				
	ring Abatement (Chec							Addres		·.					-
	acated During Entire								ren Aver	nue		8	1100		
X Other – Describe	: Occupied	iai i aciity i	iours					state, Zi wa, N	J 07512						
Scope of Work (Check × ≥3 sf or ≥3 lf	k All That Apply)	Пв	nova	tion			F	7	Containme		Nasakkis	D			
≥160 sf or ≥260	f	-	molit				2	Min Glo	i-Enclosure vebag Proc n-Exempted	edure					
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	tion of		rmal	ly			scription	10000					T)	/pe	T
TO BE A	ing Material (ACM) ABATED acility (3)	Main Custo	tenar dial S (12)	nce/ Staff?				s insula AT, or		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
hase	ement	Yes	No X	N/A		nine	insula	tion		13	30 LF	X	-		-
5400	·					pipe	irisuic	ition		10	JO LI	^			
Name of Registered V D&S Abatement, I			Н	JDEP W lauler ID		of Was				75	red Landfi gement o				
City, State Totowa, NJ			#4	20996		TBD Dispos TBD	sal Date	!	City, State						_
Completed by		Title	-			A STATE OF THE PARTY OF THE PAR	ignatur	/ e	-			ate			
Deanna Brkusanir	1	Projec	t Ma	anager			110	alle	a Rich	leu	secen 1	2/02/	14		



Date of Notification (1) 12/1/14			Na	ame of E	Building C	wner/C	Operator Ship	(2) Divisio	n of Hous	ina	f * c	y.			
Agencies Notified	Type Notification	***************************************	0	treet Ad	dross	TOWIT	Silip - I	DIVISIO	II OI FIOUS	1119	المع المعادي	for f			
EPA	Initial		100000		h Day S	Street			231)Fr	-8 AM				
DEP DOL	Amended Amendment				e, Zip Coo , NJ 07				4,5,	*33 (*	-0 A	8:	<i>;</i>		
DOH DCA	Emergency (i justification) Cancellation	ncluding	1000		Contact C. Brov	vn			č	;Tel	ephone Nu	mber	Ļ		
				FACIL	ITY INFO	RMAT	ON			L					
Name of Facility Where Private Property	Abatement is Taking	Place (3)						_	of Facility (4) chool (K-12)						
Street Address 204 Central Place								S	ubchapter 8 other (i.e. printe.)	(Oth			dings,	home	es,
City (5) Orange					7.000.00			Square 3,0	e Feet	# 0	f Floors	В	ldg. A		
County (6) Essex				ounty C	ode (7) SE ONLY)				nt Use (Prior		-	1.5			
Name of Monitoring Firm	Hired by Building C	Owner (8)	1	ASCM	No.				ement Contr			Inc			
Street Address							Street	Address	S		COLVIDOR	, 1110.			
City, State, Zip Code								Route State, Zip	206 South	1					
							Hills	poroug	jh, NJ 08	844					
Project Manager for Mor	nitoring Firm		Te	elephon	e No.			none No 218-08			License I 01228	No.			
Start Date (10) 11/10/14		Scheduled (12/16/14	Comp	letion D	ate (11)				A Monitor Invironme	ntal	Services	s, Inc.			
Occupancy Status Durin	g Abatement (Check	(Only One)						Address	s 206 South	n					
	ated During Entire F ned Outside of Norm			nt			City, S	state, Zip	Code						
Scope of Work (Check A	All That Apply						HIIIS	boroug	gh, NJ 08	044					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ттас друу)		ovatio	7,000			>	Mini Glov	Containmer i-Enclosure vebag Proce	dure					
		T	8	- 1				⊥ Non	-Exempted	(*) an	d Non-Fria	ble Pro	Abate	77 (19)	
Locatio	n of	Nor	cation mally			De	scription	n of					Ту	ре	
Asbestos-Containing TO BE AB In Faci (13)	n Material (ACM) NATED lity		enanc	ce/		os Con therma surfa	taining M I system icing, VA miscellar	Material s insulat AT, or		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
Entire Str	ucture	103	-	X		U	Inknow	'n		Ur	known	х			
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Name of Registered Wa Yannuzzi Group, Ind			Ha	DEP Wa uler ID 1 467	300000000000000000000000000000000000000	of Wa	Yards ste 200		Name of R Grand C	19 2 11					
City, State Hillsborough, NJ			1				sal Date		City, State Penn Arg		PA				
Completed by Anna Bastos		Title Adminis	etrofi	ivo Ac	eistant			ė	. Ba	2(3)	- 1-	ate 2/1/14	1		
Ailla Dasius		Admin	ouall	16 V2	Jotaill		11/1	IMA	- Ste	de	2	41/11	•		

