NO 201377525
Paragon Job#

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

RECEIVED

Date of Notification		11			r/Operator (2)		201	2 DEC 20 P	H 2.50				
1 12 1/117			Ocean Cou		ege				11 5.28	<u> </u>			
Agencies Notified EPA	Type Notification	St	reet Address	S			6.3%	ESTOS CO & LICENS	BAIT State				
∑ DEP	Initial		College Di		ox 2001			& LICENE	NO KOL				
	Amendm	nent Ci	ty, State, Zip	Code					340				
DØ DOF	Amendment # .		Toms Rive	er, NJ 08	3754					2			
⊠ DOH	Emergency (justification)	includ Na	me of Conta	act				Telepho	ne Number	•			
DCA	Cancella	tion	Mike Bru	no D	irector of Fa	cilities		-		1			
			Write Bra		LITY INFORM								
			(0)	FACI	LITTINFORM	ATION		Type of Facility	(4)				
Name of facility w	here abatement is	taking pla	ce (3)						ol (K - 12)				
Ocean County	College							☐ Subc	hapter 8 (C	ther th	an K-	12)	
Street Address									(Private/C		rcial		
- II - B									./Homes, e		RIC	ig. Ag	10
College Dr.		1.0	t(6)			-	t. Cada (7)	Square Feet N/A	# of Floo N/A	is	N/A		je
City (5)		Coun	ty (6)				ty Code (7) e use only)	Current Use (a dem			
Toms River,	NI 02754	Oce	an			(Otate	disc silly)	Shopping Co		ig dem	Olisile	u)	
	ng Firm Hired by E				ASCM No.	111	Name of Abatement C						
	,	5					Paragon Contract	ing Inc					
N A Street Address							Street Address	115, 1110.					
Street Address							590 River Rd.						
City, State, Zip Co	ide						City, State, Zip Code				Seminario		ecales vices
Oity. State, Esp oc							Clifton, NJ 0701	4					
Project Manager f	or Monitoring Firm		I Pho	ne Numb	er	— -	Telephone Number	·	License	Numb	er		
1 Toje of Manager 1	or mornically and				m.c.		(973) 614-1600	1200000	00748	3			
0.1-1.1-101-15	1-1- (40)	ICahad	. Completion	n Data (1)	<u> </u>		Name of OSHA Monit	or					
Scheduled Start D	ate (10)	Scried	. Completion	I Date (1	1)		Paragon Contract	ing, Inc.					
01/04/2013		02/11	/2013				Street Address					AN HEND	
Occupancy Status							590 River Rd.						
	ed/vacated during					10	City, State, Zip Code	-					
for sal	performed outside					_							
Other-Desc	ribe: Regulated are	ea(s) is on the	ne grounds of	the facility	У	_	Clifton, NJ 0701	4					
50000	check all that apply	()				<u> </u>							
□ Demolition		Renovation	n			☐ Fi	ull Containment w/neg		1	ebag pr			
> 3 sf or > 3	If 🛛	≥160 sf or	≥260 If			M	lini-enclosure	Non-Exe	empted (")	Non-f	riable	proce	edure
Location of			n normally u		/					R	R	Е	E
asbestos-c	ontaining	by mainte staff(12)	enance/custo	odial	Descripti	ion of as	sbestos-containing	Amount		m	e p	n	n
material to					material	(ACM)		(Specify LF)	SF or	0	a	a	C
abated in re	abated in facility (13) Yes No N/A									v e	ı	р	1
Campus Groun	ds				Transite U	ndergr	ound Pipe	530 LF					
						- 7							
						1							
					1				-				
Registered Waste	Hauler		EP Hauler II	788119 E	ubic Yards of	Waste	Name of Registered	Landfill					
	= 01 / Provided by othe	TB			TBD		TBD -				-		
City. State			Į.	Disposal [TBD	Jate		City, State						
Completed by C	int or Time	Tist-		100	Signature	-//	1_/		Date				
Completed by (Pr Goran Lazevs	F1000 300	Title Presiden	ıt		2.3.14.410	4/	4			7/2012	ļ.		
Gordii Edzevs		- residen			1 //								

Nochock

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

Date of Notification (1) 12 / 12 / 12		Name of	Building Owner / C IS PHARMACEUTION	perator (2)	RATION A	250	ica.	
		Street A	ddress	57 LEO G G T T T	ivilion	1 / /	TYE	- []
Agencies Notified Type of Notification EPA Initial			H PLAZA		70121	IFO		٠ کیا
Amended			te, Zip Code NOVER, NJ 07936		-017 F	IEC 20	PM 2	
DOH Amendmen			Contact		Telepho			-58
☑ DOL ☐ Emergency☐ Cancellation	w/ justification า	KEN PIR	OZZI	_	1 - 30	J/AS	COMI	₹ <i>81</i>
	F	ACILITY II	NFORMATION		-		OING	
Name of Facility Where Abatement is Taking NOVARTIS	g Place (3)		Type of Facility (4	1)				
Street Address				I (K-12)				
1 HEALTH PLAZA				apter 8 (Othe I.e., private 8				
			bldgs.,	homes, etc.)				
City (5) County (6) EAST HANOVER MORRIS	County Code	(7)	Square Feet	# Of Floo	rs	Buildir		
I I I I I I I I I I I I I I I I I I I			100,000 Current Use (Prio	r if being den	nolished)	+	40+	
			OFFICE/RESEAR	CH				
Name of Monitoring Firm Hired by Bldg. Ow HILLMAN ENVIRONMENTAL	ner (8)	ASCM NO	Name of Abateme	ent Contracto	r (9)			
LICENAN CHAROMACHIAL		1	LVI Environmental	Services Inc.				
Street Address			Street Address					
1600 ROUTE 22 EAST City, State, Zip Code			462 6-#- 4					
UNION, NJ 07083			462 Getty Avenue City, State, Zip Co	ode				
Project Mngr. For Monitoring Firm	Telephone Nu	ımber	1					
MIKE NEHLSEN Sheduled Start Date (10) Sched. Com	908-688-7800 pletetion Date (1	14)	Clifton, NJ 07011		10.			
12 / 26 / 12 01	04	13	Telephone Number	er	License	Number		
/ / /	//		973-772-3660			(00117	
Occupancy Status During Abatement (Check Facility Closed/Vacated During En			Name of OSHA Mo LVI Environmental					
Abatement			Street Address	Services inc.				
Abatement Performed Outside of Hours - Describe:	Normal Facility							
Other - Describe:MON-FRI - 7	00AM - 11:30PM	E	462 Getty Avenue City, State, Zip Co	da				
			Clifton, NJ 07011					
Scope of Work (Check All That Apply)								
□ Demolition	Renovation	V	Full Containment	with Negative	Pressure			
☐ ≥3sf or ≥3lf			Mini - Enclosure					
✓ ≥160 sf or ≥260 lf		H	Glovebag Procedu Non-Exempted (*)		hle Proce	dura		
			Exemples ()	una mon-i ma	1000	uuio		
Location of Is Asbestos Containing Location		Descript bestos - C			Abateme	nt Type	1-1	1-
Material (ACM) Normally	As	Material		Amount	R	R	E N	E N
TO BE ABATED Used		e., thermal		(Specify	M	E	С	С
in Facility Solely (13) by Main-			facing, VAT, ellaneous)	SF or LF)	o v	P A	A P	L
tenance/		Julei IIII30	enaneous	1	Ă	î	S	o s
Custodial Staff (12)	1				L	R	U	U
YES NO N/A				-	-		L	R
B415 - 1ST FL OFFICE AREA	FIREPROOFIN	G		325 SF	7			
	ļ			-				
	 			-			1 -	
Name of Registered Waste Hauler	NJDEP Waste	9781 950 n	Name of Registere	d Landfill				
NEWARK CARTING	Hauler ID No.	Yards of Waste	IESI					8
City, State	4509		City. State					
NEWARK, NJ		Date	BETHLAHEM, PA					
Completed by (Print or Type)	Title		le:			7	In.	
STEVEN STILES	PROJECT MAN	IAGER	Signatur	/	1/		Date	
ASB-41			J. M.	ens	the			12/19/12

