Date of Notification (1)	2014	1	Name of		Owner/Operator	(2)		the section of the section of		
12-16-	Type Notification		Street A	ddress	5C0)EC 10	20	14
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DCA	Conversion:	-	FACH		ORMATION				2.0	
and English Whom	Abatement is Taking Pi	ace (3)	1 2000			Type of Facility	(4)			
F. VASC						☐ School (K-12	3)			
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36 WE	ST PARK	AVEN	IVE		. 2	homes, etc.)		Bidg. Ad		
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County (6)	. 1	76	County ONLY)		(STATE USE	Content USC (F	ENCE		1	
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Street Address					Street Address					
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City, State, Zip Code					City, State, Zip	code ack, N.J	07601			
		Tolon	hone No.		Telephone No.		License No.			
Project Manager for M	omoraid Lem	resep	HORE NO.		201-329		00388	}		
Start Date (10)	Scheduled	Completion	Date (11)		Name of OSHA					
1-5-15		-15	• 0000 B+000484 0044794			Environm	ental			
Occupancy Status Du	ring Abatement (Check o	nly one) .			Street Address					
☐ Facility Closed/Vac	ated During Entire Period	of Abatem	ent		City, State, Zip	uyler St		¥		
3 Abatement Perionn B Other - Describe:	ed Outside of Normal Fa 8 AM - 5 P	my nouis			S. Ha	ckensack	,N.J. 0	7606		
Scope of Work (Check						Containment will				
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City, State	ck , N.J. 0	7601			1-6-15		sburg. O	h.4468	38	
Completed by	- Title	,001			Signature		sburg, 0	Date	/	11/
R. VELDRAN	Est	imato			R. Voldre			12-10	0-1	4
ASB-41	* Do r	ot use this t	form for as	bestos li	censure exempte					

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Date of Notification (1) 12/16/14					Building C Propert		erator ((2)		Γ) Ε	1	C	SSI		
Agencies Notified	Type Notification			Street Ad 1 Madi	ddress son Ave	nue		17.24				U	12,009	2	
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DOH DCA	Emergency justification) Cancellation	a consensa de la cons			Contact yszczar	7			Tele	phone l	Numbe	r	-		-
DOA	Cancellation	·			LITY INFO) NI								_
Name of Facility Where	Abatement is Takir	g Place (3)	FACI	LITTING	KWATIC	/14	Type of Facility	(4)						
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City (5) Westfield								Square Feet 2500	# of 2	Floors			dg. A	ge	
County (6) Union					Code (7) JSE ONLY)			Current Use (Pr	ior if bein	g demo	olished)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	1 No.			of Abatement Co Environmenta			.LC				
Street Address								Address Sate Drive, PO	D Box 4	83					
City, State, Zip Code			10				tate, Zip Code wood, NJ 074	418		30000					
Project Manager for Mor	nitoring Firm		Telepho	ne No.			one No. 583-8500		Licens 703	e No.					
Start Date (10) 12/18/14		Schedule 1/18/15		pletion I	Date (11) Name of OSHA Monitor										
Occupancy Status Durin	g Abatement (Che	ck Only On	e)		Street Address						_	-			-
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire ned Outside of Norr	Period of A	batem				City, S	tate, Zip Code							
Scope of Work (Check A	All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure				7			
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City, State Freehold NJ					Disposal Date TBD			City, Sta	ate			1			
Completed by A. Scott Higgins	dent	Signature				Date 12/16/14					100				

Date of Notification (1)	,		Name of Building Owner/Operator (2) ESTATE OF ROBERT HOLNAR										
12/16/1		4.72.10	ESTATE OF LOCAL OF THE STATE OF										
Agency Notified	Type Notification		1 Channel A	Adreses		i i	i		-		14		
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.⊠ DOH	justification)	8	Name o	of Contact			refebbone vei	HE CT					
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Name of Facility Where	Abatement is Taking Pla	œ (3)	,	11		Type of Facility	(4)						
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Street Address	., ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		`		:	Subchapter 8	(Other than K-1	2) izi buildina	S.				
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Name of Monitoring Fire		er LAS	CM No.		Name of Abates	nent Contractor (S		-					
(S)	il iliade by Emmig own	-		h .	Best Re	moval In	c						
Street Address					Street Address					S - S			
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Project Manager for Mo	natoring Firm	Tele	phone No.		Telephone No.		License No.						
	11					-7444 -	00388						
Start Date (10)	Scheduled C	ompletion	Date (11)		Name of OSHA			2.000					
12/29/14	- 12	30/	iA		Omega	Environm	ental						
Occupancy Status Durin	ng Abatement (Check on	ly one)			Street Address								
☐ Facility Closed/Vacat	ed During Entire Period	of Abaten	nent			uyler St				_	\dashv		
Abatement Performe	d Outside of Normal Fac	tity Hours			City, State, Zip		N T O	7606	•				
Ø Other - Describe: 7					5. на	ckensack	, N . J . U	7000			\dashv		
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Name of Registered Wa		NJD:	EP Waste if	lauter	Cubic Yards of Waste	Name of Regis		- 2	5220				
Best Remo	oval Inc		i. 17109		Z1/20)	A Minerva	Enterp	rises	, L	LC			
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	ck , N.J. 07	601			12/30/14		burg, 0	h. 446	88				
Completed by	- Title	001			Signature	/ wayner	Durg, U.	Date .			\dashv		
R-VELDRAN	1	imato	r		1 7	abron	Q	12/1	41	4			
M-ARPSILLE				hacter liv	censure exemples	activities.	\rightarrow	· · · / ·	/				

Print Form

Date of Notification (1)				1	Name of	Building C	wner/Op	perator (2	2)	Historic Hu	D.E.	0 19	201	4	
12-16-2014 Agencies Notified T	ype Notific	cation		9	Mercel Street Ad	Idress	rark (JOHNIN	SSIU[] - [nistone Hu	III HOUS	e			-
_ _		- sear MIE				ackwell	Road				ASBEST	TOS CO	INTR	OL &	7
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DEP DOL		dment #		1 355		gton, N	J 08534	4							
□ DOH	justific	cation)	icidaling	1	Name of	ing contracting				Te	lephone N	lumber			
DCA [Cance	ellation			Mike A										
Name of Facility Where Ab	atomont is	Taking	Diace (3)	_	FACIL	ITY INFO	RMATIO		Type of Fa	acility (4)					
Garage for Demo	atementis	raking	riace (3)					١,							
Street Address										ol (K-12) hapter 8 (Oth	ner than K	-12)			
325 S. Post Road								İ	Othe etc.)	r (i.e. private	& comme	rcial buil	dings,	home	s,
City (5)		-							Square Fe	eet # c	of Floors	E	Bldg. A	ge	-11.0-1
West Windsor									1500 SI	F 1			50+		
County (6)					County C				Current U	se (Prior if be	ing demo	lished)			
Mercer				(STATE U	SE ONLY)		-	Abando	ned					
Name of Monitoring Firm H	ired by Bu	uilding O	wner (8)		ASCM	No.				ent Contracto	0.005				
n/a					n/a					agement C	orp				
Street Address					18:11	LI ALIVE SIATA ALIVESTA		Street A							
n/a									oy Lane						
City, State, Zip Code									ate, Zip Co						
n/a					- 1 1			The second second		NJ 07035	T 11:	NI-			
Project Manager for Monito n/a	ring Firm			- 1	Telephor n/a	ie No.		Telepho	ne No. '06-795(n	License 01193				
Start Date (10)			Scheduled)ate (11)			f OSHA N		01130	,			
12/26/2014			12/31/2		piedon	Date (11)				agement C	orp				
Occupancy Status During	Abatement							Street A		agomoni o	σ.ρ				-
process of the contract of the					ent				oy Lane						
Facility Closed/Vacate Abatement Performed								City, Sta	ate, Zip Co	ode					
Other – Describe:				ASSI			-	Linco	In Park,	NJ 07035					
Scope of Work (Check All	That Apply	/)						17 ,	-1950/12			7-			
≥3 sf or ≥3 lf			Re	nova	tion			×		ntainment wit	h Negativ	e Pressi	ıre		
≥160 sf or ≥260 lf			× De	moliti	on			H		iclosure ag Procedure					
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Asbestos-Containing M		CM)	Used Main	Sole! tenar		Asbest	os Conta	aining Ma	aterial (AC	(M)	Amount			m	ш
TO BE ABAT In Facility			Custo	dial S		(I.e.		systems ing, VAT	insulation , or		(Specify F or LF)	Removal	Repair	cap	nclo
(13)				(12)	gr 8			iscellane				ova	pair	Encapsulate	Enclosure
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City, State							Dispos	al Date	- 1	ty, State					
Lincoln Park, NJ 0703	35						TBD		٨	forrisville,	PA 1906	57			
Completed by							Signature Date								
E. Cirovic							E. Wrove 12-				12-16	16-2014			

VIA US MAIL

		(Pursi	want to NJA	C 8:60 and 12:1	(20)			
Date of Notification (1)			Name of Buil	ning Owner/Operator		12/10/2	THE	32ENN+
101	16 14			AGE HOH	ES LLC	1 1 1	1111	J.CE IOICH
Agency Notified Type	Notification		Street Addre		10 51	ASBE	STOS CO	NTROL &
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DEP DA	mended vnerdment #		LUCST		12. 67	09.0		
POL	mergency (including		Name of Co	1101		Tolophone *!-	har	-
DOH DO	estication) ancellation		H12 12	MENNAN				
LI DCA				HEORMATION .			L 17 1	
Name of Facility Where Abate	ment is Taking Place	(3)			Type of Facility		•	1
46 HONTROS	E AUE				D School (K-12	R // Wher them ha	12)	
Street Aridress					Ed Other (Le. p	ivale & commen	ial buildings	
SOHHIT NO	Э				Anomes, etc.	# of Floors	Bldg. A	
Cay (5)					2,000	12	- 70	0
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County (6) UNION.		٠	ONEY			KESIDEA	71	
	the Ruseling Owner	I ASC	M No.		ment Contractor		•	
Name of Mordoring Firm Hire (8)) by Dataing Cilina			NOURTE	ech. 1107			
Street Address				Street Arkbess	0x 814	i.	6	
Successor	**			City, State, Zip	Code		-000	n .
City, State, Zip Code	-			1010 B	RIDGE	1	0885	<u> </u>
	· Simp	Telepi	irona No.	Telephone No.	2000	- License No.	06	
Project Manager for Monitorin	,	1		1732 2	38×7500	1 000		
Start Date (10)	Scheduled Con	nullion I	Data (11)	Name of OSH	TECH) (NC.	1	
10 17 611	+1 0110		15	Street Address	5 011			-
Occurrency Status During Ab	tement (Check day	Cities)		P.O. 1:	30x 81	† .		
D Facility Closed Variated Du O Abatement Performed Out	sing Enline Period of	Abatem v Hous	EHR	City, State, Zil	Code COD GF	N.D .: 0	8857	: ::::::::::::::::::::::::::::::::::::
O Abstement Performer Out	age of recipient			OID D	10.00			
Scope of Worlt (Check all the	epsily)	••		TO 8.5	d Continuent w		PR 2	•
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160 stor ≥ 250 F						1 :		Type
· ·	-		cation maily	Description	on of	•	5	m .
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Asbestos Containing M. TO RE ABAT	ED (AL-M)	Os	and a	(Le., thems! S)SE	AT. of	SFor	LF)	palr
IN Facility	.	- St	207? - 12)	other miscal	eneous)			1 8
(13)			No REA					++++
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BASEMENT				9 2 5		-		
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Name of Registered Waste	tauta		P Waste Hau	er Cubic Yeros Waste	60	0.65		020
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City, State GID BRIDGE	ND.~ C	885	57	Ilacis Signatura	2 11/1/06/08/	/	Date	MILLIU
Completed by	Jille		· NT	1 14	W A	regi.		12/16/14
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Check No.

