### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

							-
Date of Notification (1)		Nam		LAMDS	ONSTRUCT	1000	`
Agencies Notified Type Notification		Street	Address				
☑ BPA ☑ Initial ☐ Amended		- (2)	State, Zip (	777			-
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7 DOH [ justification)	naturing	200	e of Contac	i		Telephone Numb	e.
Cancellation		1	1004		71		
			CILITY INF	ORMATION	Type of Facility	(4)	
Name of Facility Where Abatement is Takin  RESIDENCE	g Place (3)				CI School (K-12		1
		w 1	97m		Other (i.e., p	rivate & commercia	l buildir
Street Address 3455 - 57 A	53 V/	N AV			homes, etc.) Square Feet	# of Floors	Bldg
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County (6) ~		Cou	nty Code (	7) (STATE	Current Use (Pr	or if being demotis	160)
LAME MAY		TASCM		Name of Abate	ment Contractor (9		
lame of Monitoring Firm Hired by Building	Owner	, som	140.		EMCO IN		
Sireel Address				Street Address	95,5 PRUL	= 100.	
Meet Address				City, State, Zip			
ity, State, Zip Code					PLE SHA.	DE 10 12	000
Project Manager for Monitoring Firm	JTe	elephone	No .	Telephone No.	2	License No.	14_
			-17(11)	Name of OSHA			
Start Date (10)	duled Come	pletion 0	ate (11)	2,	SEPH KL	EHM	
ル/セ/13 170 Docupancy Status During Abatement (Che				Sueet Address	- ( · · · · · ·	ivit duc.	
m	enou or ~~	3/411.0		City, State, Zip			
Abatement Performed Outside of North	al Facility PR	ours			APLE S	IDDE, N.	٠, د
Other - Describe:  Scope of Work (Check all that apply)				□ Full C	ontainment with Ne	gative Pressure	
	Renov			Mini-E	nclosure		
] ≥3 \$1 or ≥3 11 ] ≥160 \$1 or ≥260 11	₹ Demod	tition		Non-E	xempted (*) and N		
	I inlace		1			on-Friable Procedu	A
		ally				on-Friable Procedu	A
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Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility	Used So Mainten	ally Hety by Hance/ Hall :	Asbes (i.e	Description	of (aterial (ACM) s insulation, .T. or	Amount (Specify	Removal
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Used So Mainten Custo Staf (12	ally Hety by Hance/ Hall :	(i.e.	Description stos Containing M thermal system surfacing. VA	of (aterial (ACM) s insulation, .T. or	Amount (Specify SF or LF)	Removal
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Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility	Used So Mainten Custo Staf	ally by hance/ hance/ hance/ hi?	(i.e.	Description stos Containing M , thermal system surfacing, VA other miscellan	of taterial (ACM) s insulation, T, or lecus)	Amount (Specify SF or LF)	Removal
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Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  SIDING INVE	Norm Used So Mainten Custo Staf (12 Yes N	ally Hely by Hely by Hance! dial Hr?	(i.e	Description stos Containing M., thermal system surfacing, VA other miscellan	of (aterial (ACM)) s insulation, .T. or (eccus)  Name of Rec	Amount (Specify SF or LF)  3000 to gistered Landfill 1, C, M.V.	Removal
Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  SIDING - INVG	Vom Used So Mainten Custo Staf (12 Yes N	Ally Hely by Hely by Hance! Miles His His His His His His His His His Hi	(i.e	Description stos Containing M. thermal system surfacing. VA other miscellan	of laterial (ACM) s insulation, .T. or lecous)  Name of Rec . C , A City, State	Amount (Specify SF or LF)  3000 db	Removal

### SIZE OF NEW JETTEY HOTHPOATION OF ASBESTOS ABATEMENT -{PUTIVENT TO MIAC \$:60 and \$12:139}

Pursuant to NJAC 8:6	50 and 11:110)
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Sugar Address Type Notherson Sugar Address	14 ING ST.
Agender House 2 3	
- Amendment	GRANDE, N. J. 08242
The of Contact	Livison P
= carcagaion	më
FACIUTY INFO	Type of Facility (4)
name of Faceling Where Abarement is Taking Place (1)	C School (8-17)
RESIDENCE	O SUMMORE & LOINER IND A 1/1
	Nomes, etc.)
8 RAILADAUS.	Squit / HI / VI / VI
Carlli CAREMAY Count NousE	10-11 (programme) (programme)
County Cook (1)	(STATE Continues (Programme)
COUPE ISE MAY USE ONLY	Hame of Abatement Convacion (9)
Tare of Morionny Firm Hired by Building Owner ASCH No	Kimco-Ini.
NAME OF MONIONING PRINTED	SUITADDIEN COLUETAS
Setti Addiess	301
	MARCE SHADE NJOSCIZ
City State Lip Code	Therena No
Piak: Manager la Mourand Erm 1840 pour No	
PIGK: Manager to mount	Hame al OSHA Hanna
Sian Obie (10) / School of Competion Obie (11)	Joseph Kremm
	Succionation Sparie Ave
Occupance Status Owing Abatement (Check only one)	261 2.
Decupance Status Ouring Abatement (Our Facility Close of Yeard Ouring Engle Pence of Abatement During Engles of Homes Facility Hours	CAY. State. 20 Cox: 5,10 D= N.J. 15.12
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Score of work (Check sti wat scott)	
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1-11	Print Form	
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	/ On	14:1

Date of Notification (1) 12/04/13	The same and the s			f Building (						-		- 1		ί	, ,
	tion	-	Street A		оч Ба	TIK OI I	10		-			_	-	—	
Agencies Notified Type Notifica	luon			ans Terr	ninal F	P.d									4
EPA Initial		-	Additional Control	ite, Zip Co	AST TO THE PROPERTY OF	·u.				<u> </u>		-			-
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X DOL Amend	ncy (including	-			205				1 = 1		Londo			- 22	- 7
X DOH justifica	tion)			Contact					lel	ephone N	Numb	er	c		
DCA Cancell	ation			larkland-	SHANKE				<u></u>						
	F-1.'- DI (6	11	FACI	LITY INFO	DRMATI	ON	Tuna	of English (4	1				_		
Name of Facility Where Abatement is	aking Place (	5)					Type o	of Facility (4	,						
Community Food Bank of NJ	0							chool (K-12			( 10)				
Street Address							×	Subchapter 8 Other (i.e. pr	ivate à	er than N & comme	ercial	build	inas.	home	s.
31 Evans Terminal Rd.							e e	tc.)		-					
City (5)							12.5	e Feet		f Floors			dg. A		
Hillside							285,0	000	2			8	0 yrs	S.	
County (6)			County (				Currer	nt Use (Prior	if bei	ng demo	lishe	1)			
Union			(STATE I	USE ONLY)	· ——		Food	Bank							
Name of Monitoring Firm Hired by Build	ding Owner (8)		ASCN	Λ No.		Name	of Abat	ement Cont	ractor	(9)					
N/A						Lesc	o Sen	vices Inc.							
Street Address					- 77	Street	Addres	s							$\neg$
01100171001000						156	Maple	Ave.							
City, State, Zip Code							State, Zij			1107632			7.5		-
City, State, Zip Code							All and the second	, NJ 0705	7						
Decided Manager for Manifesting Firm		- 13	Tolopho	no No		200000000000000000000000000000000000000	none No		<u> </u>	License	e No	_			
Project Manager for Monitoring Firm			Telepho	ne ivo.		relepr	ione no	1.		01107					
	100.11			5 . (44)		N.	- ( 001)	A Manitan		01101					
Start Date (10)			npletion	Date (11)				A Monitor							
12/05/13	12/10/	250					aw Na	-							
Occupancy Status During Abatement (	Check Only Or	ne)					Addres								
Facility Closed/Vacated During Er	ntire Period of	Abaten	nent			A HORSON	Maple								
Abatement Performed Outside of	Normal Facility	Hours	\$				State, Zip								
Other – Describe:						Wall	lington	, NJ 0705	57					-0.00	
Scope of Work (Check All That Apply)					2202		_00000								
≥3 sf or ≥3 lf	× F	Renova	tion				Full	Containme	nt with	n Negativ	e Pre	ssur	e		
x ≥160 sf or ≥260 lf		emolit	ion			F		i-Enclosure							
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Location of	Llee	Normal d Sole				scription		(ACM)	۸	mount					
Asbestos-Containing Material (ACN TO BE ABATED	Ma	intena	nce/		tos Cont thermal					Specify		Z	-	Enc	9
In Facility	Cus	todial S	Staff?	(1.0.		cing, VA				or LF)		Remova	Repair	aps	clos
(13)		(12)			other r	niscellar	neous)					oval	air	Encapsulate	Enclosure
	Yes	No	N/A									20024		e	
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Office		p		hihe	ii iaula	idon			- 1011.	+		-	-		
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					2						$\neg$				
Name of Registered Wests Haules		I N	JDEP W	/aste	Cubic	Yards		Name of R	enist	ered Lan	dfill				
Name of Registered Waste Hauler		- 6333	lauler ID		of Wa						~·····				
Newark Carting Inc.			5409		2			GROWS	>						
City, State		- 1			Dispos	sal Date		City, State							
Newark, NJ					12/10			Morrisvi		Α					
Completed by	Title				1 5	Signaţur	e				Date			_	
Leslaw Nalodka		ident			12/04/13										

Date of Notification (1) December 10, 2013				uilding Owne			Check #	6255		205	2/3			À.	)
Agencies Notified Type Notification	on	100700	reet Add 00 Hylt	lress ton Road							٠,	A,	45		,
区PA     DEP     DOL     Amended     Amendment				, Zip Code uken, NJ (	08110							Sec.	4.	٠,	
▼ DOH		100000	ame of C						Tele	phone Nu	mber			74	
X DCA Curiocinat			FACILI	TY INFORM	ATION							_			
Name of Facility Where Abatement is Ta Pennsauken High School Street Address	king Place (3)					Ty	1 Subch	ol (K-12) napter 8	(Othe	r than K-1	12)		la		
800 Hylton Avenue							Other etc.) quare Fe	72 N 3 S S		commerc			gs, n		,
City (5) Pennsauken						10	0,000		2			100			
County (6) Camden			ounty Co	ode (7) SE ONLY) _		100	urrent Us School	e (Prior	if beir	ig demolis	shed)				
Name of Monitoring Firm Hired by Buildin	ng Owner (8)		ASCM	No.	N	lame of	Abateme Enviror	nt Contr	actor o	(9) C		7			
Arcadis U.S., Inc. Street Address					S	Street Ad	Idress			<u> </u>			-		
10 Friends Lane, Suite 200 City, State, Zip Code						City, Stat	itler Ave	de							
Newtown, PA 18940			alank	Maple Shade, NJ						License	No.			-	
Project Manager for Monitoring Firm David Hilinski		5	908-63	5-4069						00842					
Start Date (10) December 19, 2013	Scheduled Februar			)ate (11)	1	Name of EMSL	OSHA M	onitor					9		
Occupancy Status During Abatement (C	heck Only One	e)		-		Street Ac	ddress addon A	WA							
Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe:	ire Period of A Iormal Facility	batem Hours	ent			City, Stat	te, Zip Co	ode	sey C	8108					6
Scope of Work (Check All That Apply)															
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	- Lander	enovat emoliti				×	Mini-En Gloveb	closure ag Proce	edure	Negative					
							INOTIFE	Chipted	( ) a.i.	4 11011 111			bate	ment	
Location of Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)	) Use Mai	Location lormall d Solel ntenar odial S (12)	y ly by nce/ Staff?	3.4.0.03.0000	Contai ermal s surfacir	cription o ining Ma ystems i ng, VAT, scellane	iterial (AC insulation , or	DM)	(	mount Specify F or LF)	Zelloval	Domous	Ty	e Encapsulate	Enclosure
	Yes	No	N/A	Winds	ou Co	ulking	/Glazin	-	5	000 LF	- X			-	
Exterior			XXX	vvindo	ow Ca	uikirig/	Glazin	9			+				
		1			Oubi- V	/ords	I NI	ame of I	Regist	ered Land	dfill				
Name of Registered Waste Hauler Freehold		H	IJDEP W lauler ID 2253	No.	Cubic Y of Wast 10	te	G	Grows I	Land						
City, State Mount Holly, New Jersey 0806	0		11 11 11		Disposa 2-14-1			ity, State ullytov		Α.					161
Completed by Christina Lynch	npleted by Title				Si	gnature	10	Re	^		Date 12/1	0/2	013		