CK005730

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 2014-496 Name of Building Owner/Operator (2) Date of Notification (1) 1 12 1/10 13 1/11 14 THE ESTATE OF GIBBONS Agencies Notified Type Notification Street Address & LICENSING Initial EPA 14 GLENNON PLACE Amended DEP City, State, Zip Code Amendment #: DOL Emergency WEST ORANGE, NJ 07052 (including Telephone Number DOH. Name of Contact justification) ☐ DCA JOANNE MC CANN Cancellation FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) THE ESTATE OF GIBBONS Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. # of Floors Bldg. Age 14 GLENNON PLACE Square Feet County (6) County Code (7) (State use only) Current Use (Prior if being demolished) WEST ORANGE **ESSEX** Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Telephone Number License Number Phone Number 01169 973-345-8020 Name of OSHA Monitor Sched. Completion Date (11) Start Date (10) D & S Restoration, Inc. Street Address 12/10/14 12/26/14 Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure \times >3 sf or >3 lf Mini-enclosure Renovation ☑ Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely E Location of e by maintenance/custodial n Amount asbestos-containing n Description of asbestos-containing m p staff(12) C (Specify SF or material (acm) to be material (ACM) 0 a a LF) abated in facility (13) Yes No N/A 157 L FT PIPE INSULATION 図 BASEMENT Registered Waste Hauler Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# D & S RESTORATION, INC 13506 2 YDS TULLYTOWN, RESOURCE RECOVERY Disposal Date City, State City, State 12/11/14 PATERSON, NJ 07503 TULLYTOWN, PA Signature Completed by (Print or Type) Date Title 12/03/2014 **BOGDAN JOLDZIC** PRESIDENT

Do not use this form for asbestos licensure exempted activities.

ASB-41

(K005746

D&S Proj. #:	2014-498
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State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