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

Date of Notification (1)						Building O			710	(:E)	VED	
		/12			_	IS PHARMA	CEUTICAL		RATION	*	FED	
Agencies	Notified /	Type of N	otification	0000	Street Ac			2	?012 DEC	30	17074	
√ ✓	EPA	., pc o	Initial			te, Zip Code)		026	- 20 1	M 2:5	8
			Amended			NOVER, N		A	Throx	*		.0
	DOH		Amendment	The state of the s	Name of				Telephor	ne Numb	er The	,
	DOL		Emergency	w/ justification	KEN PIR	OZZI			Telephor	1 5 1 5 1	NG '	i.
					ACILITY IN	NFORMATIO	N		-	-		
NOVARTIS		ere Abaten	nent is Takino	Place (3)		Type of F	acility (4)					
							School (K	-12)				
Street Add						1 😐		er 8 (Other				
1 HEALTH	PLAZA							, private & mes, etc.)	cmmercia	al		
City (5)		County (6)	County Code	(7)	Square Fe		# Of Floor	S	Buildin	g Age	
EAST HAN	IOVER	MORRIS		1		0.000	,000	2	·		40+	
								being dem	olished)			
Name of M	lonitoring	Firm Hired	by Bldg. Ow	ner (8)	TASCM NO	Name of A	ESEARCH	Contractor	(9)			
HILLMAN			,g		I TOOM IN		toutomont.	0011111110101	(0)			
							nmental Se	rvices Inc.				
Street Add	i ress TE 22 EAS	т				Street Ad	dress					
City, State						462 Getty	Avenue					
UNION, NJ	07083					City, State	, Zip Code					
Project Mr MIKE NEH		onitoring F	irm	Telephone Nu 908-688-7800	ımber	Cliffon N.	07011					
Sheduled :		(10)	Sched, Com	pletetion Date (1	11)	Clifton, NJ Telephone			License	Number		
12/	/26	/12	_01_	04	13_	1.0.0						
/	/		1/01	/			2-3660				00117	
			ement (Chec ted During E	(Only 1)			SHA Moni nmental Se				•(6)	
	Abatemen					Street Add		11,000 1110.				
			d Outside of	Normal Facility		400 0 . #						
	Hours - De		MON-FRI - 7	00AM - 11:30PN	r	City State	Avenue , Zip Code					
						Clifton, NJ			Marine Comment of Control of Control			
Scope of V	Vork (Chec	k All That	Apply)									
П	Demolition	,	V	Renovation	V	Full Conta	inment wit	h Negative	Pressure			
	≥3sf or ≥3			Konoration		Mini - Enc		ii itogativo	1 1000410	•		
	≥160 sf or	≥260 If					Procedure					
						Non-Exem	pted (*) an	d Non-Fria	ble Proce	dure		
	ocation of		ls	1	Descript	ion of			Abateme	nt Type		
	stos Conta		Location	As	sbestos - C		× 1		R	_	E	E
	aterial (ACI BE ABAT	17.50	Normally Used	1 . "	Material e., therma			Amount (Specify	E M	R E	N C	N C
	in Facility		Solely			facing, VAT	·,	SF or LF)	0	P	A	Ľ
	(13)		by Main-			ellaneous)			V	Α	P	0
			tenance/						A	1	S	S
			Custodial Staff (12)						L	R	l _L	U R
YES NO N/A											1	
B415 - 1ST FL OFFICE AREA					IG			325 SF	V			
						dia						
				 					H	H	1 +	1
Name of Re	egistered \	Vaste Hau	ler	NJDEP Waste	Cubic	Name of R	egistered l	andfill			l hand	
[1] [2] - [3] [3] [3] - [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4					Yards	IESI						
City, State				4509	of Waste Disposal	City. State						
NEWARK, NJ Da						BETHLAH						
				1					L. Desper	, (Va :	
Completed STEVEN ST		or Type)		Title PROJECT MAI	NAGER		Signature	1 <		/ _	Date	
O I E V E I Y O				I NOULOT WA	W.OLIV		2	een	Il	1	1	12/12/12

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT POLICY AND 12:120-7
(PURSUANT TO NJAC 8:60-7 AND 12:120-7

Date of Notification (1		Name of E	Building Ov	wner / Oper	ammed after							
$\frac{12}{-12} / \frac{19}{-19} /$	/12				Street Add	ress	20	12 BEC 2	O PH	2: 58		
Agencies Notified	Type of No	otifica	tion			warner Ave	CONTRACTOR STATES					
EPA DEP		Initia Amer				, Zip Code ussia, PA.		SEST!	IS CEN	IROL.		
DEP DOH			ndeu ndment#	f 1	Name of C		10400		Lelephon		r	
DOL DCA			gency w	l justification	Howard Po	olnow						
		A CONTRACTOR OF THE PARTY OF TH		F.	ACILITY IN	FORMATIC	N					
Name of Facility When	re Abatem	ent is	Taking	Place (3)		Type of Fa	acility (4)					
AT&T							School (K	-12)				
Street Address							Subchapte	er 8 (Other				
801 Asbury Avenue						Ø	Other (I.e. bldgs., ho	, private &	cmmercia	ı		
City (5)	County (6)	1		County Code	(7)	Square Fe		# Of Floor	s	Building	Age	
1 - 1	Atlantic	į.			. ,	5,	000	6			50+	
							se (Prior if	being dem	olished)			
Name of Monitoring F	irm Hirod	by RI	da Own	er (8)	IASCM NO	Commerci Name of	ai Abatement	Contractor	(9)	L		
Name of Worldoning F	iiii niieu	Dy Di	ug. Own	ci (0)	1	The same of the sa			(-)			
Acer Associates						-	nmental Se	rvices Inc.				
Street Address 403 Bloomfeild Drive U	nit 2					Street Add	aress					
City, State, Zip Code	III Z				Accessed to the second	462 Getty	Avenue					
West Berlin, NJ. 08091						City, State	e, Zip Code					
Project Mngr. For Mor	nitoring F	irm		Telephone Nu 856 809-1202	mber	Clifton, NJ	07011					
Matt Depalma Sheduled Start Date (10)	Sche	d. Comp	letetion Date (1	(1)		e Number		License I	Number		
01_ /08 /	/13	-	01	//	13_	079.7	72-3660			Or	0117	
Occupancy Status Du	ring Abat	emani	/Check	Only 1)			OSHA Moni	tor		- 00	2117	
Facility Clo	sed/Vacat	ted Du	uring Ent	ire Period of			nmental Se					
Abatement						Street Ad	dress		5-5:111 (Selva 77) (Albanes			
Abatement Hours - Des		d Out	side of N	lormal Facility		462 Getty	Avenue					
Other - Des		MON	-FRI.			The second secon	, Zip Code				:	
		7:00A	M-3:30P	М		Clifton, NJ	07011		-			
Scope of Work (Check	All That	Apply)									
☐ Demolition			I	Renovation		Full Conta	ainment wit	th Negative	Pressure	Ě		
≥3sf or ≥3lf					Image: Control of the	Mini - End						
☐ ≥160 sf or ≥	260 If				H		Procedure npted (*) an		ble Proce	dure		
Location of			Is		Descript				Abateme R	nt Type	ĮΕ	ÍΕ
Asbestos Contai Material (ACM		688	cation rmally	, A	Material			Amount	E	R	N	N
TO BE ABATE			Jsed		e., thermal	systems		(Specify	M	E	C	C
in Facility	-		olely		lation, sur			SF or LF)	0 V	P	A P	L
(13)			Main- nance/	or	other misc	enaneous			A	l î	s	s
			stodial						L	R	U	U
			ff (12)								L	R
	AMERICAN PROPERTY.	NO N/A	Paint				4SF	7		1 - 1		
Roof Section 1	Roof Section 1							4SF	7	一片	一片	1 1
Roof Section 3		-		Paint Paint				4SF	1			
					,							
Name of Registered W		er		NJDEP Waste Hauler ID No.	Cubic Yards	Name of F Minerva La	Registered	Landfill				
Service Transport Group 58 Pyles Lane	þ			SW2117	of Waste	IVIII IÇI VA L	A.IGHII			St 12 St 14 W		
City, State					Disposal	City. State						
New Castle, DE.		Date	8955 Mine		. RR							
Completed by /Dist	Tural			Title	1/11/2013	vvaynesbu	rg, OH. 446 Signature	1 -			Date	
Completed by (Print or Marc Heim	Project Manage	er		110.	16	/			y - 100 may 200 may 200			
and with twitte	rc Heim						1-1W	014	\sim		J	12/19/12