Date of Notification (1) December 10, 2013				Building Ov			heck # 625	56	°2/3			<i>)</i>	
Agencies Notified Type Notification		S	treet Add	dress					- / <del>, /</del> ,	MA	``		
EPA DEP DOL  Initial Amended Amendment #	13:	C	ity, State	acific Av e, Zip Code od Crest	е	260					<u>,                                    </u>		
Emergency (in justification)  DCA  Cancellation	cluding	N	ame of (	Contact	-		/	Telep	hone Nur	nber	•		
			FACIL	ITY INFO	RMATION								
Name of Facility Where Abatement is Taking Heather Road Fishing Pier Clubhous Street Address							of Facility (4 School (K-12 Subchapter 8	2) 8 (Other	than K-1	2)			
6101 Pacific Avenue						×	Other (i.e. pretc.)	ivate &	commerci	ial build	lings,	home	s,
City (5) Wildwood Crest			87			5,00		1	loors	1	ldg. A 00	ge	
County (6) Cape May			ounty C	ode (7) SE ONLY)		Current Use (Prior if being demolished)  Clubhouse							
Name of Monitoring Firm Hired by Building Ov Environmental Connection	vner (8)		ASCM	No.	2000		atement Cont						
Street Address						treet Addre		,		W			
120 N. Warren Street						323 Cutle	an included the second						
City, State, Zip Code Trenton, NJ 08629					N	City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Ryan Broadwater			elephon 609-39	e No. 2-4200		elephone N		- 1	License N 00842	No.			
	Schedule January			ate (11)	1000	lame of OS EMSL	SHA Monitor						
Occupancy Status During Abatement (Check	Only On	e)			1000	Street Addre							
Facility Closed/Vacated During Entire Pe	eriod of A Il Facility	bateme Hours	ent		C	107 Hado City, State, 2	Zip Code		2400				
Other – Describe:						Westmon	nt, New Jer	sey u	3108				
Scope of Work (Check All That Apply)		enovat emolitio				☐ M G	ull Containme lini-Enclosure lovebag Proc on-Exempted	e cedure				<b>.</b>	
	T	ne some				L N	on-Exempled	( ) and	NOII-FIIA	DIE FIC		emen	t
		Locatio Iormall			Dane	ription of					Т	уре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	d Solel intenan odial S (12)	y by ce/		os Contair thermal sy surfacin	ning Materli ystems insung, VAT, or scellaneous	ılation,	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A								-	-	_
Exterior			XXX		- Series Sec. 10.00.0	nt Board		20.500	00 SF	X	-	-	-
Interior		XXX		1,000,000,000	CENTRAL CONTROL	Tile and N			SF	X	-	-	$\vdash$
Interior		XXX		L		and Mas	stic		00 SF	X	-	+-	-
Exterior			XXX			Flashing	Name of	1	0 SF	X			_
Name of Registered Waste Hauler Freehold		H	JDEP W auler ID 2253		Cubic Ya of Waste 20	50000000 m	Grows						
City, State Mount Holly, New Jersey 08060					Disposal Date City, State 1-17-13 Tullytown, PA.								
Completed by Christina Lynch	Title Office	e Mar	ager		Sig	nature	ale	_		Date 12/10	/201	3	

Date of Notification (1) 07/12/2013	i		N	ame of I	Building Ov UDENTIA	wner/Or L INS	perator SURANC	(2) CE COI	MPANY OF	F AME	RICAS	· Co	)		
Agencies Notified	Type Notification			treet Ad 751 BR	dress OAD STR	EET I	FIFTH	FLOO	R				<u> </u>	,	1
EFA □ DEP	☐ Initial ☐ Amended		1 2		e, Zip Code									10	
DOL DOL	Amendment  Emergency (			A STATE OF SHIPE	, NEW J	ERSE	071	02		Tolo	ohone Num	her	-		-
☑ DOH ☑ DCA	justification)  Cancellation				Contact CHARD H	IUMMEI	RS			i reie	onone Nun	ibei			
₩ DOA	Li Canconation			FACIL	ITY INFOR	RMATIC	NC								$\exists$
Name of Facility Where FORMER MAVERICK	Abatement is Taking BUILDING	g Place (3)							of Facility (4 School (K-1) Subchapter	2) 8 (Othe	er than K-12	2)			
Street Address 697-705 BROAD ST	REET							е	tc.)		commercia				5,
City (5) NEWARK								51,0		5	Floors		g. Ag	je	
County (6) ESSEX				County C STATE U	code (7) ISE ONLY)										
Name of Monitoring Firm ENVIRONMENTAL HE	Hired by Building	Owner (8)	INC.	ASCM 00104			Name PAL	of Abat	ement Con	tractor L SER	(9) VICES				
Street Address 655 WEST SHORE		-					Street	Addres	S EENS PLA	ZA SO	OUTH				
City, State, Zip Code							City, S	State, Zi	p Code	, NY	11101				
SPARTA, NJ 0787: Project Manager for Mor		-	17	Telephor				hone No			License N	0.			
BILL KERBEL		Schedule	d Com	A 3	29-5649 Date (11)		Name	of OSH	A Monitor	- Inga	00853				
Start Date (10) 4/12/2013		10/22/2	2013	piedori	Jate (11)		MART	CIN MC	CREA						_
Occupancy Status Durin				777				t Addres KENNI	ss EDY BLVI	)					
☐ Abatement Perform ☐ Other – Describe:	cated During Entire ned Outside of Norn BUILDING IS V	nal English	Hours		FOR	_			ip Code NJ 0700	12					
Scope of Work (Check						-									
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		100	enova emoliti				1	⊠ Mir Ži Glo	ni-Enclosur ovebag Pro	e cedure	n Negative I			е	
		Т.						110	ii Exemple	,,,			Abate	ement	
Location Asbestos-Containin TO BE AI In Fact (13	g Material (ACM) BATED illity	Use Mai	Locati lormal d Sole intenai odial S (12)	ly ly by nce/	Asbest (i.e.	os Con therma surfa	I systen	Materia ns insul		(	Amount Specify F or LF)	Removal	Repair	e Encapsulate	Enclosure
		Yes	No	N/A	SEE AT	тасн	ED ACM	/ TABI	E FOR	SEE	ATTACHE	D X	-		
SEE ATTACHED ACT	M TABLE FOR			-	DETAIL		- ACI		101		TABLE		-		-
DETAILS					DETAIL						DETAILS	-			
								-							
Name of Registered W	aste Hauler		100	JDEP V		I de la companya della companya della companya de la companya della companya dell	Yards		Name of	f Regist	tered Landf	ill	= = 5/4		
ATC/TST			1 22	lauler IC 24310/	) No. 19551	of Wa	200-200-2				TERPRIS	ES		11	
City, State SHIRLEY, NY 119	67/BRONX, NY	10464				6/0	osal Da 6/201 5/201	3/1/	City, Sta	ate SBUR	G, OH 44				
Completed by ANN ALI		Title ADMII	NIST	RATIVE	3		Signatu	ire				Date 7/12/	2013	}	

Mo neck Harly

Date of Notification (1) 12/09/2013			1	Name of THE PI	Building C	wner/O	perator (2 SURANC	2) E COM	IPANY O	F AME	RICAS				
Agencies Notified	Type Notification		- 1	Street Ad 751 B	ddress ROAD ST	REET	FIFTH	FLOOR	2				14	`	
□ DEP	☐ Initial ☐ Amended		1	City, Sta	te, Zip Coo	ie		11100000				1.		1	
Ď DOL	Amendment			NEWARI	C, NEW	JERSE	Y 0710	2						Sin	
☑ DOH ☑ DCA	justification)  Cancellation				Contact ICHARD	HUMME	RS			Tele	ephone Nu	mber_			
				FACI	LITY INFO	RMATI	ON								
Name of Facility Where FORMER MAVERICK	Abatement is Takin BUILDING	g Place (3)							f Facility (4 chool (K-1						
Street Address 697-705 BROAD ST	FREET							☐ St ☑ Of	ubchapter	8 (Othe	er than K-1 & commerc	2) ial build	ings,	home	s,
City (5) NEWARK								Square 51,00	Feet	# of	Floors	В	dg. A	ge	
County (6) ESSEX					Code (7) JSE ONLY)			Current Use (Prior if being demolished) VACANT (PRIOR USE COMMERCIAL)							
Name of Monitoring Firm ENVIRONMENTAL HE	m Hired by Building	Owner (8)	NC.	ASCM 0010					ement Cor						
Street Address	-		33				Street A	Address							
655 WEST SHORE City, State, Zip Code	TRAIL						City, St	ate, Zip	Code	-		×80000			
SPARTA, NJ 0787	TA, NJ 07871 th Manager for Monitoring Firm						LONG	ONG ISLAND CITY, NY 11101							
BILL KERBEL	intoring Firm			5-01.070.0 N	29-5649	)	l—				00853				
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Occupancy Status Durin	ng Abatement (Che	k Only One)		77			Street /			v 10					
□ Abatement Perform  ○ Other – Describe:	cated During Entire med Outside of Norr BUILDING IS V	nal Facility H	OHE		FOR	2	City, St	tate, Zip	Code	NATION AND ADMINISTRATION AND AD					
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	All Illat Apply)	П. О.		e:			凶	<b>⊏</b> uli	Containm	ent with	n Negative	Pressu	re		
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SHIRLEY, NY 119  Completed by ANN ALI	67/BRONX, NY	Title ADMIN	STI	RATIVE	:		Signature	•		•		Date 2/09/	201	3	

Date of Notification (1)			N	ame of	Building	Owner/Operator	(2)	= M	My			ř.	
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abox page						ORMATION							
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SAM							☐ School (K-12 ☐ Subchapter 8	(Other than K-12	2) .				
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Name of Monitoring Firm Hired b	y Building Owner	A	SCM I	No.			nent Contractor (S						
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Street Address				25		Street Address	n :						
}							River St						-
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						Telacken	isack, N.	License No.					_
Project Manager for Monitoring	rim	Tek	ephon	e No.	t	le chone No.	(040)	00388	20*				
	Scheduled Co		- Dot	n /44\		Name of OSHA	Monitor	1 00300					-
Start Date (10)	12/3			e (11)		Omega Er	vironmen	tal Inc					
12/23//3 Occupancy Status During Abate					<u> </u>	Street Address							_
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☐ Facility Closed/Vacated Durin ☐ Abatement Performed Outsid	g Entire Period of	f Abate	ment			City, State, Zip	Code						_
2 Other - Describe: \$24	to SPH	,				South H	Iackensac	k, N.J.	0760	6_			
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22 ≥ 160 sf or ≥ 260 lf			1	□ Dem	olition	₽ Glo	rebag Procedure	d Nain Friedle Des	endura				
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Completed by	Title					Signature	f	0	Date 1 Z	1,	ام	12	
J. Maiorano	Estim					1 (	مصمضع		12	11	7	د،	
ASB-41	* Do not	t use th	is for	m for as	sbestos	licensure exempte	d activities.	No. species					