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Date of Notification (1) 1 2 / 0 3 / 1 4	11	e of Building Ow	vner	Operator (2)	, 1		Q = .	EL -8	AM 2	: 30)	
Agencies Notified Type Notificat EPA Initial Amended	John	et Address WESTMINST	ER	PLACE			ě.	LICEN	SING	ίŪL		
DEP Amendment #:		State, Zip Code		12.102						-		
☑ DOL ☐ Emergency		ORRISTOWN		JI 07960								
DOH (including	Name	e of Contact	,,,	13 07500			Teleph	one Num	ber			A DOMESTIC
DCA justification)	1.6											
Cancellation	n P.	AUL NASH										
			CIL	ITY INFORM	ATION		Type of Facilit	v (4)				
Name of facility where abatement	is taking place	(3)						ool (K - 1	12)			
PAUL NASH							Sub	chapter 8	Other th	an K	-12)	
Street Address			ettions						e/Comme	rcial		
4 WESTMINSTER PLACE							Square Feet	s./Homes		Bi	dg. A	ne
	County	(6)			Cour	nty Code (7)	Square reet	# 017	10015	Di	ug. / ۱	90
City (5)	Journey	(0)				e use only)	Current Use	(Prior if h	eina dem	olishe	ed)	
MORRISTOWN	MORE	RIS			Autorita			,	9 40.11	.e. 1.90	/	
Name of Monitoring Firm Hired by	Bldg. Owner (8	3)	T	ASCM No.	\neg	Name of Abatement	Contractor (9)					
						D & S RESTOR	ATION, INC.					
Street Address	WALL TO SERVICE STATE OF THE S					Street Address						
						20 California A	ve.			-		
City, State, Zip Code		1				City, State, Zip Code						
					_	Paterson, NJ 0	7503					
Project Manager for Monitoring Firm	n	Phone Nur	mbe	r		Telephone Number		Licer	nse Numb	er		
					_ []	973-345-8020			01169	_		
Start Date (10)	Sched. C	ompletion Date	(11)			Name of OSHA Mor						
12/17/14	12/31/14	1				D & S Restorat	ion, inc.					CHENT
Occupancy Status During Abateme			-			20 California A	venue					
Facility closed/vacated during	- 15 m				П	City, State, Zip Code			-			
Abatement performed outside						,						
Describe: NORMAL I	HOURS				-11	Paterson, NJ 0	7503					
Scope of Work (check all that app							Full Containmer	nt w/nega	tive press	ure		
$\boxtimes > \underline{3} \text{ sf or } > \underline{3} \text{ lf}$	Renovation						Mini-enclosure		*****			
≥160 sf or ≥260 lf	Demolition					⋉			.			
		ormally used sol	lely				Non-Exempted	(*) and N	R R	R	E	T
Location of asbestos-containing		ince/custodial	lory	Docaripti	on of a	sbestos-containing	Amoun	t	e	е	n	E n
material (acm) to be	staff(12)		-	material		spesios-containing		y SF or	m	p a	c a	C
abated in facility (13)	Yes	No N/A	١				LF)		V	i	p	L
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ATTIC (AIR VENTS)			4	PIPE INSU			14 L FT				厅	愩
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Registered Waste Hauler	INJDEP	Hauler ID#	Ci	ibic Yards of	Waste	Name of Registere	d Landfill					1
D & S RESTORATION, INC.		5	2	YDS		TULLYTOWN		RECOV	ERY			
City, State	-	Disposa				City, State						
PATERSON, NJ 07503		12/18	8/14			TULLYTOWN	I, PA	1				
Completed by (Print or Type)	Title	VT		Signature				Dat	e '03/2014			
BOGDAN JOLDZIC	PRESIDEN	NI his form for asbe	l	e liceneuro o	remote	d activities		12/	03/2014			
ASB-41	DO HOLUSE I	HIS TOTTI TOT ASDE	COLU	o licelisule ex	cubie	a donvidos.						