2230

Date of Notification (1)					Name o	of Buildin	g Owner/Operator	(2)	J IS IP	E	D D	7	P	
	December 15, 2014						ard of Educati			E.	U ₩	-	5	1
Agency Notified		tification				Address		111					-	11
AND A CONTROL OF THE PROPERTY					Section 2	dar Str	eet	in the second	III DEC	1 1	201	į.		
EPA BEPA Not required per State Reg. 10-2004	☑ Initial ☐ Amen	heh		-	-	tate, Zip		1	1 044	+ 6	2 201	T	i	
☑ DOT Wildingta zee seit in York	Amer	ndment #				ark, NJ			- L					
E DOU		gency (includin	g ·	-	Color and division	of Contac		<u> </u>	Téléphone N	lumb	er VTA	DL	&	
☑ DOH . □ DCA	☐ Canc	ication) ellation			Benia	amin O	lagadeya		+ 110	EKIO		22		
							ORMATION							
Name of Facility Where	Ahataman	is Taking Diag	0 (3)		FAGIL	LITT DAG	OKWA HOR	Type of Facility	(4)					
Dr. William H. Ho			E (3)					School (K-12						
Street Address	I toli ocii			-				☐ Subchapter 8		-1 2)				
291 North 7th Str	eet							Other (i.e. pr homes, etc.)	ivate & comme		building	IS,		
City (5)								Square Feet	# of Floors		Bldg.	Age		
Newark, NJ 0710	7							106,532	3		1908	3		
County (6)					County	Code (7) (STATE USE	Current Use (P	or if being der	nolish	hed)			
Essex					ONLY)		2005=78	Education						
Name of Monitoring Fir	m Hired by	Building Owner	- 1	ASCM	No.		Name of Abater	lame of Abatement Contractor (9)						
Whitman Environ		The second second		0011				storation Co.,	contract to the					
Street Address			.,2				Street Address	-	uspopular activities				_	
	Pleasant Hill Road					* -	223 Randol	ph Avenue						
	y, State, Zip Code						City, State, Zip			Service of a				
	ranbury, NJ 08512						Clifton, NJ							
Project Manager for Mo		m	Te	elephor	ne No.		Telephone No.							
Kevin Lovely		0.00	30%		0-585	58	973-478-468	31	00120					
Start Date (10)		Scheduled Co	100		5000 mm		Name of OSHA					_	_	
December 29, 20	14	December					McCabe En	vironmental	Services, L.	L.C				
Occupancy Status Duri	2.500 (4.000)		-				Street Address						7.01	- 100
					e e		464 Valley I	Brook Avenue	9					
□ Facility Closed/Vaca □ Abatement Performer	tea During d Outside r	Entire Period of of Normal Facili	i Abai ty Ho	lernent urs	6		City, State, Zip							
Other - Describe:							Lyndhurst,	NJ 07071-199	98					
Scope of Work (Check	all that app	ly)						Containment 's'	Nonetive Dec-	01150				
≥ 3 sf or ≥ 3 lf				A	⊠ Ren	ovation		Full Containment with Negative Pressure Mini-Enclosure						
≥ 3 st of ≥ 3 ft ≥ 160 sf or ≥ 260 lf					☐ Dem	nolition	□ Glov	vebag Procedure	d Non Eriable 5)ross	duro			
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	tion of			Normai ed Sole			Description							
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(1	3)			(12)			other miscellan	ieous)				val	Ŧ	late
			Vac	No	N/A									
Basement Child	Basement Child Study Room 1 & 2				IN/A	VAT	& Mastic			284	sq ft	X		
Sasement Child Study Room 1 & 2				1	1	1					-			
				1	1.5					1-20-57		-		
				-		-								П
Name of Registered W	aste Haulo	r	N	IDEP V	Naste H	lauler	Cubic Yards of	Name of Regis	stered Landfill	46				
B&N&K Restorat			11000000	No.	. rusic I		Waste	-						
			1	2695	/ 2A4	456	3	Minerva E	nterprises,	inc.				
Tri-State Transfer Associates, Inc.				Disposal Date		City, State								
Clifton, NJ 07011 / Bronx, NY				12/29/2014 - 12/31/2014		Waynesbu	ırg, OH							
Completed by Title				Signature				Date						
G. Roger Woodman Safety Officer							1 M	12/15/2014						

Check No.

2231

											1	1		_
Date of Notification (1)	cember 15, 2014						g Owner/Operator							
						State Internation	rd of Educati	on L-/		11	11	11	_	_
Agency Notified				10		ddress ar Stre	eet		DEC 19 20	14 L	٧	1		
EPA Hot required per State Reg. 10-2004	☐ Amer			C	ity, Sta	ate, Zip (Code					1		
DOT Witeful place of the property of the prope		ndment #					07112	L	ESTOS CONT	ROL&		1		
-		gency (including		100		f Contac		ASI	Telephone Nu	mber	_	_ 1		
☑ DOH □ DCA	☐ Canc	ication) ellation		F	3enia	min O	lagadeya							
<u> </u>		on ditori		-	-	-	ORMATION			-				
Name of Facility Whose	Abataman	t in Taking Place	(2)	17/	FACIL	III INF	ORMATION	Type of Facility	(4)					
Name of Facility Where		it is Taking Place	(3)											
Luis M. Marin Sc	nool							School (K-12)) (Other than K-1	2)				
Street Address								Other (i.e. pri	vate & commerci	ial building	gs,			
663 Broadway				pnuss				homes, etc.)						
City (5)								Square Feet	# of Floors	Bldg.		•		
Newark, NJ 0710	4							191,351	4	1967	7			-
County (6)						Code (7) (STATE USE	Current Use (Pr	or if being demo	lished)				
Essex				0	DNLY)			Education						
Name of Monitoring Fir	m Hired by	Building Owner	ASC	CM N	lo.		Name of Abaten	nent Contractor (9)					
Whitman Environ			00	110			B&N&K Res	storation Co.,	oration Co., Inc.					
Street Address	eet Address						Street Address							
	Pleasant Hill Road						223 Randol	ph Avenue						
City, State, Zip Code							City, State, Zip							
Cranbury, NJ 085	512				+ 14		0.57	n, NJ 07011						
Project Manager for Mo		m	Telepi	hone	No.	1100-1-00-1-00	Telephone No.							
Kevin Lovely	Jillitoring i ii		100000000000000000000000000000000000000)-585	8	973-478-468	R1	00120					
Start Date (10)		Scheduled Com					Name of OSHA							_
December 26, 20	14	December 3			. (,			vironmental S	Services, L.L.	.C.				
Occupancy Status Dur		The second secon					Street Address							
AS 57-5	9.73							Brook Avenue	. "					
☑ Facility Closed/Vaca				ent			City, State, Zip	A STATE OF THE STA						
☐ Abatement Performs ☐ Other - Describe:	eu Outside (of Normal Facility	Hours					NJ 07071-199	8					
Scope of Work (Check	all that ann	alv)										-		
•	an that app	, /		5	7 0			Containment with -Enclosure	Negative Pressu	ıre				
\boxtimes \geq 3 sf or \geq 3 lf \square \geq 160 sf or \geq 260 lf					Demo	ovation olition	⊠ Glov	ebag Procedure						
□ 2 100 St 01 2 200 H							☐ Non	-Exempted (*) and	Non-Friable Pro	ocedure		1 - 4		
			Is Loc	catio	n						A	bate Tv	eme /pe	nt
	tion of			mally			Description	of				T		
Asbestos-Contain		al (ACM)	Used S Mainte				stos Containing N	laterial (ACM)	Amount		ļ_		m	п
	ABATED		Cust	odia	0.000	(i.e	., thermal systems surfacing, VA		(Specify SF or LF		₹em	Re	cap	nclo
	acility 13)			aff? (2)			other miscellan		31 01 11	,	Removal	Repair	Encapsulate	Enclosure
,	.0,		(1	-1							<u>a</u>		te	e
			es N	10	N/A							_	-	-
Child's Study Team (Office abov	ve ceiling	\times			Ther	mal System I	nsulation	1	170 In ft	X	_	_	
											L			

Name of Registered W	aste Haule	r	NJDE	PW	aste H	auler	Cubic Yards of	Name of Regis	tered Landfill					
B&N&K Restorat		Site of the site o	ID No.	Server on	0.0.0	EC	Waste	Minorio E	ntorprises la	20				
Tri-State Transfe		Complete St.	1269	95 /	2A4	96	2		nterprises, Ir	16.				
City, State				- 0.000			Disposal Date	City, State						
Clifton, NJ 07011 / Bronx, NY					12/09/2014 - Waynesburg			rg, OH						
Completed by	3 1	Title	Signature				Date	1000000						
G. Roger Woodn	Roger Woodman Safety Officer						///			12/15	5/2	014		