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PAGE 84/84

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**MAY 11** 

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Date of Notification (1)	10000			Nam	e of Buildir	ng Owner/Opera	tor (2	2)	111	-10				
	10 / 1	3		Tash	a Richard	ls	7	DEO	•					
Agencies Notified	Type Notification	1			et Address			DEC 10 AM	16					
□ EPA	Initial			1907	Montgor	nery Street		e v2 <b>/</b>	VII.					
X DOLWD X DHSS	Amended	غا خا			State, Zip								-	
DHSS	Amendment :		-	Rahv	vay, NJ 0	7065								
(NJAC 5:23-8)	justification)	nicidalli	y		e of Conta				Telephone I	Number			• (***)	
1 2.00 10 E2 0.00 MA	Cancellation			Tasha	a Richard	S								
				1		NFORMATION								
Name of Facility Where A	batement is Takir	no Place	> (3)	1 P	(01211111	INI OKMATION	4	Type of Facility	(4)					
Private house	owner to Talli	.9	(0)					School (K-1						
Street Address								Subchapter	8 (Other than K	(-1 2)				
	- 17							Other (i.e.,		nmercial	bui	Iding	IS,	
1907 Montgomery Stre	et							homes, etc.			01			
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Union				Cou	my code (7)	I (STATE USE ON	LY)	Current Use (Pi	rior it being der	nolished	1			
Name of Monitoring Firm	Hired by Building	Owner	/R1	ASCM	I NI a	T								
Tromo of Montorning ( may	imed by banding	OWNE	(0)	ASCIN	NO.			nt Contractor (9	)					
Street Address						Gr Tech LLO		-						
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Ola Charles Tim Olan				10000		576 Valley R								
City, State, Zip Code						City, State, Zi	ip Co	ode						
Decident Manager St. 33			71.20.7			Wayne, NJ 0	-	0						
Project Manager for Monit	oring Firm		Tel	ephone	No.	Telephone No	)		License No	).				
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Start Date (10) 12 / 19 /					ate (11)	Name of OSH	IA M	onitor						
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Occupancy Status During						Street Addres	s			10 10 10 10		_		
▼ Facility Closed/Vacate	d During Entire Pr	eriod of	Abate	ment	5-10	20-21 Wagar	aw l	Road, Bldg .#	34A					
Abatement Performed Time of Abatement:	Outside of Norma	ai Facilit DM/	y Hou PM	rs - De	scribe A # 4	City, State, Zi	p Co	de						-
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Gr Tech LLC			1	003378	85	TBD		T.R.R.F. Inc		UNITAL				
City, State						Disposal Date		City, State						
Wayne, NJ 07470						TBD		Tullytown, P.	A					
Completed By (Print or Type	oe) Titi	е				Signature	)	A		Date			-	-
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MAY 11		Do no	use t	his form	n for asbes	tos licensure ex	Imple	ed activities.						

Print	Form

### Check # P137

			Name	of Buildi	ing Owner/Ope	erator (2	2) Accociatio	nn		· On				
te of Notification (1)			New	Jersey	State File	mens	ASSUCIATIO				4			
/20/2013	fication		Street	Address	s ning Hill Ro	ad					<u></u>		i N	
ericies realise					ping Hill Ro						13	7	.0	
EPA Initial Amei	nded		City, S	State, Zip	NJ 07033							<u>v.</u>		
Ame	endment # ergency (includ	ling		of Cont					Teleph	one Number	le le			1
iustif	fication)		Geo	rge H.	Heflich, SF	₹.		1						
DOH Gand	cellation		FA	CILITY	INFORMATIO	N	Type of Fac	sility (4)						
ame of Facility Where Abatement	is Taking Place	ce (3)						(K-12)			81			
lew Jersey Firemen's Asso	ciation	875					School Subch	apter 8 (	Other 1	than K-12)	uildings	hom	nes.	
treet Address							→ Other	(i.e. priva	ate & c	commercial b				1
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City (5)							10 000	1	2	i i i a				+
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Essex	Building Own	er (8)	I A	SCM No	).	Name	of Abatement t Coast Ha	nt Contra	Remo	oval, Inc.				
Name of Monitoring Firm Hired by	Building Own	01 (0)	N	/A										
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City, State, Zip Code						Pat	erson, NJ	07504	77.5° 21.0° 22.					
City, State, 21p oots			T-1	ephone	No	. m/2	phone No.			License No. 00507				
Project Manager for Monitoring Fi	irm		lei	epriorie	140.	1				00507				-
		cheduled	Comple	etion Da	te (11)	Nam	ne of OSHA	Monitor						
Start Date (10)	30	Clicacioa												
Start Date (10)	D	ecemb	er 23,	2013		100000000	me as abo	ve						
December 3 2013	D	ecemb	er 23,	2013		100000000	et Address							
December 3, 2013 Occupancy Status During Abater	ment (Check C	Only One	er 23,	2013		Stre	et Address							
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December 3, 2013  Occupancy Status During Abater  Facility Closed/Vacated Dur Abatement Performed Outs Other – Describe:  Scope of Work (Check All That A ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 lf  Location of Asbestos-Containing Materian Facility (13)  Basement  1st Floor  1st Floor  2nd Floor  Name of Registered Waste Hat East Coast Haz Mat Rer	ment (Check C ring Entire Per side of Normal Apply)	Is Nuse Mai Cust	enovation emolition demolition (12)  No X X X	2013  nt  nn  n / by ce/ taff?  N/A	Asbestos C (i.e. there is not here)  P FI FI Vaste O No.	Descriptiontaining all sysurfacing er miscontaining all sysurfacing er miscontaining er mis	Full Community of the second o	Code  Containme Enclosure Enclosure Exempte  ACM) on,  Name of G.R.C	cedure d (*) ar	Amount (Specify SF or LF) 240 LF 255 LF 5,775 SF 3,150 SF istered Landi	Removal X x x fill C.	edure Abate Typ	oe T	Enclosule
Occupancy Status During Abater    X	ment (Check C ring Entire Per side of Normal Apply)	lecembo	enovation emolition demolition (12)  No X X X	2013  nt  nn  n / by ce/ taff?  N/A	Asbestos C (i.e. there is not here)  P FI FI Vaste O No.	Description tailing and sysurfacing er miscontaining er miscontain	Full Community of the second o	Code  Containme Enclosure bag Prov Exempter  ACM) on,  Name of G.R.C	cedure d (*) ar	Amount (Specify SF or LF) 240 LF 255 LF 5,775 SF 3,150 SF istered Landi 6. North In	Removal X X X Date	Repair	e Encapsulate	Elidosale
December 3, 2013  Occupancy Status During Abater  Facility Closed/Vacated Dur Abatement Performed Outs Other – Describe:  Scope of Work (Check All That A ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 lf  Location of Asbestos-Containing Materian Facility (13)  Basement  1st Floor  1st Floor  2nd Floor  Name of Registered Waste Hat East Coast Haz Mat Rer	ment (Check C ring Entire Per side of Normal Apply)	Is Nuse Mai Cust	er 23, enovation enovation emolition emolitical emolit	2013  nt  nn  n / by ce/ taff?  N/A	Asbestos C (i.e. there is not here)  P FI FI Vaste O No. 0	Description tailing and sysurfacing er miscontaining er miscontain	Full Community of the second o	Code  Containme Enclosure bag Prov Exempter  ACM) on,  Name of G.R.C	cedure d (*) ar	Amount (Specify SF or LF) 240 LF 255 LF 5,775 SF 3,150 SF istered Landi 6. North In	Removal X x x fill C.	Repair	e Encapsulate	Elitophia

# Check #

12/09/2013					of Building C Jersey Sta				ociation			(3)	20		-
Agencies Notified Ty	pe Notification				Address Galloping	Hill F	Road					٠.	0	· Ya	
DEP X	Amended Amendmen				ate, Zip Coo		3		W.E.				- /-		
ĭ DOH	Emergency justification)	(including	+	1	of Contact					Te	ephone N	lumber	h		
☐ DCA ☐	Cancellation			Georg	ge H. Hefl	lich, S	R.								
Name of Facility Where Abar	tement is Takir	na Place (3	1	FAC	ILITY INFO	RMAT	ON	Tuno	of Cocility	(4)					
New Jersey Firemen's			)					_	of Facility						
Street Address									School (K- Subchapte		er than K-	-12)			
50 Evergreen Place.								N C	Other (i.e. etc.)				ldings	, hom	es,
City (5)	- M-1								e Feet	# 0	f Floors	1	Bldg.	Age	
East Orange								10,00		2			55 +	yrs.	
County (6) Essex					Code (7) USE ONLY)			Currer	nt Use (Pr oital	ior if be	ng demol	ished)	0800		
Name of Monitoring Firm Hire	ed by Building	Owner (8)		17.00	M No.				ement Co						
Street Address				N/A					t Haz M	at Ren	noval, Ir	ic.			
							Street A		s Street						
City, State, Zip Code							City, St Pater		p Code NJ 0750	4					
Project Manager for Monitoria	ng Firm		T	Telepho	one No.		Teleph	one No	),		License 00507	No.	2017 558		S- 1207
Start Date (10)					Date (11)		Name o	of OSH.	A Monitor	4.0					-
December 3, 2013		Decem		3, 201	3		The s	ame a	as abov	е					
Occupancy Status During Ab		85	02				Street A	Address	S						
Facility Closed/Vacated Abatement Performed C Other – Describe:							City, St	ate, Zip	Code						
Scope of Work (Check All Th	at Apply)													- 1	
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		ls	Locati	on				11011	Exemple	u ( ) un	3 11011 1 110	1	1 - 05-15-25-1	emen	t
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Asbestos-Containing Mate TO BE ABATEI			d Sole			s Cont	aining Ma systems	aterial (		2385	mount			g	Е
In Facility	2	Cust	odial S (12)	Staff?		surfac	cing, VAT	, or	ion,		specify or LF)	Remova	Repair	caps	Enclosure
(13)					-	other n	niscellane	eous)				oval	air	Encapsulate	sure
		Yes	No	N/A										Ф	
Basement				X	Pipe Ins	sulatio	n/Floor	Tile/I	Mastic)	90 LF	(1600 S	F) X			
1st Floor				X		Pipe	Insulat	ion		25	55 LF	x			
1stFl. & 2nd F	FI.			X		Floor	Tile/Ma	stic		89	25 SF	x			
Exterior Staircase	3700			X		T	ransite	7		(17	0 SF	x			
Name of Registered Waste H		- W 2000-JA		JDEP Wauler ID		Cubic of Was	57 V 57 11 11 15 15 7 .		Name of	Registe	red Landf	fill			
East Coast Haz Mat Rer	moval, Inc.			8602	3	50					S, Inc	WM			
City, State Paterson, NJ 07504			<u> </u>				al Date /2013	,	City, Stat Morrisv		A				
Completed by James Unger		Title Projec	ct Ma	nager		Si	ignature Mu	r 4	1/4	1	173	ate   2/09/2	2013		