CK 1848

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

RECEIVE

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Date of Notification (1)	03 / _	14				76	Owner/Operator (2 n, Public Works		DEC -	8 AA	4 2.	r.	
Agencies Notified EPA	Type Notifica	ation				Address North Wo	ood Ave	(A)	A STATE OF THE STA				
☑ DOLWD	☐ Amended	i			City, S	tate, Zip C	ode		& LICE	Mar.		31	
⊠ DOH	_ Amendme					den, NJ 0			& LICE	下の情	G	-	
DCA	☐ Emergend		ding			of Contact			Telephone Num				
(NJAC 5:23-8)	justificatio					hard J. Be			Ciconon				
		1011					10	1					
			- 13		FAC	CILITY IN	FORMATION						
Name of Facility Where A		aking Pl	ace (3)				Type of Facility (4	1)				
Commercial Buildir	g							☐ School (K-12) ☐ Subchapter 8	Other than K-12	1			
Street Address 700 Lower Road						(*)		Other (i.e., priv			ilding	s,	
City (5)								Square Feet	# of Floors	Blo	ig. Ad	ge	
Linden													
County (6)					Coun	tv Code (7)	(STATE USE ONLY)	Current Use (Prio	r if being demolis	shed)			
Union							Province with the second secon	.7					
Name of Monitoring Firm	Hired by Build	ding Owr	ner (8)	ASCM	No.	Name of Abateme						
Environmental Con	nection Inc						ALL PRO MA	NAGEMENT LL	C				
Street Address			100				Street Address						
120 North Warren S	t						27 Outwater	Lane					
City, State, Zip Code							City, State, Zip Co	ode					
Trenton, NJ 08608						-	Garfield, NJ	07026					
Project Manager for Moni	toring Firm		7	Tele	phone	No.	Telephone No.		License No.				
Richard Beach			1	60	9-392	-4200	973-928-4888		1188				
Start Date (10)	- 18	Schedule	ed Co	mple	tion Da	te (11)	Name of OSHA M	lonitor					
12/16/	Control III				2 /		ALL PRO MA	NAGEMENT LL	c				
Occupancy Status During					- ~ -		Street Address					_	
☐ Facility Closed/Vacate					ment		27 Outwater	ano		63			
						cribe	City, State, Zip Co						
Time of Abatement: _							Garfield, NJ						
			74 (5)				Garrieiu, NJ	07020					
Scope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	that apply)		Ren Den				☐ Mini-Enc ☑ Gloveba	tainment with Nega losure g Procedure mpted (*) and Non		re			×
				oca						Ab	atem	ent T	ype
Location				orma Sole	ely by	Anhai	Description of		Amount	20	20	m	m
Asbestos-Containing TO BE ABA		8 1	Mair	ntena	ince/		stos Containing Ma ., thermal systems		(Specify	Remova	Repair	Encapsulate	clos
IN Facili			Custo		Staff?		surfacing, VAT	, or	SF or LF)	<u>a</u>		Sula	Enclosure
(13)			/00	(12) No	N/A		other miscellane	ous)				ate	-
Warehouse			es	П	N/A ⊠	Pipe-Fit	ting Insulation		165 LF				
Mezzanine							ting Insulation		19 LF	Ø		Ø	
Body Shop]		\boxtimes	Pipe-Fit	ting Insulation		9 LF	Ø		Ø	
Storage Rood]		\boxtimes	Pipe-Fit	ting Insulation		4 LF			×	
Name of Registered Was	te Hauler			I	NJDEP '		Cubic Yards of	Name of Regist	ered Landfill				-
Newark Carting				F	lauler I		Waste	IESI Landfil					
City, State				1	04509	3	As Needed Disposal Date	City, State					
Newark, NJ			, l				TBD	Bethlehem,	PA .			10	
Completed By (Print or T	ype)	Title			-		Signature	11/1/1/1/1	/ D	ate	1	,	
Zlata Veskov		Offi	ce N	lana	ger		Da	ELLEN V		12	13	119	/

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:120-7) CONTINUATION SHEET

				700 Lower Rd., Linden, NJ		Abateme	nt Type		
Location of Asbestos- Containing Material (ACM) TO BE ABATED In Faculty (13)	Noi : : :	s Locat rmally Solely I stenancial Staff	Used by :e/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a l	R e p a i	E n c a p s u	E n c l o s u r e
	Yes	No	N/A						
Boiler Room			Х	Pipe-Fitting Insulation	56 LF	Х		Х	
	-	-							
				that .					
					49				
	-								
	-						_		
									

Completed by: (Print or type)	Title:	Office Manager	Signature:	Date:
Zlata Veskov				