CK 3511

SIZE OF NEW JETTERY NOTIFICATION OF ASSESTOS ABATEMENT

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By Bywa	cry, State, Lip	1	- LIDENSING
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☐ Emerger	Non il work	a c!	Telephone Humber
DOH JUSTICA	BRU	CE BRE	EUNIG
		UF ORMA TION	
ame of Facility Where Abatement is	Yaking Place (3)		Type of Facility (4)
PESIDENCE	=		School (K-12) Subchapter 8 (Other than K-12)
tiee Address 000			Other (i.e., private & commercial pullongs homes, etc.)
2060 RT.	1		Square Foot Fol Floors Blog Age
107 (5) C 1-101 1 1 1 1 1 1			1000 -2 -40+
SEAVILLE	County Code	T ISTATE	Current Use (Prior It being demovished)
OUNIY (5) CAPE MA	1 . SE OW Y		VACONT
		Hame of Abaler	meni Convegor (9)
some of Maritoring Firm Hired by Bui		Syeel Address	1/
eree. Address		369	S. SPRUCE AVE.
		To Suite. Zip	Code
N State Zo Code		MA	OLZ SHADE, ND COLD
	or sharpele ! !	Talephone No.	79-0472 00444
raki Hanage: la Mantanna Firm			71 0 17 01
T	Screou et Completon Date (11)	Hame of OSHA	Maria M
Sian Date 10,	1/7/15	J75E	630
Desupancy Status During Abatemen	(Check only one)	Siee: Address	Spruce AUE.
		Cry State, Xp	Code
Facility Closed Vacated Doublide of Abatement Performed Durside of	Normal Facility Hours	Cry. State, Au	LE SHADE, N.J. 06052
Other Describe			
Scape of Mork (Check all that apply)		C Fot S	ontainment win Negative Pressure
			Exempled (') and Non-Frizote Procedure
	Renovation		
	i∑ ⊃ewaya. □ 'Seucherian	M 1450-1	29:50
20 5 07 23 11 21 5 07 23 11 21 60 51 07 2260 11	Renovation Demotion Is Location	<u> </u>	
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2: 5 or 20 ff 2: 50 st or 2250 ff	Renovation Complian Is Location Normally Used Soleth by Ast	Description Description Description The series of the seri	ol
Location of Aspesios Containing Material (AC)	Renovation Completon Is Location Normally Used Soieth by Maintenance: Custoda: Staff	Description Descri	Amount (ACM) Amount (Specify Controlled to Specify Controlled to S
Cocation of Aspessos Containing Material (AC)	Renovation Complian Is Location Normally Used Solet by Haintenance: Custoda: Starr (17)	Description Description Description The series of the seri	Amount (ACM) Amount (Specify Friedland) (Specify Friedland) (Specify Friedland) (Specify Friedland)
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Cocation of Aspessor Containing Material (ACH TO BE ABATED TO BE ABATE	Renovation Complete Is Location Normally Used Solich by Maintenance: Custode: Stat? 177! Yes ho N/A NUDED Waste Hauser D No.	Description Description Description Description Description Description Suna one Miscollar Description	Name of Registered Landill C, M, C, M, U, A
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Ocasion of Aspesios Containing Material (ACH TO BE ABATED IN Facin 133) SIPING Name of Registered Waste Hauler KENCO INC	Renovation Complete Is Location Normally Used Solich by Maintenance: Custicola: Stati (17) Yes ho N/A NUCED Wase Hause D No. 7997	Description Description Description Description Description Sunama: 1458em Sunama: 1458e	Name of Registered Landill C, M, C, M, U, A e City, State WOODS!NE, N, J.
Cocation of Aspessor Containing Material (ACH TO BE ABATED TO BE ABATE	Renovation Complete Is Location Normally Used Soieth by Maintenance: Custode: Stat? 117! Yes ho N/A N/DED Waste Hauser D No. 7997	Description Description Description Description Suna and War Other miscollar Cubic Yards Of Wards Of Wards Of Supposed Date Suppose	Rane of Registered Landill C, M, C, M, U, K e City, State Wan D B / NF, N, J C Company C Compa
Sis or 23 1 Cocation of Aspessos Containing Material (ACN TO BE ABATED A Factor 131 SIPING Name of Registered Waste Hauler K & EMCO INC Ch State	Renovation Complete Is Location Normally Used Solich by Maintenance: Custicola: Stati (17) Yes ho N/A NUCED Wase Hause D No. 7997	Description Description Description Description Suna and War Other miscollar Cubic Yards Of Wards Of Wards Of Supposed Date Suppose	Name of Registered Langill C, M, C, M, U, A e City, State Was D D 1 NT, N, T, Date

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Date of Notification (1)		g Owner / Operator (2)	IIIIII DEO	10 0014				
Agencies Notified Type Notification	The Kamson Co Street Address	rporation	19 19 19	19 2014 19				
⊠ EPA	270 Sylvan Aver	nue						
☐ DEP ☐ Initial ☐ Amended	City, State & Zip		ASBESTO	DS CONTROL &				
□ DOL □ Amended	Englewood Cliffs		LIC LIC	DENSING				
□ DOH □ Emergency □ DCA □ Cancellation	Name of Contact Joe Spadaccini	t		Telephone Number				
Gancellation				i.				
Name of Facility Advances Abote and Facility Dis		IFORMATION (1)						
Name of Facility Where Abatement is Taking Place Apartment Buildings	(3)	Type of Facility (4) School (K-12)						
Street Address			Other than K-12)					
Building # 136			ate & commercial bui	ildings, homes, etc.)				
			# of Floors	Bldg. Age				
	County Code (7)	126,000	2.5	49				
Hackensack NJ, 07601 Bergen		Apartment Building	if being demolished)					
Name of Monitoring Firm Hired by Building Owner (o. Name of Abatemen	t Contractor (9)					
Health & Safety Services, LLC. Street Address	117	Resource Managen Street Address	nent Group, LLC					
P.O. Box 365		2115 Hamilton Ave,	Suite 202					
City, State & Zip Code		City, State & Zip Co						
Berlin, NJ 08009 Project Manager for Monitoring Firm Tel	ephone Number	Trenton, NJ 08619 Telephone Number	Licens	se Number				
Mr. Jim Proctor 856	6-452-1311	609-977-6159		01185				
12-29-2014 1-10	0-2015	Name of OSHA Mon J&S Environmental						
Occupancy Status During Abatement (Check only o Facility Closed/Vacated During Entire Perior		Street Address 2333 Route 22 Wes	et					
Abatement Performed During 1st Shift	d of Abatement	City, State & Zip Co						
Describe: 9:00am to 5:00pm & Wknd hou	irs	Union, NJ 07083						
Facility Occupied During Abatement				****				
Scope of Work (Check all that apply)		П	Full Containment wi	ith Negative Pressure				
≥3 sf or ≥3 If	Renovation	H						
☐ ≥160 sf ≥260 lf	2)	\boxtimes	Glove Bag Procedu	res				
			Non-Exempted and	Non-Friable Procedure				
	s Location	Description of	Amour	The results of the re				
	ormally Used Solely by	Asbestos-Containing Material (ACM)	g (Specii SF or L	ć.				
	intenance or	(i.e., thermal systems		Enclsoure Encapsula Repair Removal				
in Facility Cus	stodial Staff?	insulation, surfacing, V	AT	ncapsul Repair Remova				
(13)	(12)	or other miscellaneou	s)	soure osular oair loval				
Yes								
Room #1		Pipe Wrap	6 LF					
Name of Registered Waste Hauler	NJDEP Wast Hauler ID No		e of Registered Land	dfill				
Resource Management Group, LLC	0035218		vs Landfill					
City, State Trenton, NJ		Disposal Date City,						
Completed By (Print or Type)	Title	Signature		Date				
Mr. Brian J. Haney	President	Mym Xh	MANY	12/16/2014				
19 1		IN W	INU /					

NOTIFICATION OF ASBESTOS ABATEMENT 1239 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) December 16, 2014 OCD/PRD/J&J Agencies Notified Type Notification Street Address 920/1001 Rt. 202 **EPA** Initial F4 9: 51 City, State, Zip Code DEP Amended Amendment #6 DOL Raritan, NJ 08869 Emergency (including Name of Contact TelephoneNumber DOH justification) 044 4433 DCA Cancellation Project Manager FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) OCD/PRD/J&J School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 920/1001 Rt. 202 etc.) City (5) Square Feet # of Floors Bldg. Age Raritan, NJ County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Somerset Facility Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Bulava / AET Environmental The MACK Group, LLC Street Address Street Address 12 Kilmer Drive 1500 Kings HWY N, STE 209 City, State, Zip Code City, State, Zip Code Hillsborough, NJ 08844-3830 Cherry Hill, NJ 08034 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Edward J. Bulava 908-874-6207 (973) 759 - 5000 00781 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 5/17/14 5/17/15 The MACK Group, LLC. Occupancy Status During Abatement (Check Only One) Street Address 1500 Kings HWY N, STE 209 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Cherry Hill, NJ 08034 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED Enclosure (i.e. thermal systems insulation, (Specify ncapsulate Remova Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Bld 1003 Mechanical Room fittings & asbestos pipe 35 If Bld 1003 1st Fl. Bathroom 26 fittings OCD Tunnel #1 fittings & asbestos pipe 773 l/f OCD Basement A Building asbestos pipe 200 l/f Name of Registered Waste Hauler NJ DEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Freehold Cartage 22253 10.3 BFI Imperial Landfill City, State Disposal Date City, State Freehold, NJ 5/17/15 Imperial, PA 15126