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

de# 23294

Date of Notification (1)   12/10/2013   Nums of Bailding Covener/Operators (2)   Section of Construction   12/10/2013   Section   12/10/	A Committee of the Comm				lioner					000	v 1	1		
X   DOL					Name of	Building (			truction	70	C/	` i	13	0
X	[X],EPA [] Initial [] DEP [] Amer	Notification	tification				le				• 5.	AM	5.4	
Name of Facility Where Abstement is Taking Place (3)   Residence   FACILITY INFORMATION	A DOL						West (	Creek, N.	08092				1	
Name of Facility Where Abdress   Taking Place (3)	[x] DOH justifi	cation)			Name of		Corliss		T	elephone Number			* ,	
Name of Facility Where Abdress   Taking Place (3)				FAC	ПЛТҮГ	NFORM	ATION							
1513 Beach Avenue		g Place	(3)					Type of	Facility (4)		ner tha	n k-12)		
Name of Monitoring Firm Hired by Building Owner (8)   N/A		nue					*		[x]	Other (i.e., priva			al build	lings,
Name of Monitoring Firm Hired by Building Owner (8) N/A  Street Address  Street Address  1889 Route 9, Unit 61  City, State, Zip Code Toms River, New Jersey 08755-1271  Toms River, New Jersey 1589  Toms River, New Jersey 1589  Racd Address  Street Address  Street Address  Toms River, New Jersey 08755-1271  Toms River, New Jersey 1589  Racd Address  Street Address  Street Address  Street Address  Toms River, New Jersey 1589  Racd Address  Toms River, New Jersey 1585-1271  Toms River, New Jersey 1589  Total Residence Custodial 1589  Racd Address  Street Address  Street Address  Street Address  1056 Stellon Road  City, State, Zip Code  Toms River, New Jersey 1585-1271  Toms River, New Jersey 1587  Toms River, New	City	Coun	ty (6)				n	100	00 sf	11			5	
Name of Monitoring Firm Hired by Building Owner (8) N/A	Long Beach Twp	Ocea	an					Current 1			)			
Street Address   Street Address   Street Address   1889 Route 9, Unit 61		Owner	(8)		ASCM N	0.	Name of	Abatement	Contractor	(9)	Inc			
City, State, Zip Code    City, State, Zip Code   Toms River, New Jersey 08755-1271     Project Manager for Monitoring Firm   Telephone Number   License Number   00624     Scheduled Start Date (10)   12/13/2013     Cocupancy Status During Abatement (Check only one)   12/13/2013     Street Address   1056 Stelton Road							Street Ac	Idress						
Project Manager for Monitoring Firm	City, State, Zip Code		332.				City, Sta	te, Zip Cod	le		ey 08'	755-12	271	
12/11/2013   12/13/2013   12/13/2013   E.M.S.L. Analytical	Project Manager for Monitoring Firm		Telephone N	Number			Telephor	e Number		License N				
Occupancy Status During Abatement (Check only one)   X	Tan - 경영·미리 경영·인영·인 = 경영·기업·경영·인영·인영·영영·기업·기업·기업·기업·기업·기업·기업·기업·기업·기업·기업·기업·기업·				ion Date (	11)	Name of	OSHA Mo		L. Analytical				
City, State, Zip Code Piscataway, New Jersey 08854  Scope of Work (Check all that apply)  [] Full Containment with Negative Pressure [] Mini-Enclosure [] M	Occupancy Status During Abatement (Check		ne)	P 97 97	atement		Street A	ldress						
Scope of Work (Check all that apply)  [ ] Full Containment with Negative Pressure [ ] Mini-Enclosure [ ] Mini-Enclosure [ ] Mini-Enclosure [ ] Mini-Enclosure [ ] Glovebag Procedure [ x ] ≥160 sf or ≥260 lf [ x ] Demolition  [ x ] Non-Exempted (*) and Non-Friable Procedure    X   Non-Exempted (*) and Non-Friable Procedure    X   Asbestos-Containing Material (ACM) Material (ACM) (Specify SF or LF)   X   Asbestos-Containing Material (ACM) (Specify SF or LF)   X   Asbestos siding	[ ] Abatement Performed					98	City, Sta	te, Zip Cod		vay New Jerce	w 088	254		
$ \begin{bmatrix} ] & >3 \text{ sf or } \ge 3 \text{ If } & \begin{bmatrix} & & & & & & & & & & & & & & & & &$							[ ]	Full C						
X   Demolition   X   Non-Exempted (*) and Non-Friable Procedure			ſl	Renova	ation		[ ]			ure				
Is Location of Normally used Solely by Maintenance/Custodial in facility (13)  Exterior  Is Location Description of Asbestos-Containing Material (ACM) (Specify SF or LF)  Maintenance/Custodial Staff (12)  YES NO N/A  Exterior  Is Location Description of Asbestos-Containing Material (ACM) (Specify SF or LF)  Maintenance/Custodial insulation, surfacing, VAT, or other miscellaneous)  YES NO N/A  Exterior  X Asbestos siding  1200 sf  X U U U U U U U U U U U U U U U U U U							[x]				Proced	ure		
Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)  Maintenance/Custodial Staff (12)  VAT, or other miscellaneous)  Normally used Solely by Maintenance/Custodial Staff (12)  VAT, or other miscellaneous)  Name of Registered Waste Hauler Guardian Contracting, Inc.  Name of Registered Waste Hauler Toms River, New Jersey  Completed by (Print or Type)  Normally used Solely by Material (ACM) (i.e., thermal systems (i.e., t							:=:				Abat	tement	Туре	
Exterior X Asbestos siding 1200 sf X  Name of Registered Waste Hauler Guardian Contracting, Inc.  City, State Toms River, New Jersey  Completed by (Print or Type)  Title  NA Asbestos siding  Completed by (Print or Type)  L E E E  R E  City, State City, State Title Signature  Date  City, State Title Signature Date	Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility		Normally use Solely by ntenance/Cus Staff	ed		Asb N (i.e. inst	estos-Cor laterial (A , thermal lation, su VAT, (	ataining ACM) systems rfacing, or		(Specify SF	E M O V	E P A I	N C A P S	N C L O S
Name of Registered Waste Hauler Guardian Contracting, Inc.  City, State Toms River, New Jersey  Completed by (Print or Type)  NJDEP Waste Hauler ID No. 20223 2  Cubic Yards of Waste Tuber Yards of Waste Tuber Yards of Waste Tuber Yards of Waste Title  NJDEP Waste Hauler ID No. 20223 2  City, State Title  City, State Tullytown, Petansylvania  Date		YES	NO NO	N/A		-					L			5.45.5
Guardian Contracting, Inc.  20223 2 T.R.R.F.  City, State Toms River, New Jersey 12/16/2013 Completed by (Print or Type) Title  Signature Date	Exterior		X		Asbes	stos sidin	g			1200 sf	X			
Guardian Contracting, Inc.  20223 2 T.R.R.F.  City, State Toms River, New Jersey 12/16/2013 Completed by (Print or Type) Title  Signature Date							<b>3</b> 0							
Guardian Contracting, Inc.  20223 2 T.R.R.F.  City, State Toms River, New Jersey 12/16/2013 Completed by (Print or Type) Title  Signature Date									- 2					
Guardian Contracting, Inc.  20223 2 T.R.R.F.  City, State Toms River, New Jersey 12/16/2013 Completed by (Print or Type) Title  Signature Date														
City, State  Toms River, New Jersey  Completed by (Print or Type)  Disposal Date  12/16/2013  Tullytown, Pennsylvania  Date					ID No.		rds of Was			red Landfill				
Completed by (Print or Type) Title Signature Date	City, State			Dispos					, .		25			
		1,000,000,000	ect Manage			ure	Tullyt	own, Per	insylvania				13	

12/10/2013			Name of	Building O	wner/Operate	or (2) Marine Cons	ruction	POEC		1	
12/10/2013		- 1	3.0								
12/10/2013		11			Bayside	With the Com-			O AL		
			Street Ac	ddress	1	-11 C+		5 7 6	ary	5.	
Type of Notification  [ ] Initial Notifica	tion				11 Birds	sall St.			Ν,	٠.	
L J 1-4 Noti	ification		City, Sta	ate, Zip Co	de	- NT 00759	í.			9	
Amendment #			Olej, -		Waretov	wn, NJ 08750	1	Number			
[x] Emergency (in	ncluding		Name 0	of Contact			Telephon	ile ivuinoer			
justification)			14mile s	Adam	Risden						
[ ] Cancellation		71/	OH ITV	INFORM	MATION						
		FAC		INI OIG.		Type of Facilit	Scho	ool (k-12)			
Abatement is Taking Place	(3)					L I		O (other	than k12)	· .1 k	ldings
sidence						[x	1 Oth	er (i.e., private d	& commer	cial bui	Jumga
							hom	es, etc.)	Bldg, Age		
			County	Code (7)		Square feet	1 1 1 1 1 1 1 1 1	1		51	
Cou	nty (6)		(STAT	E USE ON	ILY)	1600 S	Prior if bein	g demolished)			
00	ean					ll R	esidence				
			100	/ No	Name o	1	streeter (9)	Contracting I	nc.		
m Hired by Building Own	er (8)		ASCN	/I NO.			ruaruian C				
I/A					Street A	Address 1	889 Route	e 9, Unit 61			
					City, S				v 08755	-1271	
					11	-	Toms Rive	License N	umber		
	Tolon	hone Num	nber		Teleph	one Number		00624			
ionitoring Firm					-l. Name	of OSHA Moni	tor	1			
	Sche	duled Con	npletion D	ate (11)	Name	01 002	E.M.S.L.	Analytical			
(10)		13/2013			Street	Address	1056 Stel	ton Road			
ring Abatement (Check onl	ly one)	re Period	of Abatem	nent	1						
Facility Closed/Vacated D	uring End	rmal Faci	lity Hours		City,	State, Zip Code	Discatawa	av. New Jers	ey 0885	4	
Abatement Performed Out					-						
Other - Describe					[	] Full Co	ntainment v	with Negative 1	1035414		
ck all that apply)					]	1		те.			
	r	1 1	Renovation	n	Ĩ	3	vemnted (*)	and Non-Friabl	e Procedu	re	
>3 sf or ≥3 lf	I.	x1 1	Demolition	n	L	X ] Noir-E	Kemp. ( )		Abate	ment T	ype
≥160 sf or ≥260 lf						S-1-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-				1	Е
		2 2 2	1		Descr	ription of		Amount		E	N
	Is	Location	ed		Asbesto	s-Containing		(Specify S	F M	P	CA
ation of	9	olely by	1		Ge the	rmal systems		or LF)	0	I	P
ning Material (ACM)	Mainter	nance/Cu	stodial		insulation	on, surfacing,			V	R	S
facility					. V	AT, or			A		L
(13)		()	95070.46000		other m	H3CCHanco as)			L	1_	E
	YES	NO	N/A	12				1100 sf	X	_	1
		X	T	Asbest	os siding			-			1
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	-		+								
			+	1			ame of Degi	stered Landfill			
	1	IDEP Wa	ste Hauler	ID No.		s of Waste N	T.R.R.F.	* * * * * * * * * * * * * * * * * * *	· 		
red Waste Hauler		יות זונים ניי	20223		2	City, State					mga est
dian Contracting, me			Dispo	sal Date	-	Tullytown, I	ennsylva	nia //	D	ate	
s River, New Jersey	Title		12/1	Signat	ure	1 1	11.	1	1	2/10/	2013
Print or Type)	Title										
	Amendment #  [x] Emergency (in justification)  [] Cancellation  Abatement is Taking Place esidence  5 Hornblower Dr.  County  Monitoring Firm  (10)  3  ring Abatement (Check on Pacility Closed/Vacated Datatement Performed Out Other - Describe  ck all that apply)  >3 sf or ≥3 If ≥160 sf or ≥260 If  cation of ning Material (ACM)  E ABATED  facility  (13)  red Waste Hauler redian Contracting, Inc	Amendment #	Amendment #	Amendment #	[x] Emergency (including justification) Name of Contact Adam   FACILITY INFORM   Abatement is Taking Place (3)   Sidence FACILITY INFORM   Sidence County (6) County Code (7) (STATE USE ON)   Tocan County Code (7) (STATE USE ON)   Telephone Number ASCM No.   MyA Scheduled Completion Date (11) 12/13/2013   Scheduled Completion Date (11) 12/13/2013 12/13/2013   Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe City Demolition   Cation of ning Material (ACM) EABATED If acility (13) Is Location Normally used Solely by 	Amendment # Wareto  [x] Emergency (including justification)  [Cancellation]  FACILITY INFORMATION  Abatement is Taking Place (3)  Sidence  FACILITY INFORMATION  Abatement is Taking Place (3)  Sidence  FACILITY INFORMATION  ASSIGNMENT OF A STATE USE ONLY  Ocean  The Hired by Building Owner (8)  ASCM No.  Street  City, S  ASCM No.  Street  City, S  In Elephone Number  Telephone Number  Scheduled Completion Date (11)  12/13/2013  Tring Abatement (Check only one)  Facility Closed/Vacated During Entire Period of Abatement  Abatement Performed Outside of Normal Facility Hours  Other – Describe  City, S  City, S  City, S  City, S  In Elephone Number  Telephone Number  Is Location Date (11)  Street  City, S  City, S  City, S  Street  Abatement (Acm)  Facility Closed/Vacated During Entire Period of Abatement  Abatement Performed Outside of Normal Facility Hours  Other – Describe  City, S  City, S  City, S  Street  City, S  Ci	Amendment #_ Waretown, No experience of the property of the p	Telephone Number   Telephone	Amendment #	Amendment # [x ] Emergency (including justification)   Name of Contact Adam Risden   Telephone Number   Adam Risden      Name of Contact Adam Risden   Telephone Number   Substantial Risking Place (3)   Sidence   Sid	Amendment #

