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State of New Jersey NOTE-ICATION OF ASSESTOS ABATEMENT (Pursuantic NJAC 8:50 and 12:120) CHECK & 8334

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Proje	ect Manager for Mo					Telepho 856-84	ne No. 40-8800		Telepi	hone No			License 01059	No.				
Start	Date (10) 13/2013		tenn a A	Schedule		npletion	Date (11)				A Monitor	ITAL L	ABOR	ATO	RIE	ES -		- A -
The second second	upancy Status Durir	a Ab	stement (Che							Addres				- die				
		150									TE 22 W	EST					-19.01	033
×	Facility Closed/Vac Abatement Perform Other – Describe:	ned O	utside of Norr	nal Facility	Hours	ieni 3			-		p Code J 07083	* 3		W	1072	i vai	124	
Scop	e of Work (Check /	All Tha	at Apply)						-		,							
	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				Renova Demolif					Min Glo	l Containme ni-Enclosure ovebag Prod n-Exempted	e cedure					e	
		-		1												Abate	ment	
	2			0.000	Locat Norma			D	escription	n of					_	Ту	ре	
A	Locatio Asbestos-Containing <u>TO BE AB</u> In Fac (13)	g Mate BATEI ility		Use Ma	d Sole intena todial (12)	ely by nce/		tos Co therma surf	ntaining I al system acing, V/ miscella	Material ns insula AT, or		(S	nount pecify or LF)	remove	Domoval	Repair	Encapsulate	Enclosure
				Yes	No	N/A			1.0								TO .	
	ART R	NOC				X		PIPE	INSUL	MOITA	1		LF	X				
	ART R	NOC				X		WAI	L PLA	STER		6	S LF	X				
															+	_		
Nam	ne of Registered Wa	acto H	aulor			NJDEP V	Naste	Cub	c Yards		Name of	Registe	red Land	lfill		- 50		
	VARK CARTIN				H	Hauler ID		0.000	aste .		TRRF 1							
	State VARK, NJ				. 2			Disp	osal Date	e	City, Stat		I, PA	TIST		115	U. ±U	
Com	npleted by an Mlhailovic		, the pit. 1	Title Mem	ber				Signatur	re				Date 12/1	1/2	013		170
امراد	ar iviiridilovio			1					100	-	16			A Property Co.				

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

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

Date of Notification (1) 12/12/13		Name of	Building Own	er/Operator	(2)		1 1/	11.			
Agencies Notified Type Notification		Street No	ress 7 35 SOU	TU		+				1	
EPA Initial Amended Amendment #		Oligija sis.	E Zip Code DEL NJ 07			DEC 2	0 2013				
Emergency (in justification)	cluding	Name of					hone Num! -888-778			1	
DCA Cancellation		TOM A		5.071041		102	-000 710		- 14-74	_	
Name of Facility Where Abatement is Taking	Place (3)	FACE	ITY INFORM	MATION	Type of Faci	ility (4)					
COSMETIC ESSENCE	1000 (0)				School	(K-12)					İ
Street Address 2182 RT 35 SOUTH					Subcha Other (etc.)	apter 8 (Other i.e. private &	r than K-12) commercia	l buildi	ngs, h	omes	١,
City (5) HOLMDEL					Square Fee 40000	1	Fioors		ig. Ag	е	
County (6) MONMOUTH		County C (STATE :	Jode (7) JSE ONLY) _		Current Use WAREHO	(Prior if bein DUSE	g demolish	ed)			
Name of Monitoring Firm Hired by Building Ov	vner (8)	AŠČV	1 No.		of Abatemen						
Street Address					t Address HITE DOVI	E COURT					
City, State, Zip Code	*				State, Zip Coo EWOOD, 1						
Project Manager for Monitoring Firm		Telepho	ne No.		hone No.		License No.	0.			
Start Date (10)	Scheduled C 12/ 27 13	ompletion	Date (11)		of OSHA MO		NALS				
12/20/13 Occupancy Status During Abatement (Check					t Address	T COLIDE					
Facility Closed/Vacated During Entire P	eriod of Abat	ement urs		City,	HITE DOV State, Zip Coo	de					
Other - Describe: WORK AREA SEALE	D OFF			- LAK	KEWOOD,	NJ 08701		-			
Scope of Work (Check All That Apply)	E-1	(e)		Į	T = 11 Con	tainment with	Nogativa E	roccui	-0		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Section 2	vation olition		Mile Lay 20.0 candidated	Mini-End					Ð	
	Is Loc	ration							Abate	ment	Š.
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Norn Used S Mainte	nally olely by nance/ al Staff?	(i.e. th		Material (ACI ms insulation, AT, or	(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes N	lo N.A.						1		ш	
PIPE INSULATION	X	_	Pi	IPE INSUL	_ATION	2	00LF	X			
								-			
								-	-	-	
- IM- to Us do		NJDEP	Vioste	Cubic Yards	Na	me of Registe	ered Landfil	1			
Name of Registered Waste Hauler NEWARK CARTING		Hauler (3	3 No.	of Waste 10	IE	Si					-
City, State NEWARK, NJ			1	Disposal Da 12/23/13		y, State ETHLEHEN					
Completed by JOSEPH PERLSTEIN	Title OWNE	R		Signatu	159 J	n		ate 2/12/	13		