Date

12/16/14

Signature

Michael Cooper

Completed by

Title

President

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

Location of Asbestos-Containing Material (AC <u>TO BE ABATED</u> In Facility			Locatio						ement rpe	t	
Asbesto	s-Containing Material (A) TO BE ABATED	CM)	Use Ma	Normall d Solel intenan codial S (12)	y by ice/	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Liciosofia
			Yes	No	N/A						L
	OCD Tunnel #2		X	\/		asbestos pipe	300 l/f	\rightarrow			-
3ldg 10	03 Facilities Departr	nent	-	$\stackrel{\times}{\rightarrow}$		pipe insulation	119 l/f	\rightarrow			-
	_"-			$\stackrel{\times}{\rightarrow}$		fittings	13	X			1
	OCD A-105			\triangle		pipe insulation	75 l/f	X			L
	PRD vault			X		exterior wall transite	50 sf	X			L
Bu	ilding K. F Stairwell			X		Vat & mastic	150 sf	X			
Е	Building H corridor		300	X		_11_	< 3 sf	X			
Loa	ading Dock Stairwell			X		miscellaneous	235 s/f	X			
								-			16
				3.							-
											-
	100 100										
	7.										
								-		8	
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Date of Notification	(1) 12-16-2014						Owner / Operato	or (2)	\$ 0 mm							
Agencies Notified	encies Notified Type Notification						oration	···	2 115	** +9	1-14	0. 3	,			
⊠ EPA	, , , , , , , , , , , , , , , , , , , ,		- 1	Street 270 S		Avenu	е					- a	†			
☐ DEP						& Zip C			4,5				,			
☐ DOL ☐ DOH	Amen					Cliffs,	NJ	7			TT-1	i vig	<u>L</u>			
□ DCA	☐ Emerg			Joe S							rei	epho	ne N	umb	÷Γ	
				F	ACILI	ITY INF	ORMATION									
Name of Facility Wh		nt is Taking P	lace (3				Type of Facil		****							
Apartment Buildings	<u> </u>						School (
Street Address Building # 147							Subchar		er than K-		dinas	hom	00 0	to \		
Canang # 177							Square Feet		of Floors	Jai Dull		J. Age		10.		
City (5)		County (6)	Co	unty (Code	(7)	126,000		2.5			,	49			
Hackensack NJ, 07	601	Bergen					Current Use Apartment B		eing demoli	shed)						
Name of Monitoring	Firm Hired by	Building Own	ner (8)		AS	CM No.		The state of the s	ontractor (9	9)					_	
Health & Safety Ser	vices, LLC.				11	7	Resource Ma		t Group, LI	_C						
Street Address P.O. Box 365							Street Addres 2115 Hamilto		ito 202							
City, State & Zip Co	de			0.5-10-	-		City, State &		iile 202	D		-	-			
Berlin, NJ 08009	rlin, NJ 08009 oject Manager for Monitoring Firm						Trenton, NJ (08619								
Mr. Jim Proctor	Jim Proctor					nber	609-977-615	Telephone Number License Number 609-977-6159 01185								
12-29-201	cheduled Start Date (10) Scheduled Con 12-29-2014					1)	Name of OSI J&S Environs			Inc.						
Occupancy Status [During Abatem sed/Vacated D	ent (Check o	nly on	e) of Ab	atam	ont	Street Address 2333 Route 2									
	Performed Du		CHOG	OI ADI	atem	Cill	City, State &									
Describe:	9:00am to 5:0	0pm & Wknd	hours	rs Union, NJ 07083												
Scope of Work (Che	upied During A													100		
Coope of From (one	zon an mar ap	,,,,,						☐ Fu	II Containn	nent wit	h Neg	ative	Pres	sure	1	
≥3 sf or ≥3 l	26		\boxtimes		novat	7,742.0		☐ Mir	ni-Enclosu	re						
□ ≥160 sf ≥26	O If			Der	noliti	on			ove Bag Pr		edures and Non-Friable Procedur					
1,	ocation of	-	le.	Locat	ion	1							teme			
	os-Containing			nally l			Description of Ar Asbestos-Containing (S					ADa	цеппе	311(1	ype	
Mat	erial (ACM)		S	olely i	by		Material (A	CM)		SF or LF		ام		ш	Ш	
TO E	BE ABATED Tacility			tenan odial S			(i.e., thermal s					Rem	Rep	Encap	ncle	
	(13)		Cust	(12)	Stail :		insulation, surfactor or other miscell					noval	pair	psulat	Enclsoure	
	(/		Yes	No	N/A	T						=		at	œ.	
Room #1							Pipe Wra	ар		12 LF		\boxtimes				
			H	+	님	+						H	무	井	H	
			H	H	H	+						H	H	H	H	
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Name of Registered	Waste Haule	1				Waste		Name of	f Registere	d Landf	āll					
Resource Management Group, LLC					uler 3521	ID No. 8	of Waste TBD	Grows L	andfill							
City, State							Disposal Date	City, Sta			21116000		- 100			
Trenton, NJ					TBD // Morrisville, PA											
Completed By (Print	or Type)			Tit			Signature	17	16.	,		Date	.n.			
Mr. Brian J. Haney				Pre	eside	ent	1 / / ha		VIII	4	1	2/16	2014	4		
							1/10		VIU,	4						

(K 2189

Date of Notification (1) 12-16-2014		f Building O	wner / Operato	r (2)		No. Street	الده 🗠	E P	-
Agencies Notified Type Notification EPA	Street A		iation		2 111-1	19 FN	Q; ·		
☐ DEP ☐ Initial ☐ Amended	City, Sta Englewo	ate & Zip Co ood Cliffs, N			AS				
☑ DOH ☐ Emergency ☐ DCA ☐ Cancellation	Name of Joe Spa	f Contact adaccini			۲	Teleph	one N	lumb	er
	FAC	ILITY INFO	RMATION					W. W. C.	
Name of Facility Where Abatement is Tak			Type of Facili	ity (4)					
Apartment Buildings	1999 VV 58		School (I						
Street Address			☐ Subchap	oter 8 (Other t	han K-12)				
Building # 127		*		e. private & co				etc.)	
City (5) County ((C) (Co.umb. Co.	d= (7)	Square Feet	11 12 12 12 12 12 12 12 12 12 12 12 12 1		Bldg. A			
City (5) County (Hackensack NJ, 07601 Bergen	6) County Co	de (7)	126,000		2.5		49		
			Current Use (Apartment Bu	uilding					
Name of Monitoring Firm Hired by Building Health & Safety Services, LLC.		ASCM No. 117	Name of Aba Resource Ma						
Street Address P.O. Box 365			Street Addres	SS					
City, State & Zip Code Berlin, NJ 08009			City, State &	Zip Code	202				
Project Manager for Monitoring Firm	Telephone N		Trenton, NJ C	umber	Licens	se Number			
Mr. Jim Proctor Scheduled Start Date (10) Schedule	856-452-131 d Completion Date		609-977-6159 Name of OSF			011	85		
12-29-2014 Occupancy Status During Abatement (Che	1-10-2015		J&S Environn		tories, Inc.				
□ Facility Closed/Vacated During En	tire Period of Abate	ement	Street Addres 2333 Route 2	22 West					2504-250
Abatement Performed During 1st : Describe: 9:00am to 5:00pm & \	Wknd hours		City, State & 2 Union, NJ 070						
Facility Occupied During Abateme Scope of Work (Check all that apply)	nt		L						
coope of tront (oncox all that apply)				☐ Full Co	ontainment wi	ith Negativ	e Pre	ssure	4
≥3 sf or ≥3 If	□ Renove	vation			nclosure	ar riogaar		J041.0	600
≥160 sf ≥260 lf	□ Demo	lition			Bag Procedu	res			
				☐ Non-E	xempted and	Non-Friab	e Pro	cedu	ire
Location of	Is Location		Description		Amour	nt Ab	atem	ent T	ype
Asbestos-Containing	Normally Us		Asbestos-Con		(Speci		T	Г	Ì
Material (ACM)	Solely by		Material (A		SF or L	.F) 🔻	-	Enca	Encl
TO BE ABATED in Facility	Maintenance Custodial Sta		(i.e., thermal sy sulation, surfac			l em	Rep	car	icis
(13)	(12)		or other miscella			Remova	pair	apsulat	soure
		N/A				=		छ	G.
Room #18		П	Pipe Wra	in .	18 LF		+	П	П
Room #2			Pipe Wra		2 LF		TH	Ħ	H
Room #3			Pipe Wra		10 LF			Ħ	Ħ
Room #4			Pipe Wra		8 LF				
				ACC - 40-50	3				
Name of Registered Waste Hauler		EP Waste C		Name of Re	gistered Land	ifili			
Resource Management Group, LLC	0035		f Waste BD	Grows Land	fill				
City, State Trenton, NJ	J		Disposal Date	City, State Morrisville, F	À				
	17		//	INIOITISVIIIO, F	T				
Completed By (Print or Type) Mr. Brian J. Haney	Title Presi	ident	Signature	MN	bley	Date 12/1	6/201	4	
			1		//				

NO CK

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)		-	- 11.20		
11 /	26 / -	14			E.I.	duPont	de Nemours	9	PART 10	₽ ha	o	, -i-1	47
Agencies Notified	Type Notific	ation			Street	Address					-	.,4	
⊠ EPA					250	Cheese	quake Road	F	· 4.				
□ DOLWD			20002000727		City. S	tate, Zip (Code	<i>E</i>	-	77.	ta.	* ***	
□ DHSS	100000000000000000000000000000000000000	ent #1-12		14	150	lin, NJ 0				- 9			
☐ DCA	☐ Emergen		ling	1									
(NJAC 5:23-8)	_ justificati					of Contac			Telephone Num	iher			
	☐ Cancella	tion			Nic	hol Rein	hold	- 1					
					FAC	CILITY IN	FORMATION					- 2	
Name of Facility Where	Abatement is	Taking Pla	ace (3)				Type of Facility (4	4)				
DuPont Parlin Faci	lity - Bldg. 3	325 17Q	9 Cod	oler	Tank			School (K-12)					
Street Address			907200					Subchapter 8					
250 Cheesequake I	Road							Other (i.e., pri homes, etc.)	vate and comme	rcial bu	illaing	s,	
City (5)				200				Square Feet	# of Floors	Ble	dg. A	ne -	
Parlin								- Cquaro r cor			-9	,-	
						4.0-4-6	TVOTATE HOE ONLY	O	- if h = i = = d = = = ti	-11\	-		
County (6)					Coun	ity Code (7)(STATE USE ONLY)	Current Use (Price	or it being demoil	snea)			
Middlesex													
Name of Monitoring Firm	Hired by Buil	lding Own	er (8)	1	ASCM	No.	Name of Abateme	ent Contractor (9)					
Cardno ATC							BRISTOL EN	VIRONMENTAL	., INC.				
Street Address							Street Address						
3 Terri Lane							1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip Co	ode					
Burlington, NJ 080	16						BRISTOL, PA	19007					
Project Manager for Mon	itoring Firm		1-	Tele	ohone	No.	Telephone No.		License No.				-
John Lutz				60	9-386	-8800	215-788-6040		00509				
Start Date (10)	1:	Schedule	d Con	plet	ion Da	te (11)	Name of OSHA N	Ionitor					
12/15/	14	12	1_	19	_ / _	14	BRISTOL EN	VIRONMENTAL	., INC.				
Occupancy Status During	Abatement (Check or	ly one	e)			Street Address					-	
☐ Facility Closed/Vacate	ed During Enti	ire Period	of Ab	ater	nent		1123 BEAVE	R STREET					
☐ Abatement Performed	Outside of N	lormal Fa	cility H	lour	s - Des	cribe	City, State, Zip Co	ode					
Time of Abatement: 7	':00AM	PM/ <u>3:3</u>	<u>0</u> PM-		AM		BRISTOL, PA						
Scope of Work (Check al	I that apply)							A A COMMON TO A CO					
		-						tainment with Nega	ative Pressure				
☐ ≥3 sf or ≥3 lf ☐ >160 sf or >260 lf			Reno				☐ Mini-End	losure g Procedure					
△ 2100 St 01 2200 II			Demo	טוונוט	11			mpted (*) and Nor	-Friable Procedu	ıre			
7			Is Lo	ncati	on	T					atem	ent T	vne
Location	of			rmal			Description of	of .		-	_		-
Asbestos-Containing		vn l	Jsed :			Asbe	estos Containing Ma	TO AN EUROPEAN CONTRACTOR	Amount	Removal	Repair	inc	, S
TO BE ABA			Maint				e., thermal systems		(Specify	non	air	ap	l S
IN Facili	ity	(Custoc		Staff?		surfacing, VAT		SF or LF)	a la		Encapsulate	Enclosure
(13)		\ <u></u>		12) No	N/A	1	other miscellane	ous)				ite	
Building 325 - 17Q9 (Chiller Tank					Tank in	nsulation,		276 SF				
Building 325 - 17Q9 (Breech			142 SF		П	П	
Building 323 - 17 Q3 V	Jillier ratio		-		-	Diecoi	iiig						
			1 L	_			74				Ш	П	Ш
		.] [
Name of Registered Was	ste Hauler			2002	JDEP \		Cubic Yards of	Name of Regist	ered Landfill				
SERVICE TRANSPO	ORT GROU	P, INC.		Н	auler II		Waste	GROWS La	ndfill				
ACCOUNTS AND AND AND AND AND AND AND AND AND AND			-		20990		5 Disposal Date	City, State					
City, State	10700								DA 10067				
NEW CASTLE, DE							12/19/14	Morrisville,					
Completed By (Print or T	ype)	Title					Signature	0-	. D	ate	1.,	1	./
Gino Pizzigoni		Esti	nato	r	2.4		Sino.	Mariana	e	12/	16	//	4
ACD 41			12-12-2				/	00			/		