### CK 1251

Date of Notification (1) 12-10-2013			- 1		f Building O				,	י משטי				)	
Agencies Notified	Type Notification			Street A							7 10		-	ee <sup>d</sup>	$\dashv$
-					Pinnacle [	Dr. #7	700			2	4/9	5			
EPA DEP	X Initial   Amended				ate, Zip Cod						To.				
X DOL	Amendment a		- [		an, VA 22	102									
DOH DCA	justification)	o.uug			of Contact n Weber				_Tele	phone N	umber				
DCA	Cancellation				ILITY INFO	DRAAT	ON		I Company			_			
Name of Facility Where	Abatement is Taking	Place (3)		FAC	ILIT INFO	MIMI		of Facility (4)	)						
Colonnade Apartm	ents							chool (K-12							
Street Address								ubchapter 8 ther (i.e. pr				dino	as. h	omes	
25 Clifton Avenue							e e	tc.)							-
City (5)							200.0	e Feet	23	Floors	0.1	30+	ı. Ag -	е	
Newark, NJ 07104				County	Code (7)		1000	nt Use (Prior		no demoli					
County (6) Essex					USE ONLY)		Currer	it Ose (Filo	i ii bei	ng demon	iorica)				
Name of Monitoring Firm	n Hired by Building (	Owner (8)		ASC	M No.		Name of Abat	ement Cont	ractor	(9)					
		8.2					Green Env	ironmenta	al Se	rvices, l	LLC				
Street Address							Street Addres								
011 011 71 0 1							235 Virgini City, State, Zi					_			
City, State, Zip Code							Jersey city		)4						
Project Manager for Mo	nitorina Firm		Т	Teleph	one No.	***	Telephone No			License	No.				
	3						T.			01174					
Start Date (10)					Date (11)		Name of OSH								
12-11-2013		12-17-2					Green Env		al Se	rvices.					
Occupancy Status Duri	ng Abatement (Chec	k Only One	9)				Street Addres 235 Virgini								
➤ Facility Closed/Va Abatement Perform	cated During Entire I med Outside of Norn	Period of A	bater	ment			City, State, Zi								_
Other – Describe:		iai i aciity	11001			_	Jersey Cit		04.						
Scope of Work (Check	All That Apply)					-									
≥3 sf or ≥3 lf		× R	enov	ation				I Containme		h Negativ	e Press	ure			
≥160 sf or ≥260 lf			emol	ition				ni-Enclosure ovebag Proc							
							× No	n-Exempted	(*) ar	nd Non-Fr	iable Pr				
			Loca									Α	bate. Tyl	ment be	
Locati			lorma d Sol	ally lely by			escription of	(ACM)		Amount		T	Ť		
Asbestos-Containir TO BE A		Mai	nten	ance/	Asbes (i.e.	therm	ntaining Materia al systems insula	ation,	(	Specify	7		R	Enca	Enc
In Fa	cility	Cust	odiai (12	Staff?		sur	facing, VAT, or miscellaneous)		S	F or LF)	Kemova		Repair	Encapsulate	Enclosure
(13	5)	Van	No	N/A	-	Other	misociianeodoj				2	-	7	late	Гe
Helling	. C 12	Yes		N/A	<del>`</del>		VAT			000 SF	×	+		-	
Hallway Hallwa			×	4			VAT			00 SF	×	+			
	·		X				VAT			900 SF	X	+			
Hallwa	•						VAT		- W	900 SF	X	+			-
Hallwa Name of Registered W			X		Waste	Cub	ic Yards	Name of							
Mississippi and the second				Hauler	ID No.	of V	Vaste	127	10.00	terprise					
Tri-State Transfer	M35UC.			2A346	S 	30	15.	1							
City, State Bronx NY.						1 500000	oosal Date 17-2013	City, Star Wynes		-Ohio.					-
Completed by Liliana Serrano	W	Title Offic	е М	anage	г		Signature				Date 12-1	0-2	013	}	

Page 2 of 2.

Location of	1	Locati	у	Description of		,	Abate Ty	pe pe	t
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	d Solel intenar lodial S (12)	ice/	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Remov	Repai	Encapsu	
	Yes	No	N/A			B		ate	
Hallway D-10		X		VAT	900 SF	X	9		
	-								
	+			The second secon		$\vdash$			-
						+-			L
- April			-	The state of the s					
						1			-
				1		1		-	
	1	******					- :		

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

1136 of North ation (1)	Name of Bu	ilding Owner Operator	r (2)		3
	3_ CH	RISTIAN B	ROS. ACADE	MY OF	LINCESFT
Aperican Todalen Evpe Notificati X FDA Initial		55 NEWA			
⊠initial Amended Kirish Amendmen	. City State.	Zip Code			
☐ Emergency	(including	INCROP	T. NJ	07738	
d. 4 + 7 , R idstification ☐ Cancellatio		ANDERSO	\	Telephone Num	iber
Emiliar and the second		Y INFORMATION			
Name of Faculty Rinere Abatement is Tal			Type of Facility (4	i)	
BROTHERS' RESIDE	UCÉ AT ABOU	E LOCATION	School (K-12) Subchapter 8 Other (i.e., prohomes, etc.)	Other than K 13	
B #*			Square Feet	≠ of Floors	Bldg Age
			25000	2	50 +
MONHOOTH		de (TySTATE USE CNLY	12 ESI DE	100 mm - 100	shed)
Lame of Monitoring Firm Hired by Buildin	ig Owner (8) ASCM No		ment Contractor (9)		
BIRDSALL SER	v. GP. 017	Street Address	PRO, IN	<u> </u>	
65 JACKSON 1	Aus,	173	KARK	175 1	115
1.20		: City, State, Zip (	Code	2	
CRANFORD, N		W00	DBRIDE		07095
KENIN BURNS	788.497.89	: Telephone No		. Licerise No	65
Start Pate 101 Scr	neduled Completion Date (11)	Name of Ob	MOUNTO		.02
	12 16 113	-			
Triusaric - Status Buring Aparement (On		Street Address			
Flacility Clused Vacated During Entire I Adatement Performed Outside of Norm					
The of AparementAM	PMAM	City, State, Zip C	Code		
Signerit Mork (Check as that apply)					
Durko Era ≰irk eta 5987a	Renovation Demolition	☐ Mini-En ☐ Gloveba	ntainment with Negal closure ag Procedure empted (*) and Non-		, a
A CONTROL OF THE RESIDENCE OF THE PARTY OF T	Is Location			T NADIC T TOCCODE	Abatement Type
Location of Aso⊷tos Containing Material (ACM)	Normally Used Solely by A	Description sbestos Containing M		Smo	
TO BE ABATED IN Facility	Maintenance/ Custodial Staff?	(i.e. thermal systems	insulation,	Amount (Specify	Er capsulate Repair
(13)	(12)	surfacing, VAT other miscellani		SF or LF)	sula sula
	Yes No NA				্ ল
ZNX FLOOR		VAT	!	200 SF	
en e					
				National Discourage	
anic of Registered Waste Haule:	NJDEP Waste Hauler ID No	Cubic Yards of Waste	Name of Register	ed Landfill	
NEWARK CARTINE,	INC. 4509	/D Disposal Date		W.S. Mi	
NEWARK. NJ		12.17.13	MOLRIS	V1115 6	A.
Miles and the Market Ma	le	Signature	FULKIS	Dat	e
ANIR T. TOLCHIN &	? RES.	Dave	dT.Told	· 1	1.22.13

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

	(Pur	ATION suant	OF ASE	BESTOS AB	Security of the second				- 12/2	·		100	
ate of Notification (1)	N	ame o	f Building STIAN	Owner/Op BROTHE	erator (2 ERS AC	ADEMY C	F LINI	OCRO	OFT :	7		-	
1-27-13 gencies Notified Type Notification	5	Street A	Address NEWMA	AN SPRIN	NGS R	OAD					•	$\dashv$	
EPA Initial Amended Amendment # DOL Emergency (included)	1	City St	ate. Zip					Tolenh	one Number			-	
iustification)		Name TED	of Conta	ct RSON	ń		15			•			
DOH DCA Cancellation		FA	CILITY II	NFORMATI	ON	Type of Fac	ility (4)						
lame of Facility Where Abatement is Taking Plac BROTHERS' RESIDENCE AT ABOVE	ce (3) ADDDF	RESS	S			School Subch	(K-12)	Other tate & c	than K-12) commercial bui	ildings,	home	es,	
Street Address						etc.) Square Fee		# of F	loors	Bldg. A	_		
City (5)		Cour	nty Code	(7)		25,000 Current Us	e (Prior	if being	demolished) PEL, ETC.				
County (6) MONMOUTH	(0)	(STA	SCM No.	ONLY)	Nam	e of Abateme	nt Contr	actor (	9)				1
Name of Monitoring Firm Hired by Building Own ACTIVE ENVIRONMENTAL SERVIC	er (8) ES				Ctro	IPRO, INC							1
Street Address 209 WESTFALLS DRIVE					Oite	3 KARKUS , State, Zip C	ode		)5				
City, State, Zip Code DINGMANS FERRY, PA 18329		Tal	ephone i	No		OODBRID	GE, NJ	0708	License No.				_
Project Manager for Monitoring Firm		97	2-477-	1874	Nar	me of OSHA	Monitor		0065				
Start Date (10)	cheduled 12-16-13		etion Dai	(11)	Str	eet Address							
O supency Status During Abatement (Check	Only One)		7/6			II IMMOSE TO							
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Norma			nt		Cit	ty, State, Zip	Code						_
Other – Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf	X Re	enovatio	on			Mini-	Enclosu	re	ith Negative P				
≥3 sf or ≥3 lf  x ≥160 sf or ≥260 lf						× Non-	Exempt	ed (*) 8	e and Non-Friab	le Proc	Abate Ty		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use	Location lormally d Solel intenar odial S (12)	y ly by nce/	(i.e. th	s Contair nermal sy	ription of ning Material ystems insula ng, VAT, or scellaneous)	(ACM) tion,		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Ī
,	Yes	No.	N/A			VAT			1,200 SF	X	-	-	+
SECOND FLOOR	-	X						+		+	+		1
								+					
		1	NJDEP '	Waste	Cubic	Yards			egistered Land	mit			
Name of Registered Waste Hauler		1	Hauler II 4509	D No.	of Was				I.S., INC.				-
NEWARK CARTING, INC. City, State					Dispo:	sal Date 7-13	MC	State RRIS	SVILLE, PA	Date			_
NEWARK, NJ Completed by	Title					Signature /	-22			11-2	7-13		_
DAVID T. TOLCHIN	PR	RES.				1		· far	ashestos licer	sure e	xemp	ted ac	tiv

NOTI		to NJA	ng Owne	er/Operato	or (2)	FMY	OF LIN	NDCROF	=T	1.3	R.	1		
of Notification (1)	CHRI	STIA	BRO	THERS	ACAL			IDCROF			145	-		
-9-13	Street /	<b>JEM</b>	MAN S	PRINGS	ROA							10		
ncies Notifico	1		- Code	07738				Telepho	ne Nu	mber				
EPA Initial Amended Amendment # 2		of Col	ntact			(S)		Telebrio		,				
DOL Emergency (including	TEE	INA	DERSU	N				<u></u>					1	
DOH Cancellation	F/	ACILIT	Y INFOR	MATION	T		acility (4	2)						
(2)	DDRES	S	17.000.000		-F	Sch	ool (K-1)	2) 8 (Other t private & c	han K omme	-12) ercial build	lings, hon	nes,	1	
ame of Facility Where Abatement is Taking Place (3) BROTHERS' RESIDENCE AT ABOVE AD					E	Oth etc	ner (i.e. F ;.)	# of F		В	lag. Age		7	
street Address					1	Square	Feet	2		1	50+		4	
				A		25,00		rior if being	g dem	olished)				
City (5)	Co	ounty C	ode (7)	2	1	DES	INFNC	E, Crim	,	E10.				
County (6)			SE ONLY		Name	of Abat	ement C	ontractor (	(9)	97000			-	
MONMOUTH Pullding Owner (	8)	ASCN	No.			PRO,	_						1	
Name of Monitoring Firm Hired by Building ONCES ACTIVE ENVIRONMENTAL SERVICES					173	Addres	(US A)	/ENUE					-	
							- C-do		95					1
209 WESTFALLS DIVI					WC	ODBI	RIDGE	, NJ 070		ense No.				1
City, State, Zip Code DINGMANS FERRY, PA 18329		Teleph	one No.		Tele	phone I	NO.		00	65				1
Monager for Monitoring	1	972-	477-18	14	Nan	ne of O	SHA Mo	nitor						4
NORMAN BALDWIII	eduled Co	mpletio	n Date (	11)										
Start Date (10) 12	-14-13				Stre	eet Add	ress							-
12-i3-13 Occupancy Status During Abatement (Check Or	nly One)	ement			Cit	y, State	e, Zip Co	de						_
a 4V/acated Duma	acility Hou	urs				9								
Other - Describe:							F./II C0	ntainment	with !	Negative F	Pressure			
Scope of Work (Check All That Apply)	₩ Ren	ovation	1			H	a dimi	aciosulo				dure		
	Den	nolition				×	Non-E	pag Proce exempted (	(*) and	Non-Fria	A	bater	nent	
≥3 st of ≥3 ti ≥160 sf or ≥260 lf											-	Тур	1	-
	Is L	ocation	,		Desc	cription	of laterial (A s insulati	ACM)		mount Specify	R	20	Encapsulate	!
Location of	Lload	Solely	by	Asbesto (i.e. t	s Conta hermal s	systems	s insulati	on,	s	F or LF)	Removal	Repair	psula	
Asbestos-Containing Material (ACM)	Custo	dial St (12)	aff?		other m	ing, VA	neous)				B		te	1
In Facility (13)	-		N/A						1	,200 SF	×			1
	Yes	No	NA			VAT			-	,200				
SECOND FLOOR		X	-						-					
SLOO!!		-	+						+					_
		-	+-		7-80			Name	of Reg	gistered La	andfill			
		1	NJDEP	Waste	Cub	ic Yard Vaste	S	G.R.	O.W	.s., INC				_
Name of Registered Waste Hauler			Hauler 1 4509	D No.	10		- to	1	Stato					
NEWARK CARTING, INC.			4505		Dis	posal C -17-13		MOF	RIS	VILLE,	Date			_
City State					12		ature	rid-		Told	12	- 0	1-1	3
NEWARK, NJ	Tit					1	Dar	red ise this for	Le	10000			nted	ar
Completed by DAVID T. TOLCHIN	1 P	RES.				0	-			achestos	licensure	exem	pred	