ASB-41

STATE OF NEW JERSEY

NOTIFICATION OF ASBESTOS ABATEMENT CENTED

(PURSUANT TO NJAC 8:60-7 AND 12:120-7

8	Date of Notification (1) 12 / 17 / 12						Name o	f Building	Owner Ope	erator (2) DFC 20				
	/	/	-	-			Street A			20 50	PH 2	:58		
Agencies	s Notified EPA	Type of	Notific Init		1		The Control of the Co	th warner A ate, Zip Co	THE RESERVE OF THE PARTY OF THE					-
	DEP		200727	ende	ď				1. 19406 &	11000	CONTI	2台)		
Image: Control of the	DOH			endn			Name o	f Contact	Andrew Commission	CIOCIA	Teleph	one Nun	nber	**************************************
	DOL DCA			ergei		w/ justification	Howard	Polnow						
							FACILITY I	NFORMAT	ION					
	Facility Whe	ere Abate	ment	is Ta	king	Place (3)	-	Type of	Facility (4)			Statement of the statem	-	
AT&T									School (F	(12)				
Street Ad	Idress	***						-	152	ter 8 (Othe	r than K-	12)		
801 Asbu	ry Avenue								Other (I.e	., private 8	cmmerc			
City (5)		County (6)	-	_	County Code	e (7)	Square		# Of Floo	to a second state of the second	Î Di.di	ng Age	
Ocean Cit	ty	Atlantic	-,			Journey Cour	· (,)		5,000		6)+
					-			Current	Use (Prior in	being der	nolished)			
Name of I	Monitoring I	Firm Hire	d by F	Ida	Owr	ner (8)	TASCM N		nmercia Abatement		- (0)			
1			u by b	nug.	0 00 1	101 (0)	AUGINITIE				1 (9)			
Acer Asso Street Ad								TOTAL CONTRACTOR OF THE PARTY O	onmental Se	ervices Inc.				
	aress nfeild Drive U	Jnit 2						Street A	ddress					
	/, State, Zip Code							462 Gett	y Avenue					
E	st Berlin, NJ. 08091 ject Mngr. For Monitoring Firm Telepho							City, Sta	te, Zip Code					
Matt Depa		-irm			Telephone N 856 809-1202		Clifton, N	J 07011						
Sheduled	Start Date (10)	Sch	ed. C	omp	eletetion Date		total sentences recommended	ne Number	***************************************	License	Number	-	
/	$\frac{-03}{}$	/13	1	01	- /	/ <u> </u>	/13	. 072	72-3660				00447	
Occupano	y Status Du	ring Abat	temen	t (Ch	eck	Only 1)			OSHA Moni	tor			00117	
V			ited D	uring	En	tire Period of		- CONTRACTOR CONTRACTOR	onmental Se	rvices Inc.				
	Abatement Abatement		ed Our	fside	of N	ormal Facility	•	Street Ac	ldress					
-	Hours - De	scribe:						462 Getty	Avenue					
	Other - Des	cribe: _		I-FRI. AM-3		M			e, Zip Code				***************************************	
Scope of \	Work (Check	k All That			301	M		Clifton, N	J 07011			- W-		**************
	Demolition			V		Renovation		Full Cont	ainment wit	h Nogative	Drocour			
Ū	≥3sf or ≥3lf					renovation		Mini - En		ii wegative	riessur	e.		
	≥160 sf or ≥	260 If							Procedure			2		
								Non-Exel	npted (*) an	d Non-Fria	ble Proce	edure		
	ocation of stos Contain		Ι.,	ls			Descript				Abateme	ent Type		
	aterial (ACM		100	catio		A	sbestos - C Material			Amount	R E	R	E N	E .
	BE ABATE	Ď	1	Jsed			l.e., therma	systems		(Specify	M	E	c	c .
	in Facility (13)			olely Mair			ulation, sur other misc			SF or LF)	0	Р	A	L
	(10)			nance		or	other misc	elianeous			V A	A	P	o s
			0.0000000000000000000000000000000000000	stodi	SESSON 13						L	R	Ü	U
	Staff (12) YES NO N/A											-	L	R
Roof Section	oof Section 1 Paint					Paint			-	4SF	V	$+\pi$	1	+ $ -$
Roof Sectio			V			Paint				4SF	V			
Roof Sectio	n 3		7	出	╣	Paint	************			4SF	<u> </u>			
Name of Re	egistered W	aste Haul	er		-	NJDEP Waste	Cubic	Name of F	Registered L	andfill		بال		
	nsport Group)				Hauler ID No.		Minerva La						
58 Pyles La City, State	ne					SW2117	of Waste Disposal	City. State			- New York Control			
New Castle,	DE.						Date	8955 Mine						
Complete	hu (Delet	Tues			-	77.11	1/11/2013		rg, QH. 4468	38				
Marc Heim	by (Print or	(ype)			- 8	Title Project Manage	er		Signature	10			Date	
	, 10,000 manager								Paic	CX		_		12/17/12
ASB-41									1					

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7 check # 2821

Date of Notification (1)12						Name of	Building O	wner / Oper ACEUTICAL	rator (2)	βλπηον.				
/	<i></i>	/				Street A		HOLOTIOAL	o con o	MATOR ?	trans End			
Agencies	Notified EPA	Type of N	otificat Initial				H PLAZA		BI2 DEC	00				
	LIA		Amen				te, Zip Cod NOVER, N	J 07936	BIZ DEC	20 PM	2:58	1		
	DOH			dment		Name of		A.	BBEST	Telephoi	ne Numb	er		
	DOL			gency v ellation	v/ justification	KEN PIR	OZZI		& L 11	gNuch 7″acat "	17 35 mg			
					F	ACILITY II	NFORMATI	ON			Q -			
Name of F	Facility Wh	ere Abatem	nent is	Taking	Place (3)		Type of F	acility (4)						
								School (K						
Street Add									er 8 (Other , private &					
City (5)		County (6)		County Code	(7)	Square F		# Of Floor	rs	Buildin	g Age		
EAST HAI	NOVER	MORRIS			3			N/A		/A		N/A		
							N/A	lse (Prior if	being den	nolisnea)				
	Vonitoring		by Blo	ig. Owr	ner (8)	ASCM NO	Name of	Abatement	Contractor	r (9)		-		
HILLMAN	ENVIRON	MENTAL					I VI Enviro	onmental Se	rvices Inc					
Street Ad							Street Ad	***	I VICCO IIIC.					\neg
	TE 22 EAS						462.0-#							
UNION, N.							462 Getty City, Stat	e, Zip Code						
	ngr. For Mo	nitoring F	irm		Telephone Nu	mber		8						
MIKE NEH	Start Date	(10)	Scher	Comr	908-688-7800 eletetion Date (1	1)	Clifton, N.	e Number		License	Number			
12/	/29	/12		01	01/	13_				Liconoci				
Occupanc	y Status D	uring Abat	ement	(Chock	Only 1)			72-3660 OSHA Monit	tor	<u></u>	(0117		
					tire Period of			nmental Sei						
	Abatemen						Street Ad	dress						
	Hours - De		a Outs	iae of r	Normal Facility		462 Getty	Avenue						
v			SAT -	MON -	TUES - 7:00AM	- 3:30PM	City, State	e, Zip Code						
Scope of \	Work (Chec	k All That	Apply)				Clifton, NJ	0/011	- 17 - The Table 19 - 19 - 19 - 19 - 19 - 19 - 19 - 19	,		-		_
П	Demolition	1	Г	7	Renovation		Full Conta	ainment wit	h Negative	Pressure				
	≥3sf or_>3	lf					Mini - End	losure	ii iiogaara	, , , , , , , , , , , , , , , , , , , ,				
	≥160 sf or	≥260 If						Procedure npted (*) and	d Non Eria	blo Proce	duro			
						<u>u</u>	NOII-LACII	ipteu () ain	u Non-i na	ble Floce	uure			
	Location of stos Conta			ls ation		Descript				Abateme	nt Type	le.	le.	
	aterial (AC		A SECTION	mally	As	Material	Containing (ACM)		Amount	R E	R	E N	E N	
	BE ABAT	22(50)	12.70	sed		e., therma	l systems	ac (1	(Specify	M	E	c	c	- 1
	in Facility		(C) 1755	lely			facing, VA		SF or LF)	(C. 17.700.07)	P	A	L	
	(13)		300	Main- ance/	ore	otner misc	ellaneous)			V A	A	P S	o s	
			Cus	todial						Ê	R	Ü	Ü	
				f (12) NO N/A								L	R	_
EXTERIOR	2 - 403			Z D	TRANSITE				15 LF	V			╁╌	\dashv
			- pumpy 1 pm											
Name of R	egistered V	Vaste Haul	er		NJDEP Waste	Cubic	Name of F	Registered L	andfill					
NEWARK CARTING Hauler ID No. 4509						Yards of Waste	IESI	togiotorea E	.a.ramı	5				
DAX 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						Disposal	City. State							\neg
NEWARK,	NJ					Date	BETHLAH	EM, PA						- 1
Completed by (Print or Type) Title							'	Signature		- , ,	$\overline{}$	Date		\neg
STEVEN S	TILES				PROJECT MAN	NAGER		De	en S	hi	1		12/10	9/12