ASB-41 MAY 11

GI 14146

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16) CD# 2740

Date of Notification (1)				Nam	e of Build	ing Owner/Operator	(2)	k" al				
	26 /	14				t de Nemours	1	and have the	. m. 2 ²			
Agencies Notified EPA 58 72	Type Notif			V	et Address 0 Chees	equake Road	26 9 D	FC 19 FH 9	: 19	}		
☑ DOLWD 5865	☐ Amend				State, Zip		f 'E		-			
☑ DHSS 5889		ment #ency (includin		100	rlin, NJ		£5		11.0		Zi.	
(NJAC 5:23-8)	justifica		g	-	e of Conta			Telephone Num	ber			
	☐ Cancel	lation		Nic	chol Rei	nhold						
					CILITY	NFORMATION						
Name of Facility Where A							Type of Facility	(4)				
DuPont Parlin Facil	ity - Bldg.	325 17Q9 (Cool	ler Tani	k		School (K-12					
Street Address								8 (Other than K-12 rivate and comme				
250 Cheesequake F	Road						homes, etc.)	invate and comme	ciai b	ullain	gs,	
City (5)							Square Feet	# of Floors	В	ldg. A	lae	
Parlin c										•	J-	
County (6)				Cou	nty Code	(7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	shed)	-		
Middlesex												
Name of Monitoring Firm	Hired by Bu	ilding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)			_		
Cardno ATC		e-				The state of the s	VIRONMENTA					
Street Address						Street Address	· · · · · · · · · · · · · · · · · · ·			-		
3 Terri Lane						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip Co						
Burlington, NJ 0801	6					BRISTOL, PA						
Project Manager for Moni	toring Firm		Te	elephone	No.	Telephone No.		License No.	0300-11			-
John Lutz				609-386	5-8800	215-788-6040		00509				
Start Date (10)		Scheduled C	omp	letion Da	ate (11)	Name of OSHA M	lonitor					
12 / 15 /	14	12 /		18 /	14	BRISTOL EN	VIRONMENTAL	L, INC.				
Occupancy Status During	Abatement	(Check only	one)			Street Address						
☐ Facility Closed/Vacate	d During En	tire Period of	Abat	ement		1123 BEAVER	RSTREET					
☐ Abatement Performed						City, State, Zip Co					-	
Time of Abatement: 7:	00AM	PM/ <u>3:30</u> P	M	AM		BRISTOL, PA						
Scope of Work (Check all	that apply)											
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		⊠ Re □ De				☐ Mini-Encl	Procedure	native Pressure	re.			
		ls	Loc	ation	1		· ''			atem	ent T	vne
Location			lorm	ally lely by	1	Description of				_	_	Ť
Asbestos-Containing M TO BE ABAT		IVI/		ance/		estos Containing Mai		Amount	em	Repair	nca	ncl
IN Facility		Cust		I Staff?	(1.4	e., thermal systems i surfacing, VAT,		(Specify SF or LF)	Removal	¥	psu	Enclosure
(13)		Yes	(12 No		1	other miscellaned					Encapsulate	9
Building 325 - 17Q9 C	hiller Tanl			, NA	Tank in	nsulation		276 SF				
Building 325 - 17Q9 Cl					Breech				+	1		
Dunding 320 - 17 Q3 O	mer ram			-	Dieeci	iiiig		142 SF			Ш	닏
				12	-				\perp			Ш
Name of Registered Waste SERVICE TRANSPORT		P INC	1	NJDEP V Hauler ID		Cubic Yards of Waste	Name of Regist				17	
	51.00	. ,		20990)	5	GROWS La	mann				
City, State	720					Disposal Date	City, State				100	
NEW CASTLE, DE 19		-				12/19/14	Morrisville,	PA 19067				
Completed By (Print or Typ Gino Pizzigoni	e)	Title Estimat	or			Signature	zigoni	/ Dat	te /20	1./1	4	
SR-41		1				Juno 12	graone	1-11	100	1/	,	

ASB-41 MAY 11 GI 14146

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

(K11254

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

Date of Notification (1)	15 /	14				g Owner/Operator (2)	9: 1000		T-VN	*****	
						IVERSITI		E A DEC	19 F	40	6 12-	4
Agencies Notified EPA	Type Notifica	ation			Address	A HILL ROAD		AS				S
☑ DOLWD	☐ Amended	i		100000000000000000000000000000000000000	State, Zip C						·	
⊠ DOH	Amendm				and the state of	O, NJ 08028						
DCA	☐ Emergen justificati	cy (including	3		of Contact	September 1997		Telephone Num	ahar			
(NJAC 5:23-8)	☐ Cancellat				ASÉ IACO							
						FORMATION						
Name of Facility Where	Abatement is 1	Taking Place	(3)	FAC	JILIT IN	FORWIATION	Type of Facility	(A)				
MOORE CARTRID			000000				School (K-12	3.0.60				
Street Address		. 20125111					Subchapter i	3 (Other than K-1)				
MULLICA HILL RO	AD (RT. 322) & NEALE	RO	AD		*	Other (i.e., p homes, etc.)	rivate and comme	ercial bu	uilding	js,	
City (5)	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-			Square Feet	# of Floors	RI	dg. A	ne .	
CAMDEN							3.000 SF	2		60÷	90	1
County (6)				Cour	tv Code (7)(STATE USE ONLY)		ior if being demol			_	
CAMDEN				1	., (.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	VACANT BI					
Name of Monitoring Firm	n Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)				-	
EHS ENVIRONME		- 3	(-)		1171		ENVIRONMEN					
Street Address	1001 1100 11					Street Address						
411 SOUTHGATE	COURT- SUI	TEE				923 HAWS A	VENUE					
City, State, Zip Code						City, State, Zip C	AVAILULA CONTRACTOR					
MICKELTON, NJ 0	8056					NORRISTOW						
Project Manager for Mo	nitoring Firm		Tel	ephone	No.	Telephone No.	*	License No.				
JACK CARNEY				356)224		610-662-4072	2	00398				
Start Date (10)		Scheduled C				Name of OSHA	Monitor					
_1 / _5 /	15_	_1_/	_ ()/	15	PLYMOUTH	ENVIRONMEN	ITAL				
Occupancy Status Durin	ng Abatement (Check only	one)			Street Address						
☐ Facility Closed/Vaca				ement		923 HAWS A	VENUE					
☐ Abatement Performe						City, State, Zip C	ode					
Time of Abatement:	AM	PM/	PN		AM		/N, PA 19041					
Scope of Work (Check a	all that apply)	-		-								
☐ >3 sf or >3 lf		⊠ Re		lion			tainment with Ne	gative Pressure				
≥3 \$1 61 ≥3 11 ≥160 sf or ≥260 If		□ De				☐ Mini-End	g Procedure					
9000000		20000000			-	☐ Non-Exe	empted (*) and No	n-Friable Proced	ure			
			Loca Norm						Ab	atem	ent T	уре
Location Asbestos-Containing		1.1-22		ely by	Ashe	Description of stos Containing Ma		Amount	Re	Re	En	En
TO BE AB	ATED	Ma		ance/		., thermal systems		(Specify	Remova	Repair	cap	clos
IN Faci (13)		Cus	12) 12)	Staff?		surfacing, VAT other miscellane		SF or LF)	/a		Encapsulate	Enclosure
(13)		Yes	No	T		Other miscellane	eous)				Te	
SEE ATTACHED									\vdash_{\sqcap}			\vdash
OLL ATTACHED				-					ᆜᆜ	닏		
		Ш								Ш	Ш	
		П	П						П	П	П	\Box
Name of Registered Wa	ste Hauler		1	NJDEP		Cubic Yards of	Name of Regis	stered Landfill				
SERVICE TRANSP		•		Hauler II	D No.	Waste	Mississa and an area and an area	LANDFILL				
City, State				A901	#20990/	310 Disposal Date	City, State					-
58 PYLES LANE,	NEW CASTI	E. DF 197	20			1/16/15	WAYNESE	SURG OH				
					- 2	000 (0000)	THATRESE)ata			
Completed By (Print or TRUSSELL KING	(ype)	Title PM				Signature			Date			
NUSSELL KING		LIVI				10	- K	ĺ.	Alrh	ų		

ASB-41 JAN 13

Continued				
Used by Maint. (12)	Description of material	Location of material (13)	Quantity of ACM Abatement Type	Abatement Type
N/A- VACANT	TAN VAT/ MASTIC	FRONT OFFICE / WEST SIDE OFFICE	730 SF	Removal
N/A- VACANT	SPLINE CEILING TILE GLUE DOTS	FRONT OFFICE / WEST SIDE OFFICE	100 SF	Removal
N/A- VACANT	PAPER DUCT INSULATION	WAREHOUSE- 1ST FLOOR	3 SF	Removal
N/A- VACANT	FLUE PACKING	WAREHOUSE- 1ST FLOOR	3.SF	Removal
N/A- VACANT	TRANSITE SIDING	EXTERIOR	580 SF	Removal
N/A- VACANT	ROOF FLASHING	EXTERIOR	100 SF	Removal
N/A- VACANT	COATED METAL SIDING	EXTERIOR	340 SF	Removal