CK 2784

Date of Notification (1) 12/13/13			N	lame of B	Building O	wner/C	perator kowski	(2) i Privat	e Home							
Agencies Notified	Type Notification		1 5	Street Ad	dress	1					···		-	= ;-	-	
EPA DEP DOL	Initial Amended Amendment	ŧ			e, Zip Code		 08				2				- 1	
Name of the second	Emergency (in justification)			lame of		363600			- Filling	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	phone Nu				i	
DOH DCA	Cancellation		,	John						908	3-788-55	579				
Name of Facility Where John & Deborah Y				FACIL	ITY INFO	RMATI	ON	grance .	f Facility (4					•		
Street Address 241 West 21st	21		John					SI X	ubchapter ther (i.e. pr	8 (Othe	er than K-	12) cial bu	ıildi	ngs, l	nomes	s,
City (5) Ship Bottom NJ 08	008			-				Square 1000-		# of 2	Floors		Blo 35	ig. Ag +	je	
County (6) Ocean				County C STATE U	ode (7) SE ONLY)		_	Curren Home	t Use (Prid	r if bei	ng demoli	shed)		130 Flores		
Name of Monitoring Firm	n Hired by Building C	Owner (8)		ASCM	No.			of Abate	ement Con	tractor	(9)			•		
Street Address								Address Box 32								
City, State, Zip Code			5-3-500 H					State, Zip	Code NJ 080	91			-			
Project Manager for Mo	ct Manager for Monitoring Firm				ne No.		Toleni	hone No			License 00727	No.				
Start Date (10)	23/13 12/27/						Name		A Monitor					**		
N SCHOOL BUILD OF DESCRIPTION OF THE SECOND	ng Abatement (Chec							Addres	s							_
Facility Closed/Vac	pancy Status During Abatement (Check Only On Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility				-10	_	City, 5	State, Zip	Code	-						
Scope of Work (Check	All That Apply)													-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit			6		Min Glo	Containmoni-Enclosure vebag Pro-	e cedure					ē	
		Is	Locati	ion								T		Abate	ement	
Asbestos-Containin TO BE Al In Fac	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes					os Cor therma surf		Material ns insula AT, or		(Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
Exterior	Sidina		No	N/A X		Ext	erior S	iding	8	18	300 SF	x	7			
Zatorior												\top	-			
			-		-	-						_				
																Г
Name of Registered W	aste Hauler		1 2	JDEP V		200000000	c Yards		Name of	Regist	ered Land	dfill				
United Containers				Hauler ID 2459	INO.	3	aste		G.R.O.							
City, State Elm NJ	2						osal Dat 27/13		City, Sta Morris		A 1906					
Completed by Anthony T Perna		Title Presi	dent				Signatu	re L			_	Date 12/1	3/1	13		