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Completed by Gary Fedor		Title Area	Multi-	Servic	e Manager	Signature			Dat 12	e '19/1	2		
Trenton, NJ					Di *	sposal Date	Tullyt	ate own, PA-190	97				
Name of Registered Waste Name of Waste Management of City, State			Н	JDEP Wauler ID 7273	No. of 40	ubic Yards Waste CY	Tyllyte	of Registered La		cove	ry F	acilit	y
Name of B													
					11101	- Oyale	in moul	2,000 3		Λ			
Unit #1 & #2 Pow		X		-		mal Syste		2,000 S		X			
Unit #1 & #2 Pow	erhouse	X		1,07	Ther	mal Syste	em Ingul	1,000 L	F	V	_	## C	_
Location of Asbestos-Containing Ma <u>TO BE ABATE</u> In Facility (13)	aterial (ACM)	Use Ma	ed Sole aintena stodial S (12)	ly by nce/	(i.e. the	Description Containing I rmal system urfacing, VA ner miscella	Material (ACM) as insulation, AT, or	Amoun (Specify SF or LF	/	Removal	Repair	Encapsulate	Enclosure
I postion of			s Locati Normal					ted (*) and Non	-Friab	le Pro	Abat	emeni pe	t
Scope of Work (Check All T ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	hat Apply)	Property	Renova Demoli				× Full Contain Mini-Enclos Glovebag F	nment with Nega ure Procedure					
Facility Closed/Vacate Abatement Performed Other – Describe: Acti	d During Entire Outside of Norn ive Electric Powe	Period of nal Facilit	Abater	nent s		28 F City,	Pennell Road State, Zip Code dia, PA 1906	3		-			N.
1/4/2013 Occupancy Status During A	batement (Chec	12/31/	2013		Dute (11)	Acc	reditated Env		echr	olog	ies		
Eric Houseknecht Start Date (10)	ring Firm	Schedu	iled Coi		Date (11)	856	phone No. -467-2850 e of OSHA Moni	010	ense N 009	0.			
City, State, Zip Code Media, PA 19063 Project Manager for Monito	do a Firm					Swe	State, Zip Code edesboro, NJ						
Street Address 28 Pennell Road						Stree	et Address Veterans Dr						
Name of Monitoring Firm H Accredited Environme	lired by Building ental Techno	Owner (8	3)	*****	M No.		e of Abatement nd Energy Se					-	
County (6) Mercer					Code (7)		150,000 Current Use	Prior if being de	emolis		51		
2512 Lamberton Roa City (5) Hamilton, NJ 08611	ıd						Other (i. etc.) Square Feet	pter 8 (Other that e. private & con # of Floo	nmerc	ial bui	Bldg.		nes,
PSE&G Fossil Merce	er Generating	Station	1				School	(K-12)					
Name of Facility Where Ab	patement is Taki	ng Place	(3)	FAC	CILITY INFOR	MATION	Type of Facil	iby (4)		• •			
X DOH X DCA	Emergency justification Cancellatio)	g		of Contact Schwartzk	opf		Telepho	Part I				
Ĭ DOL	Initial Amended Amendmen			City, S	tate, Zip Code		44 JUST	LICENSI	6 (9-)	OL		-	
	Type Notification	1		Street 2512	Address Lambertor	Road		DEC 30 P	M 2:	58			
Date of Notification (1) 12/19/12				Name PSE	of Building Ov &G Fossil L	vner/Operat LC Merce	or (2) er Generating	Station	J 5000	D			
_ (K 9611	4		(nt to NJAC 8:			PEA.					

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) September 10, 2		Name of Buildin	g Owner/Ope Lynx	erator (2) Waste & Recycl	ing, IncED 0	h J	10	3 a	r L	
	cation al Notification ended Notification		Street Address	РОВ	ox 188 DEC 2					
[x] DOL Ame	endment # ergency (including		City, State, Zip (Spring	Lake, NJ 07765	LUNITROL WEING			-1	
I DCA	fication) cellation		Name of Contact Rich	ard Hyde		Telephone Number	τ.			
		FAC	CILITY INFOR	MATION						
Name of Facility Where Abatement is Takin Residence	ng Place (3)				Type of Facility (4) School (k-12) Subchapter 8 (o	ther tha	n k12)		
Street Address 285 Pine Avenue					[x]	Other (i.e., priva homes, etc.)				ldings,
City	County (6)		County Code (7) (STATE USE ON	LY)	Square feet 1500sf	# of Floors		g. Age	50	
Manasquan	Monmouth				Resid		d)			
Name of Monitoring Firm Hired by Building N/A	g Owner (8)		ASCM No.	Name of	Abatement Contrac Guard	tor (9) dian Contracting	Inc.			
Street Address				Street Ad		Route 9, Unit 61				
City, State, Zip Code				City, Stat	te, Zip Code	River, New Jers		755-1	271	
Project Manager for Monitoring Firm	Telepho	ne Number		Telephon 732-349	e Number	License 1 00624				
Scheduled Start Date (10) 12/17/12	Schedul 12/1		ion Date (11)		OSHA Monitor	S.L. Analytical				
Occupancy Status During Abatement (Check [X] Facility Closed/Vacate [] Abatement Performed [] Other – Describe	ed During Entire P			Street Ad	dress 1056 e, Zip Code	Stelton Road	ey 088	54		
Scope of Work (Check all that apply) $ \begin{bmatrix} $	[] [x]	Renova Demoli	\$1500BBC55	[] [] [x]	Mini-Enclosure Glovebag Proce			ıre		
						T	Abat	ement	Туре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	ion used by Custodial	(i.e	Description bestos-Cons Material (Ad c., thermal s sulation, sur VAT, or ner miscellar	taining CM) ystems facing,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E	
Exterior	X		Asbestos sidii	ng		1200 sf	X			
Name of Registered Waste Hauler	NJDEP Wa		ID No. Cubic Y	ards of Waste		tered Landfill				
Guardian Contracting, Inc. City, State		20223 Disposa	al Date	City, Stat						
Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola	/12 Signature		wn, Pennsylvan	ia ,	Date 12/1	7/201	2			

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

7			(F	Pursuan	nt to NJAC	8:60 a	nd 12:12	20)	CK	29	03				
Date of Notification (1) 12/17/12			1	Name of Dona	of Building ald Hoffm	Owner	/Operato	r (2) ce		1-0		John Har			-
Agencies Notified EPA	Type Notification	1			Address Paul Bly	vd			2012	DEC 2	O PM	2: 5	8		
DEP DOL	Amended Amendmen Emergency	t#		Mana	tate, Zip C ahawkin I	NJ 080	050		8 575 £	ISTA	S CEN	i j ka	IL.		
DOH DCA	justification) Cancellation)		Donal					0	Té	lephone N	lumber	9		
Name of Facility Where Donald Hoffman /	e Abatement is Takir Residence	ng Place ((3)	FAC	ILITY INF	ORMAT	TION	-	e of Facility	8-75-6	-				
Street Address 1510 Paul Blvd								×	School (Kongress) Subchapte Other (i.e., etc.)	er 8 (Oth	er than K & comme	-12) rcial bu	ilding	s, hon	nes,
City (5) Manahawkin NJ 0	8050	e destroys and a supple						Squa 100	are Feet	# 0	f Floors	T	Bldg. 35+	Age	
County (6) Ocean					Code (7) USE ONLY	ı			ent Use (P sidence	rior if be	ing demol		Carellar Ann		
Name of Monitoring Fin N/A	m Hired by Building	Owner (8))	ASC	M No.			1	atement Co	ontractor	(9)				
Street Address								Addre			39				
City, State, Zip Code							City, S	State, Z	Zip Code lin NJ 08	091				-	
Project Manager for Mo	nitoring Firm			Telepho	ne No.		Teleph	hone N 753-9	lo.		License 00727	No.			
Start Date (10) 12/26/12			npletion	Date (11)	-		of OS	HA Monitor							
Occupancy Status Durin Facility Closed/Var Abatement Perform Other – Describe:	cated During Entire I	Period of	Ahaten	nent s			Street City, S		ess Zip Code						
Scope of Work (Check /															N.
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		personal control	Renova Demolit			*	×	Min	III Containm ni-Enclosur ovebag Pro on-Exempte	e cedure			(2		
Landia			Locati Normali							41/	I IVIII	IDIC	Abat	ement	t
Locatio Asbestos-Containing TO BE AB In Faci (13)	g Material (ACM) B <u>ATED</u> ility	Use Mai Cust	ed Solel iintenar todial S (12)	ely by nce/ Staff?	Asbest (i.e.	tos Cont thermal surfa	escription taining M I systems icing, VA miscellan	faterial s insula T, or	I (ACM) ation,	(S	mount pecify or LF)	Removal	Repair	e Encapsulate	Enclosure
Exterior S	Siding	Yes	No	N/A x		Fxte	rior Sid	ling		18	00 Sf	-		te	U
				LAIC	TIOI GIG	ling		10	00 51	x					
		+										-			_
Name of Registered Was United Containers	ste Hauler	-	14 2000	JDEP Wa	50000 E 5070	Cubic of Was			Name of	Register	red Landfi	11			
City, State				2459	No.	3			G.R.O.						
Elm NJ						Dispos 1/3/12	sal Date		City, Stat Morrisv		19067		1-2		iii
Completed by Anthony T Perna	dent			S	Signature	l	~		D	ate 2/17/1	12		7		