# CK 130

Date of Notification (1)						Owner/Op	erator	(2)		6,300				
12-9-13				Commence of the Commence of th	Corp.		a-contract			1/4	,			
Agencies Notified	Type Notification			Street A	ddress ier Plac	_				Ç	```	ę.		
× EPA	× Initial		1							7.				
X DEP X DOL	Amended Amendment	. 44			te, Zip Co		-							
N DOL	× Emergency		-		Marian (1977) (1977)	NJ 08855	)	5	7.		o town.			
ĭ DOH	justification)			Name of Eric G	Contact				Te	lephone Nur	nber			
☐ DCA	Cancellation	1									- 1	6	8	
Name of Facility Where	Ahatement is Takir	n Place (3	1	FACI	LITY INF	ORMATIO	IN	Type of Facility	(4)		-		_	
Evonik Corp.	Abatement is Takii	ig i lace (o	,					paren.						
Street Address								School (K		er than K-1:	2)			
2 Turner Place										& commerci		dings	hom	es,
								etc.)	- 1	( FI		N-1- 4		
City (5) Piscataway, NJ								Square Feet 5,000 +	2	f Floors	155	3ldg. <i>A</i> 50 +	age	
	- Company							278,222,00	1000		-	JU +		
County (6)				County C	Code (7) <i>JSE ONL</i> Y	1		Current Use (P		ing demolish	ned)			
Middlesex								offices, labs			lane.			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	1 No.			of Abatement Co	ontracto	(9)				
N/A							100	ro, Inc.						
Street Address								Address						
							173	Karkus Ave.						
City, State, Zip Code								state, Zip Code						
							Woo	dbridge, NJ 0	7095					
Project Manager for Mor	nitoring Firm			Telephor	ne No.		Teleph	none No.		License N	lo.			
										0065				
Start Date (10)		Schedule	d Co	mpletion I	Date (11)			of OSHA Monito	r					
12-18-13		12-18-	13				N/A							
Occupancy Status Durin	g Abatement (Che	ck Only On	e)				Street	Address						
➤ Facility Closed/Vac	ated During Entire	Period of A	bate	ment										
Abatement Perform							City, S	tate, Zip Code						
Other – Describe:			77											
Scope of Work (Check A	II That Apply)						- C - C - C - C - C - C - C - C - C - C							
≥3 sf or ≥3 lf		×R	enov	ation				Full Containr	nent wit	n Negative F	ressu	re		
2160 sf or ≥260 lf		D	emol	ition				Mini-Enclosu	ire	-				
							×	Glovebag Pro Non-Exempton			le Pro	codu		
								1 Non Exempt	T	d Wolf-i Hat	1		emen	t
		8000	Loca: lorma	1000000		-							/ре	•
Location Asbestos-Containing		Use	d Sole	ely by	Ashes		cription	of faterial (ACM)	1	mount				
TO BE AB	ATED	10 0000 700		nce/ Staff?		thermal s	ystem	s insulation,	(-	Specify	Z.	70	inc	Ē
In Faci		Cust	(12)			surfaci			S	F or LF)	Remova	Repair	aps	Enclosure
(13)		-		1		other mi	scellai	leous)			Val	=	Encapsulate	ure
		Yes	No	N/A									Ф	
1st floor	lab		x			2 lab	hoo o	ds	100	sf total	X			
			33.17			-	2000		+		1			
				-					-		-	-	-	-
Name of Registered Was	ste Hauler		1	NJDEP W	aste	Cubic Y	ards	Name o	f Regist	ered Landfill	-	_	-	
Newark Carting, Inc			11 23	Hauler ID	No.	of Wast	е	G.R.C	.W.S.	Inc.				
				1509		1/2	I Data							
City, State Newark, NJ						Disposa 12-19-			ate sville, F	Δ				
		Tiu-					59.5			***	40			
Completed by David T. Tolchin		Title Pres.				Sig	gnature	rd TT	-1	1 Da	ite 2-9-1	2		i
David 1. TOICHIII		ries.				1	MA	ra /	MU	my 1	1-6-7	J		

No well

Date of Notification (1) 12-10-2013							Owner / Operator opement	(2)		CA.				*	
Agencies Notified Type Notific					Addre		opement	-			1	10			
EPA	allon	- 10					in Plaza					75			
DEP Initia	1	42				& Zip							-		
	nded(Disposal Cor						NJ 07424								
	CONTRACTOR					ntact	140 07424				Tol	anhar	o Ni	ımh	ar
	rgency cellation	1.5	Dan	-		illact				12				ישוווג	,
L DCA L Can	Jeliauon	1	Dan	L	acz							-			-
				٩C	ILIT	Y INFO	ORMATION								
Name of Facility Where Abatem	ent is Taking Pla	ace (3	3)				Type of Facilit								
				_			School (K		14.000						
Street Address									Other than		2010	101			
19 Roszel Road	36						Other (i.e	. priva						tc.)	7
							Square Feet		# of Floors	3	Bldg	j. Age	•		
City (5)	County (6)	Co	unty	C	ode (	7)	10,400			1			55		
West Windsor	Mercer						Current Use (	Prior	if being den	nolished)					
							-								
							Office and V		The state of the s						
Name of Monitoring Firm Hired		er (8)	Ì	1	ASC	M No.									
<b>Environmental Consulting</b>	Inc.						Resource M		gement Gr	oup, LL	.C				
Street Address	`						Street Addres			_					
2002 Renaissance Bouleva	rd, Suite 110						2115 Hamilt			2					
City, State & Zip Code							City, State & 2								
King of Prussia, PA 19406				_			Trenton, NJ								
Project Manager for Monitoring		Telep				er	Telephone Nu	ımber	•	Licen	se Nun		_		
Richard S. Werner		610-	_	_								0118	5		
Scheduled Start Date (10)	Scheduled Com				(11)		Name of OSH								
12/02/2013		2/30/		3			J&S Enviro		ital Labor	atories	inc				
Occupancy Status During Abate  Facility Closed/Vacated	ment (Check on	ly on	e)	ha	tomo	nt	Street Addres		last						
Facility Closed/Vacated  Abatement Performed C							City, State & 2							-	
The state of the s	outside of Norma	11 110	urs -	- 1	am u	o Spin									
Describe:							Union, NJ 0	7083							
Facility Occupied During							_1						-		
Scope of Work (Check all that a	ppiy)							$\square$	Full Conta	inment w	ith Nea	ative	Pres	SUITE	
☐ ≥3 sf or ≥3 lf		$\nabla$	D,	one	ovatio	n		씜	Mini-Enclo		illi recg	alive	1100	Juic	•
			12022		olitio			H	Glove Bag		roc				
≥160 sf ≥260 lf		Ш	De	2111	OIILIOI	1		H	Non-Exem			riable	Dro	codu	ıro
Location of		la.	Loca	-4:-			Description	<u></u>	NOII-LXCII	Amou					
Asbestos-Containi	20	Norr					Description Asbestos-Conf		,	(Spec		Aua	teme	21 IL 1	ype
Material (ACM)	'9		olely				Material (AC		9	SF or l				ш	_
TO BE ABATED	1	Main					(i.e., thermal sy		s	0. 0	,	Re	æ	nca	l ä
in Facility	1	Cust	odia	IS	taff?	i	nsulation, surfac					Remova	Repair	psi	Encisoure
(13)			(12				or other miscella	aneou	is)			<u>a</u>	=	Encapsulate	ure
		Yes	No	)	N/A									Ф	19520
Beneath floor tile & carpet		П	Г	1	X		Black Mas	stic		6,000	SF	X			
Record Vault		T		it	X		Drywall	I		532 S		Ø	П	П	П
Above & below windows po	erimeter	Ħ		it	X	E	xterior transit		nels	525 S		Ø	$\Box$	П	П
		Ħ	T	Ħ	Ħ							П	Ħ	币	I
		Ħ		it	Ħ								П	П	П
		Ħ		it	Ħ							I	T	T	П
Name of Registered Waste Hau	ler		IN	JUE	DEP \	Vaste	Cubic Yards	Nam	e of Regist	ered Lan	dfill				
						No.	of Waste								
Service Transport Group, I	nc		S	W	/2117	7	TBD	Gro	ws Landfi	ill					
City, State							Disposal Date		State						i i
New Castle, DE 19720							TBD	Mor	risville, P	A					
Completed By (Print or Type)			1 1	itle		_	Signature		Tion		13	Date		2020	
Mr. Brian Haney			F	re	side	nt	X1, "		1/1/	1 11		12/10	/201	13	
							+1/1	V	7/	MAN	1				