CK 3783

Date of Notification (1) 12/13/13					Building Ov oolen Pr			(2)							
Agencies Notified T	ype Notification		1 5	treet Add											
EPA DEP DOL	Initial Amended Amendment #		C	ity, State	e, Zip Code awkin NJ		50			,		ZI .	•	7	
DOH DCA	Emergency (ir justification) Cancellation	icluding		lame of 0	Contact				5 ,	Telephone N 973-615-6		ſ		!	
Name of Facility Where Aba	stement is Taking	Place (3)		FACIL	ITY INFOR	RMAT	ION	Type of	f Facility (4	16 Z U 35			1		
Mark Woolen Private Street Address		1 1800 (5)				_		Sc St	chool (K-12			ildi.) 	omo	•
92 Beverly								et	c.)		sicial bi	_	1		
City (5) Manahawkin NJ 0805	50							Square 1000-	۲	# of Floors		35	lg. Ag +	e	
County (6) Ocean	9 82			County C	ode (7) SE ONLY)			Curren	93-93	r if being demo	olished)	1			
Name of Monitoring Firm H	ired by Building O	wner (8)	_	ASCM	No.				ement Con	tractor (9)					
N/A				L				Address			-		•		
Street Address								Box 32							
City, State, Zip Code								state, Zip t Berlir	Code NJ 080	91					EQ
Project Manager for Monito	cct Manager for Monitoring Firm Date (10) Schedule					-	Teleph	none No		Licens 0072					
Start Date (10) 12/16/13	16/13 12/18/						Name Sam		A Monitor			L ^o			
Occupancy Status During	Abatement (Check	Only One)				Street	Address	S						
Facility Closed/Vacate Abatement Performed Other – Describe:	ed During Entire P I Outside of Norm	eriod of Ab al Facility F	atem	ent		_	City, S	State, Zip	Code	7				100	
Scope of Work (Check All	That Apply)			200			0_	_					0		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novat moliti		裁			Min	i-Enclosure		=				
	4	le l	ocati	on				1101	LACITIFIC	() and ()		1000	Abate	ment	
Asbestos-Containing N TO BE ABA	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)					therm sur	Description ontaining I nal system facing, V/ r miscella	Material ns insula AT, or		Amount (Specify SF or LF)		Removal	Repair	e Encapsulate	Enclosure
Exterior Si	dina	Yes	No	N/A X		Ex	terior S	idina	7	1200 SF	- ,	2			
Exterior Si	unig	+-+		<u> ^ </u>							-				
	-	+ +	1	-	-						\neg				\vdash
		-													
Name of Registered Wast	e Hauler			JDEP W		95.000	oic Yards		1	Registered La	ndfill				
United Containers			1000	lauler ID 2459	NO.	3	Vaste		G.R.O.						
City, State Elm NJ		2.005-2					oosal Dat 18/13		City, Star Morris	te /ille PA 1906	67				
Completed by Anthony T Perna		Title Presid	dent				Signatu	re?			Date 12/		3		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Data af Natifica	4' (1)				T 2=			weiking.				
Date of Notifica	December 12,	2013			Name of Buildi		rator (2) Construction Cor	р.	37	285	1	
Agencies Notifi [X] EPA [] DEP	[] In	tial Notifi	cation otification		Street Address	49 Lii	nden Avenue			3 , ,		
[x] DOL	X A	nendment nergency	:# (including		City, State, Zip		1a, NJ 08051	DEC 20 -	532			
[] DCA		stification incellation			Name of Contac Nic			Telephone Numi		51	į	
	***************************************			FA	CILITY INFOR	MATION						
Name of Facilit	y Where Abatement is Tak Residence	ng Place ((3)				Type of Facility (4	School (k-12)			ì	
Street Address	30 W. Navasink	Drive				=	[x]	Subchapter 8 Other (i.e., pr homes, etc.)				dings,
City	en demonth (2002) 25	Cour	nty (6)		County Code (7) (STATE USE O	VLY)	Square feet 1000 sf	# of Floors		ig. Age	60	
	le Egg Harbor	Oce					Current Use (Prior Resid	lence	ed)			
Name of Monit	oring Firm Hired by Buildin N/A	g Owner	(8)		ASCM No.	Name of	Abatement Contract	or (9) dian Contractii	ag Inc			
Street Address				· ·		Street A	ddress	Route 9, Unit				
City, State, Zip	Code					City, Sta	te, Zip Code	River, New J		R755-1	271	
	r for Monitoring Firm		Telephone	Number		Telephoi	ne Number		e Numbe		2/1	
Scheduled Start	Date (10) 12/12/13		Scheduled 12/16/		tion Date (11)	Name of	OSHA Monitor E.M.S	S.L. Analytical				
Occupancy Stat	us During Abatement (Che			1 641		Street A	ddress					
[^	Facility Closed/Vaca Abatement Performe							Stelton Road				
Ĩ] Other – Describe					City, Sta	te, Zip Code Piscar	taway, New Je	rsey 08	854		
Scope of Work	(Check all that apply)					[]	Full Containme	nt with Negative F	ressure			
r] >3 sf or ≥3 lf		ГТ	Renov	ntion	[]	Mini-Enclosure					
[x			[x]	Demol		[x]	Glovebag Proce Non-Exempted	dure (*) and Non-Friab	le Proced	lure		
	-							() und I ton I I lac	10 110000	iui c	_	
			T. T	- F					Aba	tement	Туре	_
1	Location of		Is Location Normally u			Description Asbestos-Cor		Amount	R	R	E	E
Asbestos-Cor	taining Material (ACM		Solely by	у		Material (A		(Specify S	FE	E P	N C	N C
TO	BE ABATED	Mai	ntenance/Ci	ustodial		i.e., thermal		or LF)	M	A	Α	L
	in facility (13)		Staff (12)		1	nsulation, su VAT, o			v	I R	PS	0
	(13)		(12)			ther miscell			A	K	U	S U
		YES	S NO	N/A					L		L	R
Exterior	***	+	X	T	Asbestos sid	lina		850 sf	X	+-	Е	Е
Exterior		+	- A	1	Asoestos sit	inig		630 81	-\^	+-	-	
		+	+	-	+					-	_	
		+		-					+-	+	-	\vdash
Name of Registe	red Waste Hauler	4	NJDEP Was	te Hauler	ID No. Cubic	Yards of Wast	e Name of Regis	tered Landfill				
Gua	rdian Contracting, Inc			0223	2		T.R.R.F.	- Dundin				
City, State	s River, New Jersey				sal Date	City, Sta					W.	
Completed by (P		Title		12/1	1/13 Signature ∧	1 Tullyto	own, Pennsylvan	ıa	Date	n		
	olas Fernicola	Proj	ect Manag	er		chit	1/			12/13		