(K005722

D&S Proj. #: 2014-492

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

RECEIVED

					1		ŧ.					
Date of Notification (1)	Name	e of Building Ow	ner/Operator ((2)	2 S S MA 8- 230 ELS							
1 2 / 0 1 / 1 4 Agencies Notified Type Notificatio		HN FERRARA	Α	Avenuesia								
Agencies Notified Type Notificatio	Street	t Address	Á	& LICENSINS AUL								
DEP Amended	435	5 kinderkamac		& LICE	MOING	.,						
DOL Amendment #:_	City, S	State, Zip Code			7							
Emergency	The second second	adell, nj 0764						In the set	THE SHAPE A			
DOH (including justification)	Name	of Contact			Telephone Number							
☐ DCA ☐ Cancellation	JO	HN FERRAR										
		FAC	CILITY INFOR	MATION						0		
Name of facility where abatement is	taking place ((3)				Ty	pe of Facility (1		
JOHN FERRARA							=	(K - 12)			40)	
Street Address				-			Other (apter 8 (C Private/C			-12)	
							Bldgs./	Homes, e	etc.			
435 kinderkamack road						_	Square Feet	# of Floo	rs	Bl	dg. A	ge
City (5)	County (6	5)		0.000	ounty Code (7)							
oradell	bergen			(Sia	State use only) Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by BI)	ASCM No.		Name of Abater	ment Con	tractor (9)			-		
					D & S REST	ORATI	ON, ÍNC.					
Street Address			-l 	_	Street Address							
	2	20 California Ave.										
City, State, Zip Code					City, State, Zip Code							
		Paterson, NJ 07503										
Project Manager for Monitoring Firm		Telephone Num	ber		License		er					
		973-345-8020 01169										
Start Date (10)	_	Name of OSHA		2 0000001								
12/01/14		D & S Rest	oration,	Inc.		_						
Occupancy Status During Abatement	-	20 Californi	o Aveni	10								
Facility closed/vacated during e		City, State, Zip C	Contract to the contract of th	ie –								
Abatement performed outside of	of normal facili	ity hours-			Oity, Otato, Zip C	3000						
Describe: NORMAL HO	URS				Paterson, N	IJ 07503	}					
Scope of Work (check all that apply)						Full	Containment w	/negative	press	ure		
	Renovation					and the same of	i-enclosure	9170			60	
≥160 sf or ≥260 lf [Demolition					The same of the sa	vebag procedur n-Exempted (*)		friable	nroc	edure	2
Location of	Is location no	rmally used sole	ely			L NOI	- Lacinpied ()	CITA 14011	IR	R	E	T
asbestos-containing	by maintenan staff(12)			otion of a	sbestos-containir	ng	Amount	<u> </u>	e m	e p	n	E n
material (acm) to be abated in facility (13)	530			al (ACM)			(Specify S LF)	For	0	a	c a	C
assiss in lability (10)	Yes	No N/A					,		v e	l i	р	-
BASEMENT		X	PIPE INS	ULATI	ON		120 l ft					
BASEMENT CRAWL SPACE		X	BARE H	EATING	G PIPES		40 L FT				\boxtimes	
]	2								
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP H 13506	Hauler ID#	Cubic Yards of 2 yds	of Waste	Name of Regis		ndfill SOURCE RE	COVE	RY			
City, State		Disposal			City, State	WIN, RE	JOURCE RE	COVE	V 1	*****		
PATERSON, NJ 07503		12/03/			TULLYTO	WN, PA						
Completed by (Print or Type)	Title		Signature	or handest control of the control	1			Date		-		
BOGDAN JOLDZIC					12/01/	/2014						
ASB-41 * [Do not use thi	is form for asbes	stos licensure	exempte	d activities.						10000-0-1	no locality