#### 60) Print Form

		1								<u>,</u>		$\neg$
Date of Notification (1)		N	ame of B	uilding Ow	ner/Operated d Bank of	or (2) FNJ	$IU_{\zeta}$	EC 13 m				
12/06/13		22-1	treet Add		u Burill of				. S: 3	17		
Agencies Notified Type Notification				s Termi	nal					142		
EPA Initial Amended		4		, Zip Code				14				
DOL Amendment #				NJ 072								
Emergency (I	ncluding		lame of C				Ta	elenhone Nun	nber			
DOH Justification Cancellation		1		rkland-H								
			FACILI'	TY INFOR	MATION	Type o	f Facility (4)				-	-0.5
Name of Facility Where Abatement is Taking	Place (3)											
Community Food Bank of NJ							chool (K-12) ubchapter 8 (Ot	ther than K-12	2)			
Street Address						× o	ther (i.e. private	e & commerci	al buildir	ngs, h	omes	
31 Evans Terminl						Square	tc.) e Feet #	of Floors	Bld	g. Ag	e	
City (5)						285,0			80	yrs.		
Hillside		1	County Co	nde (7)	-	Currer	nt Use (Prior if b	eing demolish	ned)			
County (6) Union			STATE US						<u> </u>			
Name of Monitoring Firm Hired by Building (	Owner (8)		ASCM	No.			ement Contract	or (9)				
N/A	A=1						vices Inc.					_
Street Address						eet Addres						
						66 Maple					_	
City, State, Zip Code						y, State, Zi	p Code , NJ 07057					
2								License N	lo.			_
Project Manager for Monitoring Firm			Telephon	e No.	Tel	ephone No	J.	01107				
	Scheduled	1 Con	nolation D	ate (11)	Na	me of OSH	IA Monitor					
Start Date (10)	12/14/1		ipiedon D	ate (11)		eslaw Na						
12/05/13 Occupancy Status During Abatement (Chec				-	Str	eet Addres	ss			50 S) 3		
Facility Closed/Vacated During Entire			nent			56 Maple						
Facility Closed/Vacated During Entire     Abatement Performed Outside of Norr	nal Facility	Hours	5		V 5000	y, State, Z						
Abatement Performed Outside of Norr Other – Describe:		_			_ \ \		n, NJ 07057	-				_
Scope of Work (Check All That Apply)						D W	LAP and	CUL	_			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoli				× Glo	l Containment v ni-Enclosure ovebag Procedu	ıre			۵	
						∐ No	n-Exempted (*)	and Non-Fria			ement	
		Locat								Ту	ре	_
Location of		lorma d Sole	lly ely by	Achee	Descrip tos Containi	otion of ng Materia	I (ACM)	Amount			ū	-
Asbestos-Containing Material (ACM)  TO BE ABATED		niena	nce/ Staff?	(i.e.	thermal sys	tems insul	ation,	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
In Facility	Cusi	(12)			other misc	j, VAT, or cellaneous)		GI OI LI )	lova	pair	sula	Suis
(13)	Ves	No	N/A						==		te	
	Yes	*	IN/A		nine ins	sulation		210lf.	*			
office		*	-		201001	sulation		200lf.	*			
space over the freezer	space over the freezer					Sulation						
	_		+		<del></del>							
Name of Registered Waste Hauler		$\Box$	NJDEP W	Vaste	Cubic Ya		Name of Re	gistered Land	fill	-		
Newark Carting Inc.		- 1	Hauler ID 05409	No.	of Waste		GROWS					
City, State				Disposal 12/14/1		City, State Morrisville	e PA					
Newark, NJ							1		Date	_	-	
Completed by	Title				Sigr	nature	Noh		12/06	/13		
Leslaw Nalodka	Pres	iaen	ι			n	000			-	_	

neil		NOTIF	CATI	ON OF	F New Jersey ASBESTOS JAC 8:60 and	ABATEM	ENT	1 S.	77.12				7
te of Notification (1)			Name	e of Buil SI Fina	ding Owner/C	perator (	(2)	BOEC 1	3	)			
2-09-13 encies Notified	Type Notification		Stree	et Addre				***	~ 7: ;	<i>;</i>			
EPA DEP	Initial Amended		City,	State, 2	Zip Code Michigan			¥.,					
DOL	Amendment # Emergency (in justification)	cluding	Nam	ne of Co	ntact			1	alanha ''	<b>-</b>			
DOH DCA	Cancellation		110000000		Y INFORMA	TION				_			_
ame of Facility Where		Place (3)					Sch Sul Sul	ner (i.e. privat	other than K-12 te & commercia	) I buildin	gs, ho	mes,	
5 Hackensack Av	/enue						Square 20,000	Feet 1	# of Floors	Bldg	g. Age		
Cearriy			Col	unty Cod	te (7)		Current	Use (Prior if I	peing demolishe	ed)			
ounty (6) Hudson			(ST	ATE USE	ONLY)	Name	Vacan	nent Contrac	tor (9)			-	
ame of Monitoring Fir ndustrial Hygiene	m Hired by Building C Consultants	owner (8)		ASCM N		Spe	cialty Tr	ades Cont	racting, LLC				_
treet Address 605 Bloomfield Av	ve. Suite 5					3 C	ontorino	Way, Bldg	J. 2			2	
city, State, Zip Code Montclair, New Je	ersey 07042					Che		w York 10	918 License N	0			_
Project Manager for M Uday Singh				lephone 73-509			phone No.		01202				
Start Date (10) 12-19-13		Scheduled 01-31-14		letion Da	ate (11)		e of OSHA		1				
Occupancy Status Du	ring Abatement (Chec	k Only One)		177			et Address	son Avenu	e				
E - We Closed	acated During Entire ormed Outside of Norr	Period of Ab	ateme	nt		City	, State, Zip						
Scope of Work (Chec ≥3 sf or ≥3 lf ≥160 sf or ≥260	k All That Apply)	<u>-</u>	enovatio emolitio	on T			Min	i-Enclosure	t with Negative dure *) and Non-Fria	ble Pro	cedure Abate	ement	
Asbestos-Contain TO BE In F	ation of hing Material (ACM) ABATED Facility 13)	Used Mair	ormally I Solely ntenan odial Si (12)	y by ce/	(i.e. the	rmal syst	tion of ng Material ems insula VAT, or ellaneous)	ation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
	) a of	Yes	No	N/A X	Built Up	Roofing	g and Fla	ashing	20,000	x			1
	Roof										-	-	+
											$\perp$		+
Name of Registered	Waste Hauler sport Group (155	32/07107)	1 1	JDEP V lauler ID 4310	No.	Cubic Yar of Waste BD	rds	Minerva	Registered Land Enterprises				
City, State Shirley, NY / Fla					67.55	Disposal TBD	Date	City, State Waynes	sburg, OH 44				
Completed by	R. ADAME	Title	OKC	TOEX	<b></b>	Sign	nature	de		12-09	-13		

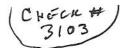
#### State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

20197						F ASBESTOS A 8:60-7 and 12		MENT			Λċ	~.
Date of Notification (1)					Name of Buil Princeton U	ding Owner/O	perator	(2)		20.3	DEC ,	2
					7						- 1,	5
Month/Day/Year Agency Notified	Type Notifica	tion		715	Street Addre	ess					57.00	
		itial			P.O. box 215	8					- 4	_
EPA			ation	11	City, State,	Zip Code				- W 32		
DEP		nende			Princeton N.							_
DCA			ation		Name of Co			Teleph	one Nun	nber	M	
DOH				1.1	Robert Oteg			1		To all		
	Ca	ncell	ation	$\perp$		Y INFORMAT	ION					
					FACILIT	INFORMAT	ION	Type of Facility (4)				
Name of Facility Where Ab	atement is Taking	g Plac	e (3)					School (K12)	Y			
Princeton University E-	Quad -Von Neum	an ro	oms 2	00-20	6			Subchapter 8  X Other (i. e. P	(Other t	han K12	ial	
Street Address								buildings, ho				
Princeton University E-Qu	ad							Square Feet # of F		Bldg. A	ge	
TWO CONTROL OF THE STATE OF THE						County Code	(7)	I Dquit	6	50+	- 10	
City (5)	C	ounty	(6)			STATE USE ONLY		Current Use (Prior if b	eing dem	olished)		100
Princeton					ľ	STATE USE ONL	x )	University				
Name of Monitoring Firm	Hired by Buildin	g Ow	ner (8	)		ASCM No.	Name	of Abatement Contractor	r (9)	Sec. N		
ATC Associates, Inc						1	Assoc	iated Specialty Contraction	ug ————			_
		_					Street	Address				
Street Address							98 La	Crue Avenue				
3 Terri Lane							City.	State, Zip Code				
City, State, Zip Code							Glen	Mills, PA 19342				
Burlington NJ 08016				-		<u> </u>		hone Number		Licence	Numbe	r
Project Manager of Monit	toring Firm				Telephone		Hieleh	HOHE IVAILIBET		1103		
Mike Keehn					609-386-88							_
Scheduled Start Date (10)	)		Sched.	Com	pletion Date	(11)	11	of OSHA Monitor				
12/23/13	(				12/31/13		Crite	rion Labs				
Month/Day/Vear					nth/Day/Yes	ır	4					_
Occupancy Status During	Abatement (Che	ck on	ly one	)				t Address				
Facility Closed/Va	cated During Ent	tire P	eriod	of Aba	itement			Progresive Drive				-
x Abatement Perfor	med Outside of N	forma	al Faci	lity				State, Zip Code				
Hours - Describe	· 7:00 AM - 5	5:00 F	PM				Bens	alem PA 19020				
Other - Describe:	various shif	fts					11					_
								Full Containment with	n Negativ	e Pressu	re	
Scope of work (Check all	that apply)				Renovatio			Mini - Enclosure				
Demolition				x	Renovatio			Glovebag Procedure				
>3 sf or $>3$ if								Non-Friable Procedu				
x >160 sf or >260	lf						x	Non-Friable Frocedu		batemen	t Type	_
			Is						A	Datemen	E	Г
Location of	1		cation			cription of		Amount	R		N	1
Asbestos - Containing Normally						os-Containing		(Specify	E	R	C	
Material (ACM			sed			erial (ACM)		SF or	M	E	A	
TO BE ABATED		So	lely			nermal systems		LF)	0	P	P	1
In Facility		by	Main-	8	insulation	n, surfacing, V	ΛT,	Lr)	v	A	S	١
(13)			ance/		or othe	r miscellaneou:	5)		A	I	U	-
N=21			stodial						L	R	L	1
	1		ff (12)		4				~	1 -		
		Yes	_	N/A	floor tile			640 SF	x		T	T
rooms 200-206			x	_	Hoor the			+	+	+-	+	1
		_	-	-				+	_		$\top$	1
		-	+	+-					$\top$			1
	oto Harrior			N.M	EP Waste	Cubic Yar	ds	Name of Registered	Landfill		_	
Name of Registered Was	ste madier			2000	ler ID No.	of Waste	2	GROWS				
Horizon Disposal						Disposal D		City, State				
City, State						As needed		Morrisville PA				
Trenton NJ				-			C:~	nature / /			Date	
Completed By (Print or	Type)			Title			Sig	Mulbolin			12-1	11
Mark Goshow				Proj	ject Manage	Г	111	MANNERY			10	-

J 550

)			1		- خالمان -	. 0	Operator (2)	DEC	- 44		-			
Date of Notification (1)	12211/20	<u>13</u>				g Owner/ Shuhart	Operator (2)	DEC 13	PM 7					
Agencies Notified	Notific	ation Type	1000	reet Add			и							
□ EPA	Initial	X	100					(				_		
DEP	1,000,000,000	nended	Ci	ity, State	, Zip C	Co			21					
		nendment#		erlin, NJ					28					
X DOL	1. The Control of the	nergency (Including							T		rions de		_	_
7 0011			N	ame of C	Contac	t		* T. 4 . 4	Telenhon	a Nium	ner			
□ DOH	- CONTRACTOR	stification)	33721	ary Sh					18					
☐ DCA	∐ Ca	incellation	9	ary or	iuilal	<u></u>								_
				FACIL	ITY IN	FORMA	TION							
Name of Facility Where	e Abateme	ent is Taking Place	(3) Res	idence				Type of Facility	(4)					
Ivallie of Facility villor	o , toutonne	int to Taning These	\-/					School (K-1)		7212 777 224				
Street Address								☐ Subchapter	8 (other tha	n K-12	)	1000		
203 Myrtle Ln								X Other (i.e. pri	ivate & comi	mercial	buil	ding	s,	
203 WITTE LIT								homes, etc.			10.0			
					-			Square Feet	# of Floor	rs	Blo	dg. A	Age	
City (5)								900	1	· (====))	65		•	
<u>Berlin</u>									And American	d				100
County (6)							e (7) (STATE	Current Use (p	rior if being	demolis	sned	)		
Camden						E ÓNLY)		Residence						
Calliuell					65556			- CO					- 100	_
Name of Monitoring Fi	rm Hired b	y Bldg. Owner (8)	A	SCM No	).		of Contractor (9)	920 344						
Harvard Environm	ental In		1,582			Count	y Environme	ntal	200					
	icinai ili	J			-	Street A	Address			24.1				
Street Address							ew Churchm	ane Pd						
760 Pulaski Highv	vay							ans Ru.					_	_
City, State, Zip Code					-	City Sta	te, Zip Code	-0406.00m(0.07.4						
New Castle, DE 1	9720					New Castle, DE 19720								
		Tirena T T	elephor	ne No		Telepho	one Number		License I	Numbe	r			
Project Manager for M	ionitoring F				2	I CIELLII			00578					
Wesley Morrison				26-233	<u>ئار</u>		7-00-10		00010			-	_	_
Scheduled Start Date	(10)	Scheduled Com	pletion [	Date			ot OSHA Monito							
12/30/2013	15 S.	12/30/2013				Count	y Environme	ntal		5		_		
Occupancy Status Du	ring Abate	ment (Check only	one)			Street A	Address							
						461 N	ew Churchm	ans Road						
X Facility Closed/Vaca	ated During	g Entire Period of A	Abateme	ent		City Ct	nto Zin Code							
Abatement Perform	ned Outsid	le of Normal Facilit	y Hours	-			ate, Zip Code	700						
☐ Other – Describe:					4	New (	Castle, DE 19	3/20						_
Scope of Work (Check	k all that a	pply)		7										
ocobe or Mork (Clien	. an that a	PP-J/					Full Contain	nment with Negativ	ve Pressure		- 65			
≥ 3 sf or ≥ 3 lf					Rend	ovation	☐ Mini-Enc	losure Glove	bag Proced	ure				
$\underline{X} \ge 160 \text{ sf or } \ge 260 \text{ lf}$					Demo		☐ Non-Exe	mpted (*) and Nor	n-Friable Pro	ocedure	Э			
<u>∧</u> = 100 \$1 01 ≤ 200 11				<u>~</u>		30530 <sup>1</sup> 1.7	Exterior no	n-friable remova	<u>l</u>					
				_		1	100	ľ		1	A	bate	eme	ent
			le	Locatio	n			10				Ту	/pe	
			1	Normally			Descriptio	n of		1				
				ed Solely		Ashes	stos Containing		Amou	nt		1		1
ž.	antics of			intenan		/i A	thermal system	ns insulation.	(Speci	ify	-		En	[
	cation of			untenant Custodia		(1.6	surfacing, V		SF or L		e	D	Ca	in c
Asbestos-Cont			1 '		1		other miscella		J. J. L		I	ep	sdi	Enclosure
	E ABATE			Staff?		1	other miscella	ineous)			Removal	Repair	Encapsulate	Ins
IN F	acility (13)		la l	(12)		1				(2)	1	1	ate	a
					51/5	4								
			Yes	No	N/A									
Exterior Walls					x	Trans	ite Siding		1,000 SF		X	+	-	+
	- 20									-			+	+
														I
Name of Reg. Waste	Hauler		110000	DEP Wa		auler	Cubic Yards o		eg. Landfill					
Service Transpor			ID	No.2099	0		Waste	Minerva						
City, State							Disposal Date	City, State						
New castle DE							TBA	Waynesbur	g OH					
Completed by	Ti	tle			- 50		Signature	->/		Date	1-	1/	1)	1.
Ben Hodgdon	100	M									-	//	"/	1
	1.0	141											_	