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Agencies Notified [x] EPA [] Initial Notification [] DEP [x] DOL [x] Emergency (including instification)				- 11		- 10	(0)					
R BPA Company States Licease Number City, State, Zip Code City County (6) County	Date of Notification (1) December 12, 2	013			Name of Building			7	3-2	84	(
Name of Contact Joyce Corliss Stephone Number G09-296-0700 Stephone Number G09-296-0700 Stephone Sumber G09-296-0700	[X] EPA	al Notifica ended Noti endment #	ification			de	DEC	2 0 2015				
Name of Facility (Mhere Abstrement is Taking Place (3)	[X] DOH just	fication)	icluding	1					6-070	0		Ī
Street Address			I	ACI	LITY INFORM	IATION	1.799 11	f f				
County (6) County Code (7) Square feet # of Floors Bldg. Age County Code (7) Code (Residence	g Place (3))				[]		ner than	k-12)		
Manahawkin									e & cor	nmerci	al build	lings,
Name of Monitoring Firm Hired by Building Owner (8)	City	County	y (6)			Y)	1200 sf	1		1572	0	
Street Address Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271 Telenhone Number License Number O0624 Name of OSHA Monitor E.M.S.L. Analytical Scheduled Statt Date (10) 12/12/13 12/16/13 Pacility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Street Address 1056 Stelton Road City, State, Zip Code Piscataway, New Jersey 08854 Scope of Work (Check all that apply)					TESTA II		Residen	ce				
City, State, Zip Code City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271	The second secon	Owner (8	3)	-	ASCM No.	Name of			Inc.			
Toms River, New Jersey 08755-1271 Telephone Number License Number 00624 Name of OSHA Monitor E.M.S.L. Analytical Street Address Telephone Number License Number 00624 Name of OSHA Monitor E.M.S.L. Analytical Street Address Toms River, New Jersey 08755-1271 Telephone Number License Number 00624 Name of OSHA Monitor E.M.S.L. Analytical Street Address City, State, Zip Code Piscataway, New Jersey 08854 Scope of Work (Check all that apply) [] Full Containment with Negative Pressure [] Mini-Enclosure [] Glovebag Procedure [x] ≥ 160 sf or ≥260 lf [x] Demolition Tober Abarted Normally used Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Maintenance/Custodial Staff (12) VAT, or other miscellaneous) Telenhone Number License Number License Number 00624 Name of OSHA Monitor E.M.S.L. Analytical Street Address City, State, Zip Code Piscataway, New Jersey 08854 City, State, Zip Code P	Street Address					Street Ad		oute 9, Unit 61				
Project Manager for Monitoring Firm	City, State, Zip Code					City, Stat		iver, New Jers	ey 087	755-1	271	MEDING. S
12/12/13 12/16/13 E.M.S.L. Analytical	cheduled Start Date (10) Scheduled Co					Telenhon		License N	-			
Occupancy Status During Abatement (Check only one) Street Address [x] Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Road City, State, Zip Code City, State, Zip Code Piscataway, New Jersey 08854 Scope of Work (Check all that apply) [] Full Containment with Negative Pressure [] Mini-Enclosure [] Mini-Enclosure [] Glovebag Procedure [] State of 2260 lif [] Renovation [] Glovebag Procedure [] State of 2260 lif [] Renovation [] State of 2260 lif [] Renovation [] State of 2260 lif [] State of 2260 lif [] Renovation [] State of 2260 lif [] State of 2260 li	12/12/13 12/16/13				n Date (11)	Name of		Analytical				
$ \begin{bmatrix} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	[X] Facility Closed/Vacat [] Abatement Performe	ed During	Entire Period of				1056 St te, Zip Code		y 088	54		
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A Is Location Description of Asbestos-Containing Material (ACM) Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF M P C C M A A I I I I I I I I I I I I I I I I I	[] >3 sf or ≥3 lf				10.00	[] [] [x]	Mini-Enclosure Glovebag Procedu	re		ure		
Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) YES NO N/A Normally used Solely by Maintenance/Custodial Staff (12) Normally used Asbestos-Containing Material (ACM) Material (ACM) (Specify SF OF LF) Normally used Solely by Material (ACM) (Specify SF OF LF) Normally used Solely by Material (ACM) MA A A L OF									Abat	ement	Туре	
E E	Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility	Main	Normally used Solely by stenance/Custo Staff (12)		(i.e	bestos-Cor Material (A c., thermal sulation, su VAT, o	ntaining ACM) systems rfacing, or	(Specify SF	E M O V A	E P A I	N C A P S U L	N C L O S U R
DARCHO TO THE PROPERTY OF THE	Exterior				A shestos sidi	nσ		1150 sf		_	E	E
	DAMIN		1		1 15005t03 Bidli			1150 51	1			
					Let Made	Printe Vi						
Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill T. D. D. F.		122				ards of Was		l red Landfill	L			
Guardian Contracting, Inc. 20223 3 T.R.R.F. City, State Disposal Date City, State	City, State		I	Dispos	al Date	City, St	ate ,					
Toms River, New Jersey 12/17/13 Tullytown, Pennsylvania Completed by (Print or Type) Title Signature Nicholas Fernicola Project Manager 12/12/13	Completed by (Print or Type)	TO STATE OF A		2/17		Tullyt	owń, Pennsylvania	1	50.7376			