WAIVER OICH BY DIANIP

State of New Jersey 1709	
MOTIFICATION OF ASDESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)	ec.
Date of Notification (1) 12-1-1-17 Name of Building Owner/Operator (2) SEA SHURE DAY CARE	20
State of New Jersey NOTHICATION OF ASPESTOS ASIATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Agencies Notified Type Notification Street Address Agencies Notified Type Notification Street Address Amended Amended Amended Amendment # Emergency (including justification) DOA DOA Amended Amended Amended Amendment # City, State, Zip Code Long BRANCH N 3, 67740 Name of Contact	
Name of Facility Where Abatement is Taking Place (3) Street Address 345 SECOWA AVC- FACILITY INFORMATION Type of Facility (4) [I School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, homes, etc.)	
LONG BRANCH SOUD 2 80	B
Moumus 75 County (6) USE ONLY) County Code (7) (STATE Current Use (Prior if being demolished) LAY CARE	
Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) (8) ACC TUSULATION CO TINC	
Street Address Street Address 9.5 MontRost RN	
City, State, Zip Code City, State, Zip Code COLTS NECLS NS 07727	
Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 131 294 / 757 00029	
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12-14-12 ACC TASULATION CO TAN	-p
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Gracility Closed/Vacated During Entire Period of Abatement Gracility Closed/Vacated During Entire Period of Abatement Gracility Color City, State, Zip Code COTT NEGLE N	2000
Scope of Work (Check all that apply) Sope of Work (Check all that apply) Sope of Work (Check all that apply) Sope of Work (Check all that apply) Sope of Work (Check all that apply) Full Containment with Negative Pressure Mior Enclosure Stovebag Procedure Non-Exempted (*) and Non-Friable Procedure	
ts Location Abatem Normally Type	0200
Location of Used Solely by Description of Asbestos-Containing Material (ACM) Maintenance/ Custodial Staff? Staff? (12) Other miscellaneous) Description of Amount (Specify Specify	Enclosure
BOILER RM P.DZ 9 LIZ V	
Name of Registered Waste Hauler NUDEP Waste Cubic Yards Name of Registered Landfill A CC TW SULATION COTOR 12 fix to	
COLI NECL NT 67728 Disposal Date City, State RETHLEM PA	growing grows and dis-
Sompleted By Signature Signature Date Signature Grall Date	

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CK # 1709

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

thate of Notification (1)	12-12-12	are managamata ti		1.44	g Owner/Operator	ASSUCIA	ITES 3	1000 C	\ \ 2		
Agencies Notified	Type Notification			1600	1 WAIN	ST	man property and the		8	े. •ु	7
LADOH LADOF LADIS	Amendment (Emergency (i justification)	ncluding	Name	LA of Contac	RE COI	no 1	Telephone Numl			<u>ر</u> ِ ب	3
E DCA	Cancellation	particular contention communicates		903		in the second second section in the second section in the second section in the second section in the second section is second s			Ų	<u>.</u>	<u> </u>
Name of Facility When	o Abalement is Takir	ng Place (3)	FAC	311,58 V 00/16	HOLLYMAO	Type of Facility			4		
HYDE 4	ASSOCIA	73 S	DEBY PROPERTY OF PERSONS FOR	and the second section of the	ng Samuelanan pinak sepana adapat dan meneralah Meneralah Samuelan meneralah dan meneralah dan meneralah dan meneralah dan meneralah dan meneralah dan meneral	Other (i.e.,)	8 (Other than K-17 aivate & commerci	?) al build	ings,		
1604 M	in the first of the second	g angres or enter the second of the best of the second of	an annument of the state of	, agriptory and a security of great program, spirit 2777 2	ali ding adder the manager property and a first and a	Square Feet	# of Floors	1310	ig Ag	lei Jei	*****
LAKE 1	Como		-1	and the second of the second	and the second section of the	3500	rior if being demoli		80	7	<i>-::</i> :-
County (6) MONM	outh	gagan aga yan gadarin iyan in iya sa	USE	ONLY)	7) (STATE	Current Use (F	50 BAR		order o	arca seed 45	in i septemb
Name of Monitoring Fi (8)	m Hired by Building	Owner	ASCM	No.	Name of Abates	TUSULA	Tion Co	1.	NL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Street Address		getangg grower, dath planelige in the later Colonia and name in September 2012 of September 201	k - 7, 7 k	a diagnos e nacembro en	1 Street Address	NIRONE	07 30		in age		
City, State, Zip Code	and graph and an experience of the second sec			en marginet Service The	Cours	rode Nécle N	S 07722	, - 31	**********	and area of the	ener e
Project Manager for N	:		dephone		Telephone No. 731, 2014 Name of OSHA	11757	License No. <u>ひひひな</u>	<u></u>			
Start Date (10) 1 2 - 1 8 Occupancy Status Di		duled Com 2. 2.0	2 1		Name of OSHA ACC I Street Address	NIVLATIO	N CO TA		**************************************	e o e din	
☐ Facility Closed/Vac	aled During Entire F ned Outside of Norm	eriod of Aba al Facility Ho	tement ours		95 MG	WIRELE G	NS 02	72	1.	6 %_650 P-007-	nere e l'
Other - Describe: Scope of Work (Chec	A CAMPAGNA AND A CAMP	100		17.00 19.00 AV	Application in the second section of the second		egative Pressure	A. A. D. A. B.	1 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (4-1-4
2≥3 st or ≥3 lf ≥160 st or ≥260 lf		Renov			Mini-E	nclosure van Procedure	Ion-Friable Proced	we			
The second secon	allend en engan (2000). Maren ser selv frantiset i sada der hälleting d	la Loca Noma	ally	1	energy of weather of the second				Abate Tyr		
Locatic Asbestos-Containin TO BE AF IN Fac (13	g Material (ACM) BATED ility	Used So Mainten Custo Stafi (12	ance/ dial i?	Asbe: (i.e.	Description stos Containing M., thermal systems surfacing, VAT other miscelland	aterial (ACM) insulation, L. or	Amount (Specify SF or LF)	Removel	Repair Repair	<u> ವಿಗಾಧಿಕೆ ನಿರ್ಣ</u>	THOOSER
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Name of Registered V	Vaste Hauler	Ci.	NJDEP Hauler II	O,No.	Cubic Yards of Waste	60	gistered Landfill	i niero-		one on the second	er or or or or
City, State	il NIT	127	120 72	<u>ب</u> ا	Disposal Date	City, State	LYTOWN	1) \		
Coupleted By		b UPS	mi	. /L	Signature	2 Gals	Date 12	-/2	1/3	2	
2/4ce/ 27		- West I was seen as		Language and	J	engangangan kanangan sa sa sa magangan sa					