CK#0978

Date of Notification (1)				uilding Owner/O				710					
12-16-2014 (DEC 19 FM 9	# [8	N	Aercer C	County Park	Comn	nission	- Historic I	lunt Hous	ę,	,			
Agencies Notified Type Notifica	tion	-	reet Addr		1.5			- 6		t			
EPA AS Initial	ما بيدي			kwell Road		A	<u>*</u>	888					9
DEP Amende		11.000	Marian Carlotte	Zip Code			6.7		. F x x_1 1 1				
DOL Amendr		_ P	enning	ton, NJ 0853	34	ř.		* * * * * * * * * * * * * * * * * * * *					
DOH justificat	ncy (including ion)	Na	ame of Co	ontact				Telephone N	lumber	ę			
DCA Cancella		l N	∕like Ada	ams									
			FACILIT	Y INFORMATION	ON								
Name of Facility Where Abatement is T House for Demo	aking Place (3)					☐ Sc	Facility (4) chool (K-12)						
Street Address 400 Robinsville Allentown Roa	d					01	ther (i.e. priva	Other than Kate & comme		iildi	ngs,	nome	s,
City (5)			****	1.0		Square		# of Floors	-	Blo	ig. A	ne .	-
Robinsville		112				2900		1		50		,-	
		T C	ounty Cod	do (7)			t Lice (Prior it	f being demo	lished)	_			_
County (6) Mercer			STATE USE		_	Transfer State of the State of	doned	being demo	morica)				
Name of Monitoring Firm Hired by Build	ling Owner (8)		ASCM N	0.			ement Contra	16 65					
n/a			n/a		Loz	nica Ma	anagemen	t Corp					
Street Address					- 30000000	Address			2712				
n/a					22	Γroy La	ne						
City, State, Zip Code					City, S	State, Zip	Code						
n/a					Line	oln Par	rk, NJ 070	35					
Project Manager for Monitoring Firm		Te	elephone	No.	Telep	hone No.		License	e No.				
n/a		r	n/a		973	-706-79	950	01193	3				
Start Date (10)	Scheduled	Comp	oletion Da	te (11)	Name	of OSH	A Monitor	_					
12/26/2014	12/31/20			- ()	100000		anagemen	t Corp					
Occupancy Status During Abatement (- Carlotte			270000000	Address							
					114000000	Troy La							
Facility Closed/Vacated During Er Abatement Performed Outside of	itire Period of Ab Normal Facility H	oateme Hours	ent			State, Zip				-			
Other – Describe:					9		rk, NJ 070	35					
Scope of Work (Check All That Apply)	-			-		JOII 1 4	110,110 070	-					
	П -				E	XI			D	207720	25		
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	-	novatio molitio			ĺ		Containment -Enclosure	with Negativ	e Pres	sure	Э		
2 100 SI 01 2200 II		mondo	,,,			Glov	ebag Proced						
					L	_i Non	-Exempted (*) and Non-Fi	riable P		1851 W	-	
	ls L	ocatio	n							1		ment	
Location of		ormally		De	scriptio	n of			-	-	Ту	þe	-
Asbestos-Containing Material (ACI		Solely		Asbestos Con				Amount	١.	_		Щ	m
TO BE ABATED In Facility	10000000	dial St	575/57	(i.e. therma	l systen icing, V		tion,	(Specify SF or LF)	á	0	Re	cap	ncle
(13)		(12)			0.	neous)		J. J. L. ,	Z d		Repair	Encapsulate	Enclosure
1 20	Yes	No	N/A						2	_		ate	e)
1st Floor			х		stos C			2900 SF	х				
1st Floor			x	Linoleum	Floor	& Mas	tic	165 SF	х				
Name of Degistered Waste Healer		NU	IDEP Was	eta Cubic	Yards		Name of Pa	egistered Lan	ndfill				
Name of Registered Waste Hauler		2000000	uler ID N					-	ann.				
Loznica Management Corp		9438	33137	TBD			GROWS	Landfill					
City, State				Dispo	sal Dat	е	City, State		923				
Lincoln Park, NJ 07035				TBD			Morrisvill	le, PA 190	67				
Completed by	Title			- 1	Signatu	PE	7	- 1	Date			5-10-	
E. Cirovic	Secre	etrary			~	11	T		12-1	6-2	2014	1	

CHECK # 1133

Date of Notification (1) 12/15/2014					of Building Johnsto					Ž:	# DEC	19	FM	Q. :	·y
	Type Notification	on			Address JS High	way 22 \	West			53		A 20	9 7	J*	•
EPA DEP DOL	initial Amended Amendme			City, St	ate, Zip C	ode					1. 11			****	
DOH DCA	Emergence justification Cancellation		g		of Contact Johnsto					Те	leį	ber			
Name of Facility Where Ab	natement is Tak	ring Place	(3)	FAC	ILITY INF	ORMATI	ON	Type	of Facility (4\			*	100	
Private Building	Jacoment is Tar	ang riace	(3)						School (K-1						
Street Address 444 Stelton Rd.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				×	Subchapter Other (i.e. p etc.)	8 (Oth	er than K- & commer	12) cial bu	ıilding	s, hon	nes,
City (5) Piscataway					***************************************				re Feet	# 0	f Floors		Bldg. 50+	Age	
County (6) Middlesex		*			Code (7) USE ONLY	· · · · · ·		Curre	ent Use (Prid	or if bei	ing demoli	shed)			
Name of Monitoring Firm F	lired by Buildin	g Owner (8)	ASCI	M No.	Ť			tement Con						
Street Address		***					Street A	Addre							20.000
City, State, Zip Code							City, St	ate, Z	ip Code						
Project Manager for Monito	ring Firm			Telepho	ne No.		Telepho 973-3	one N	0.	17052	License 01232	No.			-
Start Date (10) 01/06/2015	***	Schedu 01/08/		mpletion	Date (11)		Name o	of OSH	HA Monitor	tanto		-			-
Occupancy Status During A	batement (Che	0.000			× == 0.5 (c) +1.5 (Street A			lants	IIIC,				
Facility Closed/Vacate	d During Entire	Period of	Abater	nent					garaw Rd.	- Bld	lg.35E				
Abatement Performed Other – Describe: Nor	mal Working He	mal Facilit ours	y Hour	S			City, Sta Fair L		p Code NJ 0741	10					W6000
Scope of Work (Check All T	hat Apply)	-													_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				×	Min Glo	Containme i-Enclosure vebag Proce n-Exempted	edure					
		ls	Locat	ion		****		INUI	I-Exempled	() and	Non-Fila	DIE PR		emen	t
Location of Asbestos-Containing Ma <u>TO BE ABATI</u> In Facility	aterial (ACM)	Use Ma	Normal ed Sole iintena todial	ly ly by nce/		tos Conta thermal s		aterial insula		(S	mount pecify or LF)	Rer		/pe	Γ
(13)		Yes	(12) No	N/A		other mi				Si	OI LF)	Removal	Repair	Encapsulate	Enclosure
Garage				X	Non-	-Friable	Trans	ite P	anel		32F	x	-		
Garage		1		x		e Joint (OSF	X	 -		
Restroom	3			х	Friable	e Joint (Comp.	w/Di	rywall	20	00SF	x			
Name of Pasiators d Mark	Javie-		- 1.	IDES											
Name of Registered Waste Unicorn Contracting Co			Н	JDEP W auler ID 035844	No.	Oubic Y of Waste 6			Name of R G.R.O.W			I			
City, State Fotowa, New Jersey			4,			Disposa TBD	I Date	/	City, State Morrisvil		ennsylva	nia			
Completed by Dimo Golcev		Title Proje	ct Ma	nager		Sig	nature		61			ate 2/15/	2014		
ASB-41 (R-06-08)		-				X.	Do not	use th	nis form for a	sbesto	os licensur	e exer	npted	activit	ies.