(K10072

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

-14130

			(1-1			C 8:60 and 5:10		FILE C	16.71	ź., .		
Date of Notification (1)						g Owner/Operator (2 m 1 W	1)		
12/		14		St.	Luke's H	lospital		71M DEC			8	
Agencies Notified	Type Notifica	ation		Street	Address	414444444444444444444444444444444444444		DEC.	O AF	12:	27	
⊠ EPA				185	Rosebe	rry St.		S = 1		1000	* ,	
⊠ DOLWD	Amended			City, S	tate, Zip (Code		& LIC		1	*11	
☑ DHSS	Amendm Emergen			Phi	llipsburg	, NJ 08865		ez LIU	EN34	$G^{''}$	UL	
DCA (NJAC 5:23-8)	on)	y	Name	of Contac	t		Telephone No	umber				
Cancellation					Ruhf							
2.1				FAC	CILITY IN	FORMATION	1=		- A.		W ²	
Name of Facility Where	Abatement is	Taking Plac	e (3)				Type of Facility (4)				
Hillcrest Professi	onal Plaza						School (K-12)					
Street Address							☐ Subchapter 8 ☐ Other (i.e., pr	-12) mercial b	?) rcial buildings.			
755 Memorial Par	kway						homes, etc.)	norolal b	rolar bullulings,			
City (5)						50.000 M	Square Feet # of Floors Blo			ldg. A	ge	
Phillipsburg, NJ (08865						30,000	1		40+		
County (6)		20.00		Cour	ty Code (7	7)(STATE USE ONLY)	Current Use (Pri	Prior if being demolished)				
Warren							Medical Offi	ces				
Name of Monitoring Fir	m Hired by Buil	ding Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)					
Criterion Laborat	ories			NA		Alliance Env	ironmental Sys	tems				
Street Address						Street Address						
3370 Progress Dr	., Ste. J					550 East Uni	on St.					
City, State, Zip Code						City, State, Zip C	Code					
Bensalem, PA 19	020					West Cheste	r, PA 19382					
Project Manager for Monitoring Firm Te					No.	Telephone No.	License No.					
Mike Panepresso					-1300	610-701-9000	0 00508					
Start Date (10) Scheduled Comp					te (11)	Name of OSHA N	Monitor					
12 /17	/14	_12_	/ _2	3_/	14_	AET						
Occupancy Status Dur	ing Abatement (Check only	one)			Street Address						
☑ Facility Closed/Vac				ement		28 N. Pennel	Road					
☐ Abatement Performed Outside of Normal Facility Ho					cribe	City, State, Zip C	Code					
Time of Abatement	: <u>7</u> AMP	M/ <u>3:30</u> PM-		.AM		Media, PA 19	063					
Scope of Work (Check	all that apply)											
□ >2 of or >2 if		Mp	onovo	tion		⊠ Full Con ☐ Mini-End	tainment with Neg	ative Pressure	•			
□ ≥3 sf or ≥3 lf ☒ Reno ☒ ≥160 sf or ≥260 lf ☐ Demo				ion		☐ Gloveba	pag Procedure					
					,	⊠ Non-Exe	empted (*) and No	n-Friable Proce	edure	10000		
		s Loca Norma			228 22 32			Al	patem	ent T	ype	
Location Asbestos-Containing	η\ Us		ely by	Ashe	Description of estos Containing Ma		Amount	Re	Repair	En	E	
TO BE A		") M	ainten	ance/		e., thermal systems	insulation,	(Specify	Removal	pair	Encapsulate	Enclosure
IN Fac	Cu	stodiai (12	Staff?		surfacing, VAT other miscellane		SF or LF)	<u> </u>	-	ula	Life	
(13)		Yes	T	_		Other miscellane	(ous)				6	
Suite 202		$ \frac{1}{\Box}$			VAT &	Mastic		2000 SF				П
Suite 202			부		VAI G	Hastio		2000 0.		1	-	$+ \equiv$
						1				\perp		
						11						
				П		1000000						
Name of Registered Waste Hauler				NJDEP Waste Cubic Yards of			f Name of Registered Landfill					1
David Geppert Re			1.5	Hauler I		Waste		erks Commu	ınity La	ndfil	i	
City, State	-,9			\		Disposal Date	City, State					
Hatfield, PA						TBD	Birdsboro,	PA				
	T \	T Tale		1545112			24		Date	1	-1	
Completed By (Print or Type) Title						Signature	/ // // //				/,	11
Mark Griffin Estimator							12/3/19					