Waste Monagement Technologies Disposal Date 12/14/12 Signature Title President

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

Date of Notification (1) 12–17–12			-		of Building Owner				CKH		12		
Agencies Notified	Type Notification	n		Street	Address		2012 DE	: 20	PM 2:	58_			
X EPA	掛 Initial				Sanhican D	rive	4 0 0 C 0	TAC	CHITR	21			
D DEP	☐ Amended Amendmer	nt#			tate, Zip Code nton, NJ 0	0610	81	.ICEN	SING	O L.			
122	□ Emergency	(including	_		of Contact	8100			lephone N	ımbar			
DOH DCA	justification Cancellatio				d Waskowitz			l ie	iepnorje ivi	umber			
					CILITY INFORMAT			-	·				
Name of Facility Where A	Abatement is Taki	ng Place (3))				Type of Facility School (K						
Street Address 120 Sanhican I	Orive						☐ Subchapt ☑ Other (i.e.	er 8 (Oth	er than K- & commer	12) cial bu	ildings	, hom	nes,
City (5) Trenton		***	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	778			Square Feet 15,000	# 0	f Floors		Bldg.	25.700	
County (6) Mercer				County (STATE	Code (7) USE ONLY)		Current Use (Poffices	rior if be	ng demolis	shed)			
Name of Monitoring Firm Environmental	Hired by Building Connection	Owner (8)		ASC	M No.		of Abatement Comouth Envi			70	Tnc	2	
Street Address							Address	TTOTIL	arcar v		1110	•	
120 N. Warren	Street						B Haws Aver	nue					
City, State, Zip Code							State, Zip Code						
	8608						ristown, I	PA 19	401				
Project Manager for Moni Rick Beach	itoring Firm			Telepho		Telepi	hone No.		License 1			0-000	
					92–4200)-239-9920		003	98			
Start Date (10) 12–28–12		12-3	1-1		Date (11)		of OSHA Monito mouth Envi	500	ental (.,	Inc	•	
Occupancy Status During	Abatement (Chec	ck Only One	2)				Address						
☐ Facility Closed/Vaca ☐ Abatement Performe	ted During Entire	Period of Al	aten	nent			Haws Aver	nue					
Other – Describe:	ed Outside of Norn	nai Facility i	Hours				tate, Zip Code ristown, F	7 10/	101				
Scope of Work (Check All	That Apply)					IVOL	115cowii, F	A 135	101				
□ ≥3 sf or ≥3 lf	77.77	ĕ Re	nova	tion			. F. II C t - i		.	_			
≥160 sf or ≥260 lf			molit			X C			Negative i	ressu	ire		
									l Non Friel	'- D		20	
		T			[· · · · · · · · · · · · · · · · · · ·		Non-Exempte	(*) and	Non-Friat	DIE Pro	1212.0000	emen	
Location	of	0300000	ocati rmal									ре	ie.
Asbestos-Containing N		Used			Asbestos Cont	scription aining M		l A	mount			m	
<u>TO BE ABA</u> In Facilit		Main Custo			(i.e. thermal				pecify	Re	20	Encapsulate	Enclosure
(13)	у		(12)			cing, VA niscellan		55	or LF)	Remova	Repair	psu	losu
	lika g	Yes	No	N/A						<u>a</u>		late	le l
1st floor			ceiling pl	aste	r	230	SF	x					
										-			
Name of Registered Waste	e Hauler		1000	JDEP Wauler ID			Name of	Register	ed Landfill		William Co.	X	
Robinson Waste			2000	7304	No. of Was	te 7	GROW	S,Inc					
City, State Bellmawr, NJ			1		Dispos 12–3	al Date	City, Stat		le,PA				
Completed by Title						gnature	1//	1	Da	te			
Timothy E. Bryan Vice-Pre						/ _	10	1		2–17	-12		

APPROVEDINTDOH 12/14/12

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

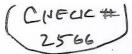
Cl#2386

Date of Notification (1)	i.	1.4.							
Agencies Notified	i.	1.4.							
□ DEP □ Initial □ City, State & Zip Code □ DOL □ Amended □ Trenton, NJ 08625 □ DOH □ Cancellation □ Cancellation □ Cancellation □ Ted Wardencki □ DCA □ Cancellation □ Ted Wardencki □ DCA □ Cancellation □ Ted Wardencki □ School (K-12) □ Street Address □ Subchapter 8 (Other than K-12)	i.	1.4.							
□ DEP □ Initial □ City, State & Zip Code □ Amended □ Trenton, NJ 08625 □ DOH □ Cancellation □ Cancellation □ Ted Wardencki □ DCA □ Cancellation □ Ted Wardencki □ Type of Facility Where Abatement is Taking Place (3) □ School (K-12) □ Street Address □ Subchapter 8 (Other than K-12)	i.	1.4.							
DOL Amended Trenton, NJ 08625 DOH Emergency Name of Contact DCA Cancellation Ted Wardencki FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) New Lisbon Developmental Center- 39 Employee Drive Street Address Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12)	i.	1.4.							
DOH	i.	1.4.							
Ted Wardencki FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) New Lisbon Developmental Center- 39 Employee Drive Street Address Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12)	i.	1.4.							
FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) New Lisbon Developmental Center- 39 Employee Drive Street Address Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12)									
Name of Facility Where Abatement is Taking Place (3) New Lisbon Developmental Center- 39 Employee Drive Street Address Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12)		- 195							
New Lisbon Developmental Center- 39 Employee Drive School (K-12) Street Address Subchapter 8 (Other than K-12)	or. 6								
Street Address Subchapter 8 (Other than K-12)		(A)							
1104 N I Poute 72		2							
		C.)							
Square Feet # of Floors Bldg. Ag	е								
City (5) County (6) County Code (7)									
New Lisbon Burlington Current Use (Prior if being demolished)									
Hospital									
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)									
Environmental Connection Bristol Environmental, Inc.									
Street Address Street Address									
120 North Warren Street 1123 Beaver Street									
City, State & Zip Code									
	Bristol, PA 19007								
Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Ryan Broadwater C215)788-6040 License Number 00509	(215)788-6040 00509								
	Name of OSHA Monitor								
Occupancy Status During Abatement (Check only one) Street Address 1123 Beaver Street									
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Hours – Abatement Performed Outside of Normal Hours – City, State & Zip Code									
Describe: Bristol, PA 19007									
Facility Occupied During Abatement 7AM to 3:30PM									
Scope of Work (Check all that apply)		-							
Full Containment with Negative	Press	ressure							
☐ ≥3 sf or ≥3 lf ☐ Renovation ☐ Mini-Enclosure									
≥160 sf ≥260 lf									
Non-Exempted and Non-Friable	on-Friable Procedure								
Asbestos-Containing Normally Used Asbestos-Containing (Specify									
Material (ACM) Solely by Material (ACM) SF or LF) Maintenance or (i.e., thermal systems	-	Enclsoure Encapsulate							
TO BE ABATED in Facility (13) Maintenance or Custodial Staff? (12) Maintenance or Custodial Staff? insulation, surfacing, VAT or other miscellaneous)	Repair	Enclsoure							
(13) (12) or other miscellaneous)	air	ula							
Yes No N/A		g g							
Basement Boiler Room									
Throughout Uinyl floor padding 1456 SF	HI								
1 st Floor	H								
Throughout Mastic 1456 SF	H								
	H								
	 								
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill	gistered Landfill								
Hauler ID No. of Waste									
Service Transport Inc. 20990 30 Cu yd Minerva Landfill									
City, State Disposal Date City, State		-							
New Castle, DE . 12/28/12 Waynesburg, Ohio									
Completed By (Print or Type) Title Signature Date									
	4/12								
Manager Sine Myzigone /									