CK 8004

Date of Notification (1)	Meta				Name o	f Building	Owner/Operator (2	2)				
12 - 150	13 py	14	_		5	h	it Bos	·D of	#O'DEC	AB, EL	L i- >-	, .
Agencies Notified	Type Notifi				Street A	Address	1 150 25	1001	0000		3 14	
□ EDA	☑ Initial						Lekman					- 1
DOLWD AS	☐ Amende	ed ~			City St	ate. Zip C	ode	1017	100		£	-
□ DHSS □	Amend	nent#			•			//	~^			
☐ DCA	☐ Emerge	12.45	cluding		2 5	1mm	, + r	1,5: 0	1901 -	1707		
(NJAC 5:23-8)	_ justifica			1					Telephone Nu	ımber		
	☐ Cancell	ation			AN	9010	PAlum	Be	7 7	-	- , -	_
							FORMATION		*			
Name of Facility Where	Abatoment is	Taking	Diace	(3)				Type of Facility (4)			
								School (K-12)	- S			
Jefferse, Street Address	d fri	m E	120	ICNI	ASY	501	leal	Subchapter 8		12)		
Street Address					,			Other (i.e., pr			ings,	
110 ASH	wood	AV	2					homes, etc.)				
City (5)								Square Feet	# of Floors	Bldg	. Age	
Summi7	-							+ 500	2	+ 2	3 =	
County (6)					Count	v Code (7	(STATE USE ONLY)	Current Use (Pri		olished)	3.7	
		٠,			Journ	, (/ ,	,,	1	arras Ale	/		
べん/こん Name of Monitoring Firm	LCUN	17		(0)	100111	1-	NI		H001			
50	1353	250		10000	ASCM N	NO.	Name of Abatem		2041 FEFERENCES		59500 8	
KANI ENU	ironm	e-TA	16	cap			K+AE	NUITONM	ental c	CONTYA	LICE	sin
Street Address							Street Address			NAMES OF ASSESSMENT		
20 LAUC	K R-	10					20 14	luck Ro	a D			
City, State, Zip Code	110	4 2	-	-			City, State, Zip C	nde				10.
Carrier De Contraction Contrac	P.		. 0	-11					10-1	11		
MOHNTON	FA		175	7	ر		MONNIC	ow , PA	1739	10		
Project Manager for Mo	nitoring Firm			Tele	phone N	No.	Strategy at the ment of the strategy					
mike K	901			1010	856	770	610-856-	7700	011	07		
Mike K. Start Date (10)		Sched	uled C	omple	tion Dat	e (11)	Name of OSHA N	Monitor				
/							CET	LABS				
							Street Address	L4173				
Occupancy Status Durin								~1.				
Facility Closed/Vaca							107 N	ew Edi	Tien	Cour	. }	
Abatement Performe Time of Abatement:							City, State, Zip C	ode				
Time of Abatement.			vi/			ZIVI	CARY	NC	27511			
Scope of Work (Check a	all that apply)						/	, ,				
	3.5.25							tainment with Neg	ative Pressure			
≥3 sf or ≥3 lf			Account .	enovati			☐ Mini-End					
☐ ≥160 sf or ≥260 lf			∐ D€	emolitic	n			ig Procedure empted (*) and No	n-Friable Proce	dure		
			1	1 1			ES NOTI-LA	Simpled () and 140	THE HADIC I TOCK			-
	_			s Locat Norma							ement T	ype
Locatio		28.41		ed Sole	•	Anha	Description stos Containing Ma		Amount	₽ Pe	Encaps	E
Asbestos-Containing TO BE AB		JIVI)	2000000000	intena			., thermal systems		(Specify	Remova	car	응
IN Fac			Cus	todial	Staff?	(surfacing, VAT		SF or LF)	va	nsc	Enclosure
(13)				(12)			other miscellane		5.0		Encapsulate Repair	Ф
			Yes	No	N/A							
1.50						1/1-	E/ T10		200	£ 1		
CAFE AS	e A		-			VAS	Floor Tile	+YMASTIC	355		=+=	12
.00											$\Box \Box$	
				П								П
				-							ᆜᆜ	1
								2.5				
Name of Registered Wa	ste Hauler	-		IN	JDEP V	Vaste	Cubic Yards of	Name of Regis	tered Landfill			_
			_	H	auler ID	No.	Waste ,	1000				
KTA Exvise.	umental	LON	Trac	Tors	00	815	1	MINETU	A Land	FILL		
City, State		_					Disposal Date	City, State				
as mohn	TON	PA					1-31-15	City, State	8	OH		
Completed By (Print or		Title	3			1750	Signature	w.yves	Durg	Date		
10 107430	653 CAC			190 1903			A L	10.	2		20	
ANTHONY J SAN	staress.	0	per	1.4T	100	1	Cuth		7			
ASB-41			1					10				
MAY 11		*	Do no	t use th	us form	tor asbest	tos licensure exem	pied activities.				

MX 2190

Date of Notification	(1) 12-16-2014		of Building	g Owner / Operato	or (2)	& DEL	10 0		- J	
Agencies Notified EPA	Type Notification	Street	Address ylvan Aver		4	13		1 9.	Ε,	
☐ DEP			State & Zip				48			
□ DOL	Amended		wood Cliffs			* 1		. h.	-	
□ DOH □ DCA	☐ Emergency ☐ Cancellation		of Contac padaccini	t			Telep	none N	lumb	er
LI DOX	Cancellation									
Name of Facility VAII	AL -1		ACILITY IN	IFORMATION	. 72					
Apartment Buildings	nere Abatement is Taki	ng Place (3)		Type of Faci						
Street Address					oter 8 (Other than	K-12)				
Building # 149				Other (i.	e. private & comn	ercial bui	ldings, ho	mes,	etc.)	
City (E)	10	N 10) l - (7)	Square Feet	1		Bldg. A			
City (5) Hackensack NJ, 07	County (6 Bergen	6) County (Jode (7)	126,00	(Prior if being der	2.5		49		
Trackerioack (40, 07)	Deigen			Apartment B		ionsileu)				
Name of Monitoring	Firm Hired by Building	Owner (8)	ASCM N	o. Name of Aba	atement Contracto					
Health & Safety Ser	vices, LLC.		117		anagement Group	, LLC				
Street Address P.O. Box 365				Street Addre	ss on Ave, Suite 202					
City, State & Zip Co	de			City, State &		-				
Berlin, NJ 08009		Name of the last o		Trenton, NJ	08619					
Project Manager for Mr. Jim Proctor		Telephone 856-452-13	311	Telephone N 609-977-615	9	Licens	se Numbe 01	er 185		
Scheduled Start Da 12-29-201	4	Completion Date 1-10-2015	te (11)	Name of OS J&S Environ	HA Monitor mental Laboratori	es, Inc.				
Occupancy Status I	During Abatement (Che	ck only one)		Street Addre						
	ed/Vacated During Ent Performed During 1st S		atement	2333 Route 3 City, State &						
	9:00am to 5:00pm & V			Union, NJ 07						
	upied During Abatemer	nt								
Scope of Work (Che	eck all that apply)				☐ Full Conta	inment wi	th Negati	va Pro	ceure	
≥3 sf or ≥3 l	f	⊠ Ren	ovation		☐ Mini-Enclo		iii ivegati	ve i ie	SSUIT	
≥160 sf ≥26	O If		nolition		☐ Glove Bag					
			. т		☐ Non-Exem					
	ocation of os-Containing	Is Locati Normally t		Descriptio Asbestos-Cor		Amour (Specif		batem	ent T	ype
	erial (ACM)	Solely I		Material (A		SF or L	Ē\	_	m	m
	BE ABATED	Maintenan	ce or	(i.e., thermal s	systems			Rem	Enca	nc
Ir	Facility (13)	Custodial 9 (12)	Staff?	insulation, surfa or other miscel				pair	psulat	Enclsoure
	(10)	Yes No	N/A	or other miscer	laneous)		1 3	<u>n</u> .	a	9
Room #1				Pipe Wr	ap	3 LF		aln	\vdash	П
Room #2				Pipe Wra		5 LF				
			HH					쉬뷰	H	H
			H					러뉴	H	片
Name of Registered	Waste Hauler	NJ	DEP Wast	e Cubic Yards	Name of Regist	ered Land	fill			
Resource Managem	ant Group II C		uler ID No 35218	of Waste	Grows Landfill					
City, State	ient Group, LLC	. 00,	35218		History Assessment of the Author State Control		12			
Trenton, NJ				Disposal Date TBD	City, State Morrisyille, PA					
Completed By (Print	or Type)	Titl		Signature	χ/		Dat		N.00	
Mr. Brian J. Haney		Pre	esident	KAND	/ VAna	'A	12/	16/201	4	
	-			14/1/11	1 10/149	/				

Date of Notification (1)			\neg	Name of	fBuilding	Owner/Op	erator	(2)			- 4	- 18			-
Octol	ber 24, 2014		(OCD/PI	RD/J&J	J									
Agencies Notified	Type Notification	= 4/16/16		Street A				90.11	Print 1	9 17	5. 4	A.			
⊠ EPA	Initial		9	920/100	1 Rt. 2	202						٤.			
DEP	Amended	_		City, Sta	ite, Zip C	ode		AS				·			
IX DOL	Amendment		F	Raritan,	NJ 08	869		754			1				
DOH DOH	Emergency (including		-	f Contact				Te	lephone	Numb	er			
DCA	Cancellation		F	Project	Manag	er	86	Li.							
						ORMATIO	N						-		
Name of Facility Where	Abatement is Takin	g Place (3	3)			transie	-/7	Type of Facility	(4)					20.7	
OCD/PRD/J&J				- , -				School (K-	12)						
Street Address								Subchapte							
920/1001 Rt. 202								Other (i.e. etc.)	private	& comm	ercial	ouilo	ings	, hom	es,
City (5)			Messes.					Square Feet	# 0	of Floors	*	В	ldg. /	Age	
Raritan, NJ										3					
County (6)		V.		County (-/	OH 1	Current Use (Pr	or if be	eing dem	olished)			01
Somerset				(STATE U	JSE ONL)	r)	-			Facilit	V				
Name of Monitoring Firm	n Hired by Building	Owner (8)	lan.	ASCN	No.		Name	of Abatement Co	ntracto					57/4	
Bulava Environment	al, Inc.			1		T	he M	ACK Group, I	LC.						
Street Address								Address		-		_			
12 Kilmer Drive						1	500 k	Kings HWY N,	STE	209					
City, State, Zip Code								tate, Zip Code					- 1		110
Hillsborough, NJ 088	344-3830					C	Cherry	Hill, NJ 0803	4						
Project Manager for Mor	nitoring Firm			Telephor	ne No.			one No.		Licens	se No.				
Edward J. Bulava			9	08-874	-6207	(9	973)	759 - 5000		00781					
Start Date (10)		Schedule	ed Cor	npletion [Date (11)	100		of OSHA Monitor	-			_			
5/17/1	4			5/17/15	5	T	he M	ACK Group, L	LC.	18					
Occupancy Status Durin	g Abatement (Chec	k Only Or	ne)	-	- CS - INC			Address				-			
Facility Closed/Vac	ated During Entire R	eriod of A	Abaten	nent		1	500 k	Cings HWY N,	STE	209					
Abatement Perform	ed Outside of Norm	al Facility	Hours	3		-		tate, Zip Code							
Abatement Performed Outside of Normal Facility Other - Describe:						— c	herry	Hill, NJ 0803	4						
Scope of Work (Check A	II That Apply)											-			
≥3 sf or ≥3 lf			Renova					Full Containm	ent wit	h Negativ	ve Pres	sur	e		
≥160 sf or ≥260 lf			emolit	ion			K	Mini-Enclosur	е						
							Š	Glovebag Pro Non-Exempted			able Pr	cer	iure		
N N		le.	Locati	ion			-					-	VOXY 19X	emen	t
Location	o of	1	Normal	ly		D	al a Maria	-4					Ту	/pe	
Asbestos-Containing			d Sole		Asbes		ription ning M	aterial (ACM)	1	Amount				_	
TO BE AB			intena odial S			e. thermal sy	ystems	insulation,		Specify		Z,	ת	nc	En
In Facil (13)	ity		(12)			surfacir other mis			S	F or LF)		Remova	Repair	squ	Enclosure
						Other mic	booman	cousy				Va.	air T	Encapsulate	ure
		Yes	No	N/A										Ф	
Bld 1003 Mechanical Room					fit	ttings & a	sbes	tos pipe		35 If		\langle			
Bld 1003 1st FI	X			fitt	tings			26		Ż					
OCD Tuni	/\		fit	ttings & a		tos nino		773 I/f	\dashv	\rangle					
		$ \langle \rangle $	-		110						_ <	\geq	_		
OCD Basement Name of Registered Was		$\perp \wedge$	- 1 N	I DED W	anta	asbes				200 I/f	/	X			
Name of Negistered Was	ste naulei		233	IJ DEP W lauler ID		Cubic Ya		Name of	Registe	ered Lan	dtill				
Freehold Cartage		222.		The second second	10.3	BFI Imp	erial I	andfill							
City, State				Disposal		City, Stat									
Freehold, NJ						5/1	17/15	Imperial		5126					
Completed by		Title	- 0			1. CO Maria	nature		0		Date				
Michael Cooper		Presid	ent				1/100	17/-			10/24	/14			