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

NO CK

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



Date of Notification (1)				Name	of Buildin	g Owner/Operator (2)		W P-4	las C		-	
11 / 17 / 14					. Army	, ,	/ Job # 14/11932 Chico#NA 2: 25						
Agencies Notified Type Notification ☑ EPA ☐ Initia ☑ DOLWD ☑ Amended				РО	Address Box 148		45.				N.		
☑ DHSS	Amendm			000000	State, Zip (& LICENSING						
☐ DCA	☐ Emergen	7.75	9			NJ 07757			-				
(NJAC 5:23-8) justification)					of Contac	ot .	Telephone Number						
	tion		Reg	gina McC	3rade			7.0					
				FA	CILITY IN	NFORMATION							
Name of Facility Where A	batement is 7	Faking Place	(3)				Type of Facility	(4)					
Fort Monmouth - Bo			☐ School (K-12) ☐ Subchapter 8 (Other than K-12)										
Street Address										- حالمان			
900 Murphy Drive						Other (i.e., private and commercial buildings, homes, etc.)							
City (5)					111-3015		Square Feet	et # of Floors Bidg. Age					
Fort Monmouth							3393	1		56			
County (6)				Cour	nty Code (7)(STATE USE ONLY)							
Monmouth						. ,	Vacant						
Name of Monitoring Firm	Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abateme				Deletinosis		_	
Horizon Environme			4.5.7.				, ,						
Street Address						Asbestos and Mold Services, Corp. Street Address							
PO Box 336													
City, State, Zip Code				-		3859 Sylon Boulevard City, State, Zip Code							
Thorofare, NJ 0808			Hainesport, NJ 08036										
Project Manager for Moni		No	Telephone No. License No.										
Project Manager for Monitoring Firm Telephone N Dave Flanigan 856-848-						609-702-0400		00862					
Start Date (10) Scheduled Comple						Name of OSHA M							
12 / 08 /	V. 20/200		300000000000000000000000000000000000000			EMSL Analyt	C-ALLES						
Occupancy Status During						Street Address							
☐ Facility Closed/Vacate	d During Enti	re Period of	Abate	ment		200 U.S. Rou	te 130 North						
Abatement Performed Outside of Normal Facility Hours - Described Time of Abatement:AMPM/PMAN						City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all	that apply)												
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			enovat emoliti			☐ Mini-End ☐ Gloveba	g Procedure	gative Pressure n-Friable Procedu	re				
	Is	Loca	tion	1				Ab	Abatement Ty				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility Norma Used Solu Maintena Custodial						Description of				1		T	
						estos Containing Ma		Amount (Specify	Removal	Repair	nca	Enclosure	
					(1.6	e., thermal systems surfacing, VAT	SF or LF)	ova	=	Encapsulate	Sur		
(13)			(12)		-	other miscellane			1000		late	(O)	
Bottom 4' of Wall		Yes	No	N/A	T	- PI-		700.05					
Floor						te Panels	700 SF						
FIOOF					ACM d	ebris		300 SF					
					-						Ш	Ш	
The property of the property o					JDEP Waste Cubic Yards of Name of Registered Land auler ID No. Waste GROWS Landfill								
City, State				02265)	5 Disposal Date	City, State						
Freehold, NJ						12/12/14	1 3/3/3	, PA 19067					
Completed By (Print or Ty	npleted By (Print or Type) Title						Signature / Date						
Kimberly A. Trumbe	etti	Office	Coor	dinato	r	1			2-1	1-1	4		

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) 12 14 Dominick & Mary Angelini 1412-1941 Chk. #3848 Agencies Notified Type Notification Street Address **⊠** EPA 24 North Montgomery Avenue **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DHSS Amendment # Atlantic City, NJ □ DCA Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Ni--iber ☐ Cancellation Patricia Dougherty **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Residential Property Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 24 North Montgomery Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Atlantic City 3000 3 100 County (6) Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) Atlantic Residential Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Tiger Environmental Asbestos and Mold Services, Corp. Street Address Street Address 16 West Elizabeth Avenue 3859 Sylon Boulevard City, State, Zip Code City, State, Zip Code Linden, NJ 07036 Hainesport, NJ 08036 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Kelly Walton 908-862-4301 609-702-0400 00862 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __12__ / __18__ / __14 12 / 19 / 14 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 200 U.S. Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-__ PM/_ PM- AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) □ Full Containment with Negative Pressure $\boxtimes \ge 3$ sf or ≥ 3 If $\subseteq \ge 160$ sf or ≥ 260 If ☐ Mini-Enclosure ☐ Demolition ☐ Glovebag Procedure ■ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Used Solely by Remova Encapsulate Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Laundry Room X Linoleum 120 SF \boxtimes П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Freehold Cartage, Inc. **GROWS Landfill** 02265 5 City, State Disposal Date City, State Freehold, NJ 12/19/14 Morrisville, PA 19067 Completed By (Print or Type) Title Signaturé Date Kimberly A. Trumbetti Office Coordinator ASR-41

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

MAY 11