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

			(Pi	ursuai	nt to NJA	C 8	8:60 and 5:1	6)	MEA	i jen p						
Date of Notification (1)	9120	Name of Building Owner/Operator (2) County of Sussex Street Address One Spring Street														
	/1:	2		0.0000000000000000000000000000000000000	unty of S				2012 050 -	10 <u>12</u>		120				
	otification	ı	7000	Stree	t Address			***	COLL DEP S	0 F	H :	2:5	0			
⊠ EPA				On	e Spring	Str	eet	ž.	likta			- W	Ö			
☑ DOLWD ☐ Am ☑ DHSS Am	ended endment#	4		City,	State, Zip (Code	9		2110	a Ca		深意.	,			
	enament # ergency (i		n .	Ne	wtown N.	J 07	7860		& LICE	N31	NG	1101	•			
(NJAC 5:23-8) just	ification)	noida	,	Name	of Contac	t			Telephone N	Jumb.			E CO			
☐ Car	ncellation			Jas	son Masic	ows	ski		L ₂							
				FA	FACILITY INFORMATION											
Name of Facility Where Abateme	nt is Takin	g Place	(3)					Type of Facility			*					
County Garage								School (K-1)		(12)						
Street Address						00 steel		☐ Subchapter ☑ Other (i.e., p			ial bι	uilding	ıs,			
2 Hampton Street								homes, etc.)				5 (5)			
City (5) Newtown								Square Feet	# of Floors		Bldg. Age					
County (6)				Com	-tr Codo (7	7\/OT	ATELIOF ONLY	2,000	1		3	50				
Sussex County				Cour	nty Code (/)(51)	ATE USE ONLY)	Current Use (Pr	rior if being den	nolish	ed)					
Name of Monitoring Firm Hired by	/ Building	Owner	(8)	ASCM	No	Ns	me of Abatomo	Garage ent Contractor (9)						200		
Pennoni Associates, Inc.	Dunama	Owner,	.0)	0010			ime of Abateme Luzon Inc.	ent Contractor (a))							
Street Address							reet Address									
550 Grove Street							8451 Executiv	ive Ave.								
City, State, Zip Code						Cit	ty, State, Zip Co	ode	9							
Haddon Field, NJ 08035-17						F	Philadelphia	, Pa. 19153								
Project Manager for Monitoring Fi	rm		Tele	phone	No.	Те	lephone No.		License No).						
Alan Lloyd				56 547		2	267-284-1050		01027							
Start Date (10)	tion Da	The second of th	ATOMES	me of OSHA M							1,000					
01 / 07 / 13		01/	340		13		Joseph Maro	nski								
Occupancy Status During Abatem				······	Street Address									300		
☐ Facility Closed/Vacated During☐ Abatement Performed Outside	Entire Pe	riod of	Abate	ment			3451 Executiv			escilla seco		<u> </u>				
Time of Abatement: 8:00AM-5	01 NOTHA	PI_PI	/ Hour VI-	s - Des AM	cribe		y, State, Zip Co									
Scope of Work (Check all that app			550			H	Philadelphia,	Pa. 19153								
287	ly)						☐ Full Cont	ainment with Neg	native Pressure							
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		⊠ Re					☐ Mini-Encl	osure	Jan 1 10000.							
△ ≥100 St 01 ≥200 II		☐ Dei	molitic	on ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure												
		Is	Locat	ion	I				111111111111111111111111111111111111111	-		atemo	nent Type			
Location of			Norma d Sole				Description of			1						
Asbestos-Containing Material (TO BE ABATED	ACM)		u Sole intena				Containing Mat ermal systems i		Amount		Removal	Repair	nca	nclo		
IN Facility		Cust		Staff?	(1.0.	5	surfacing, VAT,	or .	(Specify SF or LF)		oval	7	Encapsulate	Enclosure		
(13)		Yes	(12) No	N/A		ot	her miscellaned	ous)					ate	O)		
Office		res	N ₀	N/A	Floor Ti	1. 9			047.05		57					
Break Room									217 SF							
Locker Room			The state of the s		Floor Ti				216 SF							
					Floor Ti				102 SF	_						
Bathroom					Floor Ti				93 SF		\boxtimes					
Name of Registered Waste Hauler Luzon, Inc.				JDEP V auler ID		Cut	oic Yards of ste									
designation of the Anna				32587		3	CYS.	Minerva Landfill								
City, State						4.00	posal Date	City, State								
Philadelphia, Pa.	1					0	1-11-13	Waynesbu	rg, OH 44688	3						
Completed By (Print or Type) Piyush Patel	Title						Signature	(ate	0	Date	1,	7	17			
Flyusii Fatei	_ PI	rogran	1 Mai	nager			0.	1 Q 1	7	12	. 1 ,	1	12			



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:131)

		(P	บารแลก	I IO NJAC	8:60 and 12:12	0) .	REC	* 2 m					
ון אוניטורים איני פיני. 12	111/02:		Name of Building Owner/Operator (?) TROUS FOR MATION ENTERPRISES										
gencies Notified	Type Nouncation		51111										
⊕^ 0 0 = 0 = 0 = 0 = 0 = 0 = 0 = 0 = 0 = 0	Da ma			60	51 W. C.	LORICS LAW	DING RO	151 2:58					
:08F }::.	. Camended		City	. State, Zip C	Code								
	Amendment #	cluding				3012, N.J.	08215	LUNITED.					
20- 20-	[Justification)	13 (34) 34) 34 (34) 34 (34) 34 (34) 34 (34) 34 (34) 34 (34) 34 (34) 34 (34) 34 (34) 34 (34) 34 (34) 34 (34) 34	Nan	ne of Contac			Telephone: Numbe	WILLIAM OF					
J.J.	☐ Canceliation			SAM	E								
	· · ·		F	ACILITY IN	ORMATION								
"e of Facility Wher	e Abatement is Taking	Place (3)				Type of Facility (٠.						
	DENCE	- X.				School (K-12)	(Other than K-17)	3					
. Address	2 CALVE	= a + A	010	5		S Omer (i.e. pri	Asia & councies	buildings					
.360	2 LALVE					Square Feet	W of Floors	Blog Age					
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-1") :É· A	7		Co	uniy Code (7) (STATE		of it being demotist	neo;					
ATLAN				se only		-	CANT						
··· s pi lion-unng Fil	ny Hired by Building (Swu61	ASC	M NO	Name of Abaton	meni Consiscios (9)							
	Ο /Δ				Suger Address		·						
Co Appress	17				369		.E SUE						
					Cay, State, Lip	710 Code							
Sale 20 Cooc					M1.5.0								
oc Manager for M	Innurum Full	T	elephoi	ne No	Telephone No.		License No	•					
Sec. Is an ager to m	.014.04.9	} _			V	74-0472.	(10.17	, -/					
ar Dare () V	Sche	duled Com	naisiq	Date (11)	Hame DI.OSHA								
1/3/13		1/9	/13		1)055		1.54						
pane, Status Du	uring Abatement (Che	ick only on	e)	4 1 1	Street Address	5 SPRV	- = A v =						
Fatha Closed/Vac	caled Dunng Entre P	ence of Ab	atewer	NI.	Cay, State, 2p								
	men Outside of Norma	BI Facally I	10015		MAPL		N.J. LS	· : Z					
. Orner - Describe													
Livery de Ste (Chec	(Aitha sea) ne r	90.2000			O Full C	Containment with Ne Enclosure	gauve Pressure						
] : h st st : a t	(**)	☐ Reno	NOISY	••	Glovepag Procedure								
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			cation naily					**;					
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as as as Contain	ng Maienal (ACM)		mancei Iodul	ASD	e thermal system	ns insublion.	SF or LF;	F F					
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	Wasie Hauler	11-14-	l Ka	UN CI HILL	ol Wasie.	AC	UA						
Kumie	ING.			7904	Oubors Os	ile City State	· · · · · · · · · · · · · · · · · · ·						
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J. 12.20	Kremm		<u></u>										

Ch# 1039 Via FAX

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

Date of Notification (1	12/13/12	75	Name H2	of Buildin	ng Owner/Operato		X9EN E	NIER	DR	íś	A
Agency Notified	Type Notification		Street	Address				CO (11)	3	L	4
⊠ EPA	₩ Initial		37		AKE RI	O, FDI	50N, N	308	23	7	4
D.DEP	Amended			tate, Zip	Code	0883	3	300	-	O	
Abor	Amendment # Emergency (incle	udina	41,000	1501		0000		3	\exists		
★ DOH	/ justification)		Name	of Conta	arosa		Talanhana Nun				1
DCA DCA	☐ Cancellation		11/15		ORMATION		⊥, ,	-	Sala		-1
	e Abatement is Taking I	Place (3)	HACI	LITINE	ORMATION	Type of Facility	(4)		-		\dashv
							115 TV				
Street Address	ofield Au	<u> </u>				School (K-1) Subchapter Other (i.e. p	8 (Other than K-12 rivate & commercia	?) al buildings,			
City (5)						Square Feet	# of Floors	Bldg. Age			
EDI50N	CU		*8			3,000		80	(ز		
County (6)			County ONLY)) (STATE USE	Current Use (P	rior if being demol の『心底民	ished)			
Name of Monitoring Fi	rm Hired by Building Ov	mer AS	CM No.		_	nent Contractor (
(8)					NOVATO	ech. 110	<u> </u>		_		
Street Address	٠.,				Street Address	814	·				
City, State, Zip Code	•			-	City, State, Zip	Code LIDGE N	380.CC	57	27	*	
Project Manager for M	onitoring Firm	Teler	phone No.	-	Telephone No.	1000	License No.				
Project Manager for M	Omonig v				1732 23	38x7500	800	06.		000000	
Start Date (10)	Scheduled	Completion	Date (11)		Name of OSHA	Monitor -	i.				
12/14/12	1 1110	1112			NOVAL	ean in	<u> </u>			- 100	
Occupancy Status Dur	ing Abatement (Check o	only one)			Street Address	x 814	©	10			
Facility Closed/Vac	ated During Entire Period ed Outside of Normal Fa	d of Abatem acility Hours	ent		City, State, Zip	Code	10.00	0.0			*11565
☐ Other – Describe:					010 130	SIDGE	80 00	757		_	_
Scope of Work (Check	all that apply)		20.4		O Full	Containment with	n Negative Pressu	re .		٠	
M≥3 sfor≥3 lf	•		Ren Den	ovation)≘i_Mini	-Enclosure					
'□ ≥ 160 sf or ≥ 260 lf	•		u Den	JOHIOU	O Non	ebag Procedure -Exempted (*) ar	d Non-Friable Pro	cedure.		_	
		ls Lo	cation				•	1	Abatei Typ		nt
	tion of		mally		Description	of			TI		Γ
	ition of ing Material (ACM)		iolely by enance/		stos Containing M		Amount		, _	Eno	9
TO BE	ABATED		todial	(i.e	., thermal systems surfacing, VA		(Specify SF or LF		Repair	aps	Cio
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		+ +							TI		Γ
Name of Registered W	aste Hauler	NJDE	P Waste H	lauler	Cubic Yards of	Name of Reg	stered Landfill				
	· .	ID No		2.1	Waste	1600	N.W.S.				
Novalech	INC		1830	71	1/0		/////////////////////////////////////		•		
City, State	C = MO	080	c 2-		Disposal Date	City, State	ME) PH	· · ·			
OID. BRID	06E NO.	088	OT.		Signature \	A 1010C 90	111	Date	مارد	`	_
CANOS A	IFINA YOU	SIDEN			140	15 Hem	W/-	13/13	3/10	ナ	-
ASR-41	* Do n	ot use this f	orm for as	destos li	ensure exempted	activities.			1		