Date of Notification (1)			Name o	f Building	Owner/C	perator	(2)	2 -				09110	
	ember 26, 2014			OCD/P	RD/J&J									
Agencies Notified	Type Notification			Street A	Address	5-093	de teat	2: * DEC 15	1	15:52		FZ	Told 1	The same
EPA EPA	Initial			920/100	01 Rt. 2	202								
DEP	X Amended	1		City, St	ate, Zip C	ode	100	4.5	76	more sil				
DOL	Amendment Emergency			Raritan	, NJ 08	869				1				
DOH	justification)			Name o	of Contact	COMMIS.	To say		Te	elephoneNu	nber			
L DCA	Cancellation	1			Manag		l lang		(
Name of Facility When	re Abatement is Takir	na Diena (2)	FAC	ILITY INF	ORMATI	ON					2,000		
OCD/PRD/J&J	re Abatement is Takin	ig Flace (3)					Type of Facility (4)					
Street Address			9					School (K-1		L A TORKI	gla -			
										ner than K-1. & commerci		dina	hom	ies
920/1001 Rt. 202 City (5)								etc.)				-1205		.00,
7.7.0.4			*4					Square Feet	# (of Floors		Bldg.	Age	
Raritan, NJ County (6)					-					. 3			ud	III-II
Somerset	barsil name glager it i		HI COLD		Code (7) USE ONL	(7)	La ginui	Current Use (Pri-	or if be		ned)			
Name of Monitoring Fi	irm Hirod by Building	O								Facility				
The second control of the second control of		Owner (8)	ASC	ЛNO.			of Abatement Cor		r (9)				
Bulava Environmer Street Address	ntal, Inc.			Li Li ed				ACK Group, L	LC.	Line I		HIT.		Fire
12 Kilmer Drive							0.0000000000000000000000000000000000000	Address						
City, State, Zip Code	2012-2112							lings HWY N,	STE	209		911	10	iril II
	0044 2020							ate, Zip Code						
Hillsborough, NJ 0 Project Manager for M		KOBU L		T-1	N-			Hill, NJ 0803	4	08/88-44	880		<u> </u>	mada
Edward J. Bulava	omtoring rith			Telepho		1010.1	January Star	one No.		License N	0.			
Start Date (10)	EBAON	Schodul		908-874	4-6207 Date (11)	1	1	759 - 5000		00781				
5/17/	114	Scriedul	eu Co					of OSHA Monitor						
Occupancy Status Dur		ck Only O	200	5/17/1	5			ACK Group, L	LC.					
								Address	OTE	000				
Abatement Perfor	acated During Entire rmed Outside of Norn	Period of	Abate	ment				lings HWY N,	SIE	209				
Other - Describe:		nar r donit	y i loui	3				ate, Zip Code						
Scope of Work (Check	All That Apply)						Cherry	Hill, NJ 08034	4					
≥3 sf or ≥3 lf		∇					Б	a						
≥160 sf or ≥260 lf	and exampled the me	parties of the same of	Renovi Demoli				5	Full Containme Mini-Enclosure		h Negative F	ressu	re		
							2	Glovebag Proc	edure					
				P. C. Haller			2	Non-Exempted	(*) and	Non-Friable	Proce			
			Loca					Altgorn Call					temen ype	t
Locati Asbestos-Containir			Norma ed Sole		d= 3		scription					Τ.	ype	_
TO BE A		Ma	intena	ance/	Asbes	thermal	aining M.	aterial (ACM) insulation,		Amount Specify	71		四	m
In Fa	cility	Cus	todial (12)		(surfac	cing, VA7	, or	23.55	F or LF)	\em	Re	сар	nclo
(1:	, , ,		m ignitu	other m	niscellan	eous)			Removal	Repair	Encapsulate	Enclosure		
		Yes	No	N/A				ort per			-		(i)	(0)
Bld 1003 Mech	hanical Room	X			fit	tings &	ashest	os nine		35 If	X	100	1	
Bld 1003 1st I	El Bathroom		V					os pipe			$\langle \cdot \rangle$		-	
							ittings			26	$\langle \rangle$		F1 0	
OCD Tu		\rightarrow	10 1	Reday	fit	tings &	asbest	os pipe	7	773 l/f	X	12		
OCD Baseme		X			mortus.	asbe	estos p	pe	2	200 I/f	X	EB		
Name of Registered W	laste Hauler	Tr. oman	1000	NJ DEP W		Cubic		Name of F	Registe	ered Landfill	10		000	1170
Freehold Cartage			,	Hauler ID 222		of Was		DELL						
City, State				222	33	Dienos	10.3 al Date	BFI Impe		.andfill				
Freehold, NJ					/17/15			E100						
Completed by	1100	Title				100000000000000000000000000000000000000	ignature	Imperial,	FA	5126 Da	le le	-		
Michael Cooper		Presid	ent			9	1	15//-						
Till Cooper	The state of the s	1 10310				-				- 9/2	6/14			

ASB-41 (R-06-08)

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

Date of Notification (1)				Name o	f Building	Owner/Ope	erator	(2)			J',	The state of		
	gust 01, 2014	i i i	(tic / Johns	son 8	Johnson		100 001	MILL.		14	
Agencies Notified	Type Notification		E 77	Street A					1	i lief.	19		Q. +	,
EPA	Initial		3			ute 202, F	PO B	ox 300	THE RESERVE OF THE PERSON NAMED IN				1 1	۷,
DEP	Amended Amendment	#2			ate, Zip C				4.					
	Emergency	(including		~~~	, NJ 08	The same of the sa		ndnuse	Tel				1.4	-
DOH DCA	justification) Cancellation								- 1000000	ephoneNu	mber			
<u> </u>	Cancenation				Manage	ORMATION	J		(8:	-	-			-
Name of Facility When	e Abatement is Takir	g Place (3)	1,70		OKWATION	•	Type of Facility (4)		(A) 11 18 L	19. 91	11.8	77 77
Ortho Diagnostic /	Johnson & Johns	son						School (K-1	2)					
Street Address			77 - 10 - 1	2500				Subchapter	8 (Oth					
920 / 1001 Route 2	202							Other (i.e. p	rivate	& commerc	ial buil	dings	, hom	es,
City (5)	munifore							Square Feet	# 0	Floors	E	Bldg.	Age	
Raritan, NJ										3				
County (6)		with say	191		Code (7)			Current Use (Prid	or if bei	ng demolis	hed)			1 1 1 1
Somerset	= Facility			(STATE	USE ONLY	·	-			Facility				
Name of Monitoring Fi	rm Hired by Building	Owner (8)	ASCN	ΛNo.	1	Vame	of Abatement Con	tractor	(9)		140	e de trabé	
Bulava Environmer	ntal, Inc.	Li quat	O NO	A CHAIN		T	he M	ACK Group, L	LC.					
Street Address				M. Institution		8	Street	Address				12		
12 Kilmer Drive	801, 518	HYW	Hare	not que	1	15	500 k	lings HWY N,	STE 2	209				
City, State, Zip Code							City, S	ate, Zip Code				10.2		MA V
Hillsborough, NJ 08								Hill, NJ 08034	4	14-3430		4	deve	1002
Project Manager for M	onitoring Firm			Telepho				one No.		License 1	No.			
Edward J. Bulava Start Date (10)	19199	0-1-1-1		908-874				759 - 5000		00781				40.00
	4.4	Schedul	ed Cor		Date (11)	1		of OSHA Monitor						
5/17/ Occupancy Status Dur		ok Only O	201	5/17/1	5			ACK Group, L	LC.		eri i i i	I.C.		
								Address	OTF (200				
Facility Closed/Va	acated During Entire med Outside of Norn	Period of	Abater	nent		1	NAME OF TAXABLE PARTY.	(ings HWY N,	SIE	209	MORVO.			0 1
Other - Describe:	idi i doilit	y moun	3				ate, Zip Code							
Scope of Work (Check	All That Apply)			757-3		C	пепу	Hill, NJ 08034	+		-	We :		30.14.5
≥3 sf or ≥3 If		N	Donovi	tion			5	7 F. II Cantain		N				
≥160 sf or ≥260 lf		Commercial Co.	Renova Demoli					Full Containme Mini-Enclosure		Negative	Pressu	re	Ur O	
		201-1					R	Glovebag Proc	edure		_	52		
Insulated A		1		-	1		/	Non-Exempted	(*) and	Non-Friable	Proce			
nayTo		22	s Locat Norma					Harrison					emen ype	ı
Locati Asbestos-Containir	ion of ng Material (ACM)	to the state of th	ed Sole		Ashas		ription	of aterial (ACM)	۸	mount	Name of		Ī	
TO BE A	BATED	2000,000	intena todial			e. thermal sy	stems	insulation,		Specify	R	-	Enc	m
In Fa . (13		Cus	(12)		in make	surfacin other mis			SF	or LF)	Remova	Repair	aps	Enclosure
				T		other mis	cenan	eous)			oval	ai-	Encapsulate	ure
	Yes						MIN	cfd pay. I					TO TO	
Bld 1003 Mech	विष् श	RESER	fit	ttings & a	sbes	tos pipe	111	35 If	X	in E				
Bld 1003 1st I	Fl. Bathroom		X	apmi	il.	fitt	ings	X 1	11	26	X	60	(lab	
OCD Tu	nnel #1	X			fit	ttings & a		tos nine	7	73 l/f	X			
OCD Baseme		\forall				asbes				00 l/f		apper.		
Name of Registered W			1	J DEP W	/aste	Cubic Ya			0.01	red Landfil				
			10 (2)	lauler ID	Laster Resident	of Waste		, rame or	tegiote	ca Landin				
Freehold Cartage	III brat 1 letu			222	253		0.3	BFI Impe	erial L	andfill				iother
City, State					Disposal		City, State							
Freehold, NJ	9214 191		9				7/15	Imperial,	PA 1	-			11 1	101101
Completed by		Title				Sign	rature	17/	0	100	ate			Lauren
Michael Cooper	I MODULE.	Presid	dent			2.3	Mary Care				1/14			

ASB-41 (R-06-08)

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