te of Notification (1)	113_		Nar	me of Buil	ding Owner/O	Persion (2)	CONST.	RUCTION	3	ν,	
ender near	ype Notification		Su	eel Addre	30 R	usy D	NIVE.		<u>``C</u>	<u> </u>	- 1
œ E	Amended Amendment #		Cin	, State, Z	ip Code	lanso	a Tou	NSHIP W.	J,	١.	
ООН	Emergency (including justification) Cancellation	ding	Na	me of Cor				Talanhana Ni mhai	2200-		,
DÇA L		8	<u> </u>		INFORMATIO	)H			-	į,	_
me of Facility Where Ab	atement is Yaking Pl	ace (3)				1	ype of Facility (4 ] School (K-12)		* **		
16517	ENCE						Subchapter 8	(Other than K-12) vate & commercial b	uidings		
eel Address 6/	7TH ST	<u>:</u>				- s	nomes, etc.)	# of Floors	Bldg A	çe	
Y (5) 0 LEP	n C178						1000	or if being demolishe	40	=	=
ocoty (6)			C	iounty Co	de (?) (STAT )		VAC	DNT		===	_
arme of Manitoring Firm H	ired by Building Own	ner	ASI	CM No.	Name	Abatement L.C.M.C	O LN	C.1			
ome of Monitoring Fills (	A				Sueel	ddress					
reer Address					_ 3	69 S ale, Zip C∝		E AVE.			=
ity, State, Zip C∞de					City, St	MAPL	2 SHOT	of NJO	805	=	=
rgect Manager for Monit	oring Firm	[.1	eleph	one No.	Telen	nn- 11-		0044	4		
roject mariager to men		, .   -	oleto	n Date (1	1) Name	OI OSHA M	oninos / E ne	M			
ian Date (10) 12/23 /13	1/2	130	/13	3	1		KALEM	77 A. C.			
16/0/ (17						AMMIDEE	25.00	1 -			
Cyalus Duáno	Abatement (Check	only on	ne)	ent	3	Address 6951		EAUE,			
coupancy Status During	a numa Entre Pen	00 01 ~	20.0	enl	3	6951			0605	2	==
Coupancy Status During Facility Closed/Vacate Abatement Performed Other - Describe:	Outside of Normal f	00 01 ~	20.0	ent	Ciry. S	69 S1 1010, 160 CO MAP-	Ze SHAD	E, N, J,	0805	12	
Facility Closed/Vacale Abatement Performed Other - Describe: Scope of Work (Check al	Outside of Normal f	acility h	Hours	n .	Ciry. S	B9 S/ Late, Top Co MAP  Full Con Non-End	E SHAD tainment with No	E, N, J, (		2	
Coupancy Status During Facility Closed/Vacale Abatement Performed Other - Describe: Cope of Work (Check al	Outside of Normal f	acility h	Hours	n .	Ciry. S	B9 S/ Late, Top Co MAP  Full Con Non-End	E SHAD tainment with No	E, N, J,		atem	nen.
Facility Closed/Vacale Abatement Performed Other - Describe: Scope of Work (Check al	Outside of Normal f	Reno	Hours	n .	City, S	Full Con Mini-End Non-Exe	tainment with Notosure g Procedure empted (") and N	E, N, S, G egabve Pressure			nen.
Facility Closed/Vacale Abatement Performed Other - Describe:    Scope of Work (Check all   23 st or 23 if   2160 st or 2260 it	Outside of Normal f	Rend Dem	ovation ocation maly solely enance	by	City, S	Full Con Mini-End Glove ba Non-Exe escription of huaining Mala, systems	tainment with Notice of Procedure ampted (*) and Notice of Procedure ampted (*) and Notice of Procedure ampted (*) and Notice of Procedure of Proced	egative Pressure  Hon-Friable Procedu  Amount (Specify	ire .	Datem Type	nen.
Facility Closed/Vacale Abatement Performed Other - Describe:  23 \$1 or 23 If 2160 \$1 or 2260 If  Aspessos-Containing & TO BE ABA	Outside of Normal f	Rend Dem  Is Lo  Nor  Used !  Maint Cus	ovation obtain solely enances todial taft?	by	City, S  City, S  Asbestos Coi (i.e., them	Full Con Mini-Ence Scription of Italian Managers  Scription Manage	tainment with Notice of Procedure ampted (") and No	egative Pressure		atem	nen.
Facility Closed/Vacale Abatement Performed Other - Describe:  23 st or 23 if 21 60 st or 260 it	Outside of Normal f	Renormalis Lo	ovation ocation maly Solely enances (odial (aff? 12)	by æ/	City, S  City, S  Asbestos Coi (i.e., them	Full Con Mini-End Glove ba Non-Exe escription of huaining Mala, systems	tainment with Notice of Procedure ampted (") and No	egative Pressure  Non-Friable Procedu  Amount (Specify SF & LF)	Removal	Datem Type	nen.
Facility Closed/Vacale Abatement Performed Other - Describe:  23 st or ≥3 if 2160 st or ≥260 it  Aspestos-Containing & TO BE ABAI IN Facility	Outside of Normal f	Rend Dem  Is Lo  Nor  Used !  Maint Cus	ovation odition reation maly Solely enance stodial taff? 12)	by	City, S  City, S  Asbestos Col (i.e., thorms sund other	Full Con Mini-Ence Scription of Italian Managers  Scription Manage	tainment with Noticeure ampted (*) and Noticeu	egative Pressure  Hon-Friable Procedu  Amount (Specify	ire .	Datem Type	nen.
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Facility Closed/Vacale Abatement Performed Other - Describe:    23 st or ≥3 if   2160 st or ≥260 if   Aspessos-Containing & TO BE ABAI   IN Facility (13)	Outside of Normal filtratiapply)  of Alatenal (ACM)	Renormalis Lo	ovation odition reation maly Solely enance stodial taff? 12)	by æ/	City, S  City, S  Asbestos Col (i.e., thorms sund other	Full Con Mini-End Gloveba Non-Exe escription of staining Mai al systems is ang, VAT myscellane	tainment with Notice of Procedure ompted (*) and Notice of Procedure	egative Pressure  Amount (Specify SF & LF)	Removal	Datem Type	nen.
Facility Closed/Vacale Abatement Performed Other - Describe: Scope of Work (Check all 23 st or 23 if 2160 st or 2260 if  - Location ( Aspessos-Containing & TO BE ABAT IN Facility (13)	Outside of Normal filtratiapply)  of Alatenal (ACM)	Renormalis Lo	ovation obtained and the control of	by Dy N/A	Asbestos Cor (i.e., Unorm surf other	Full Con Min-Enc Gloveba Non-Exe escription of haining Mail al systems i acon your myscellane  AWS IF	tainment with Noticesure g Procedure simpled (') and Noticesure lenial (ACM) insulation, ous)	egative Pressure  Amount (Specify SF & LF)	Hemovil X	Rashin	nen.
Facility Closed/Vacale Abatement Performed Other - Describe:  Scope of Work (Check all 23 st or 23 if 2160 st or 2260 if  - Location ( Aspestos-Containing & TO BE ABAT IN Facility (13)	Outside of Normal for the period of Alatenal (ACM)	Renormalis Lo	ovation obtained and the control of	by pel	Asbestos Con (i.e., Unerm surf other	Full Con Mini-End Non-Exe  scription of huaining Mal al systems i acing, VAT myscellane  AWS IT	tainment with Notice of Procedure ampted (*) and Notice insulation.  Out of the Notice insulation.  Out of the Notice insulation.  Out of the Notice insulation.	egative Pressure  Non-Friable Procedu  Amount (Specify SF & LF)  2500 LB  Registered Landfill M, C, M, (	Hemovil X	Rashin	nen.
Procupancy Status During Facility Closed/Vacale Abatement Performed Other - Describe: Scope of Work (Check all 23 st or 23 if 2160 st or 2260 it  - Location ( Aspestos-Containing & TO BE ABAT IN Facility (13)  SID IN IN  Name of Registered W  C EMPC (	Outside of Normal for I that apply)  Of Rational (ACM)  (ED)  aste Hauler	Rend Dem Is Lo Nor Used S Maint Cus S (	ovation or attention of the control	N/A  V  JOEP Williams Dir.  17 9 0	Asbestos Con (i.e., Unerm surf other	Full Con Min-End Non-Exe escription of huaining Mal al systems i aung, VAT myscellane  AWS IP	tainment with Notice of Procedure ampted (*) and Notice insulation.  Out of the Notice insulation.  Out of the Notice insulation.  Out of the Notice insulation.	egative Pressure  Amount (Specify SF & LF)  2500 LB  Registered Landfill M, C, M, C	Removal X	Rashin	nen.
Facility Closed/Vacale Abatement Performed Other - Describe:  Scope of Work (Check all 23 st or 23 if 2160 st or 2260 if  - Location ( Aspestos-Containing & TO BE ABAT IN Facility (13)	Outside of Normal for I that apply)  Of Rational (ACM)  (ED)  aste Hauler	Rend Dem Is Lo Nor Used S Maint Cus S (	dours  ovation  ovation  ovation  realy  Solely  enancial  12)  No  X	N/A  V  JOEP Williams Dir.  17 9 0	Asbestos Con (i.e., Unerm surf other	Full Con Mini-End Non-Exe  scription of huaining Mal al systems i acing, VAT myscellane  AWS IT	tainment with Notice of Procedure ampted (1) and Notice of Procedure ampted (2) and Notice of Procedure ampted (3) and Notice of Procedure ampted (4) and Notice of Procedure ampted (5) and Notice of Procedure of P	egative Pressure  Non-Friable Procedu  Amount (Specify SF & LF)  2500 LB  Registered Landfill M, C, M, (	Hemovil X	Rashin	nen.