ASB-41

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



Date of Notification (1)					Name of Building Owner/Operator (2) 2012 DEC 20 PM 2:58										
12/17/12	- N-ANT														
Agency Notified Typ	e Notification			Street Address											
DEPA DI	nitial Amended	37		6	Sinda 75	S.MAVIE	F AUG	Stream	上於書 上						
	unencec Amendment #			Cay,	65. S. PLADLE ASSICTIONS USINTRAL City, State, Zip Code City Gewood NJ. 07450										
	mergency (includ	ing	number of the same	Name	e of Cont	ewage .	. CS610.CN . COOM								
	ustification) Cancellation			Name of Contact MR. JOHNSON Telephone Number											
						FORMATION									
Name of Facility Where Abate							Type of Facilit	V (4)							
MR 3	40T. E	1050	SIL	N*			☐ School (K-1	191							
enteer Limitees							☐ Subchapter	8 (Other than K-12)							
65 5.	MAPLE	AU.	5		٥	• "	-2 Other (i.e. p	nivate & commercial	l buildings	5,					
City (5)		-					Square Feet		Bldg. A	20	5				
· KIDG	200Was	2					2500	2	19		5				
			1			7) (STATE USE	Current Use (I	Prior if being demolis		~	_				
BA	16-5N		-	ONLY	0	7.		55 1000 CE							
Name of Monitoring Firm Hiseo (8)	by Building Own	er i	ASCM	No.		Name of Abaten	nent Contractor	(9)							
	N.					Best R	emoval :	Inc							
Street Address						Street Address									
City, State, Zip Code							River St	t							
City, State, Zip Code	94			City, State, Zip Code											
Project Manager for Monitoring						Hackensack, N.J. 07601									
Project manager for moratoring) Pain	Te	lepho	ne No.		Telephone No.	License No.								
Start Date (10)	Scheduled Co	ovaleti.	an Da	h (44)		201-329- Name of OSHA	F_1600 28	00388							
12/27/12	12	12				Omega En		ital Inc							
Occupancy Status During Abat	ement (Check onl	y one)	0/	, _		Street Address									
Q Facility Closed/Vacated Duri	ing Entire Period a	f Shate	ennont.			280 Huy	ler St								
Q Abatement Performed Outsir	de of Normal Earl	the Man	is Is	٠.		City, State, Zip C	4 1 NOVE - 1								
2 Other - Describe: 7 MM		1		•	٠.	South H	ackensac	k, N.J. 0	7606						
Scope of Work (Check all that a	apply)					DENC	lian teometicino	Negative Pressure	S						
결≥3 sf or ≥ 3 ff □ ≥ 160 sf or ≥ 260 ff					novation	Ja Mini-I	Mini-Enclosure .								
G 2 100 St 01 2 200 St	1		3	u Den	nolition		Tovebag Procedure on-Exempted (*) and Non-Friable Procedure								
		ls I	Locatio	on.	Ι		Dionipuos () un	# 11011-1 122310 1 10001		Abatemen					
Location of	1	· No	onnali	y					-	Type					
Asbestos-Containing Mate			Solei denan		Asbe	Description o stos Containing Ma	terial (ACM)	Amount			m				
TO BE ABATED	2		astodia ******		(£e.	., thermal systems surfacing, VAT.	insulation.	(Specify	Ren	Ro	loat				
(13)	: · · ·		(12)			other miscellane		SF or LF)	Removal	Ropair	Encapsulate				
	. 1	Yes	No	N/A	1				-		100				
BASELLENT				IAN	HI CA	in	110 1/200		_	-	Н				
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Vame of Registered Waste Hau	der	I N.BO	ED M	acta M	latips.	Cubin Yarda of	Name of Paris	Annal Landill							
		IDN	lo	aste H	lauler	Cubic Yards of Waste	Name of Regis								
Name of Registered Weste Hau Best Removal I		IDN			lauler			tered Landfill	ses						
Best Removal In	nc	17	109		lauler	Waste 2 2 7 Disposal Date	Minerva	Enterpri	ses						
Best Removal II	nc k, N.J. (17	109		lauler	Waste 2 2 7 Disposal Date 12/28/12	Minerva		ses						
Best Removal In	nc	17 17 1760	109		lauder	Waste 2 2 7 Disposal Date	Minerva	ourg , Oh	ses						

State of New Jersey

J0/00			NOTI	FICATIO Pursuan	N OF AS	BESTOS C 8:60 ar	ABATE	EMENT (0)		مسلا كرراة	ft re-							
Date of Notification (1) 12/17/12			Name of Building Owner/Operator (2) Steve Scharaldi / Residence 2012 DEC 20 Pt.															
Agencies Notified EPA	Type Notification Initial	1		Street Address 308 Morris Blvd														
DEP X DOL	Amended Amendmen			City, State, Zip Code Manahawkin NJ 08050 & LICENSING														
DOH DCA	Emergency justification Cancellatio)		Name of Steve	of Contac	t	Telephone Number											
Name of Facility Where A	Abatement is Taki	3)	FAC	ILITY IN	FORMAT	ION	of Facility ((4)										
Street Address 308 Morris Blvd		School (K-12 Subchapter Other (i.e. pretc.)							ner than K- & commer	12) cial bu	ildings	s, hon	nes,					
City (5) Manahawkin NJ 080	050				120				re Feet	# 0	of Floors		Bldg. Age 35+					
County (6) Ocean					Code (7)			Curre	ent Use (Prid idence	or if be	ing demoli	shed)			<u> </u>			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASC	M No.			me of Abatement Contractor (9) ernaco Inc.										
Street Address					dress 329													
City, State, Zip Code							ty, State, Zip Code /est Berlin NJ 08091											
Project Manager for Moni		Telepho	one No.		Telephone No. License No. 856-753-9800 00727													
Start Date (10) 12/18/12		Schedule 12/21/		mpletion Date (11) Name of OSF Same					OSHA Monitor									
Occupancy Status During								t Address										
Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire d Outside of Norn	Period of Anal Facility	Abater Hour	nent s City, State, Zip Coo						Code								
Scope of Work (Check All	That Apply)																	
≥3 sf or ≥3 if ≥160 sf or ≥260 if							tion Mini-Enclosure Glovebag Proc						1071					
	-2		Locati							17		T	Abat	emen /pe	t			
Location Asbestos-Containing	Material (ACM)	Use	d Sole	ly by	Asbe	stos Cont	scription aining M	otion of ng Material (ACM)			Amount	-	Ι.,					
TO BE ABA In Facility (13)			odial S (12)		(i.e	thermal surface.	systems insulation, cing, VAT, or niscellaneous)			(S	or LF)	Removal	Repair	Encapsulate	Enclosure			
Eutories Ci	dia -	Yes	No	N/A X								_		ate	œ'			
Exterior Siding						rior Sid	ling		12	00 Sf	x							
												-						
Name of Registered Waste	e Hauler		N	JDEP W	/aste	Cubic	Verd											
United Containers			Н	auler ID 2459		of Was			Name of Registered Landfill G.R.O.W.S.									
City, State Elm NJ						Dispos	al Date	1										

Completed by Anthony T Perna

Title

President

Date

12/17/12

Signature