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Date of Notification (1)			I N	ame of B	Building Owne	er/Operator	(2)	CIS		10				
12/16/13			J	ohn C	avalier Priv			1			U (#a)	4.75	3	_
Agencies Notified	Type Notification			treet Ad Point										
EPA DEP DOL	Initial Amended Amendment #		200 23653		e, Zip Code River NJ 08	753			L	tt 2	0			ij
☑ DOH DCA	Emergency (in justification) Cancellation	cluding		ame of	Contact			1		phone Nu 0-698-18			-	7
				FACIL	ITY INFORM	ATION								
Name of Facility Where A John Cavalier Priva		Place (3)		-			☐ Sc	f Facility (4) chool (K-12)		-			Í
Street Address 5 Point Rd	ü					¥	× O	ubchapter 8 ther (i.e. pri c.)				ings, l	nomes	5,
City (5) Toms River NJ 087	53				1		Square 1000-		# of 1	Floors	1	dg. Aq 5+	je	
County (6) Ocean	0.4	*****	(County C	code (7)		Curren	t Use (Prior	r if beir	ng demolis	shed)	10		
Name of Monitoring Firm	n Hired by Building O	wner (8)		ASCM	No.		of Abate	ement Cont	ractor	(9)				
Street Address							t Address Box 32							38
City, State, Zip Code	5					S. 200 P. C.	State, Zip	Code NJ 0809	91					
Project Manager for Mor	oject Manager for Monitoring Firm				ne No.		hone No			License 00727	No.		// c to- 100	
Start Date (10)	art Date (10) Schedu 2/17/13 12/20				Date (11)	Name		A Monitor						
Occupancy Status Durin		31 NO-100 (1)					t Address	<u> </u>						_
Facility Closed/Vac	cated During Entire Pened Outside of Norma	eriod of A	batem	ent			State, Zip		,	30				-
Scope of Work (Check	All That Apply)												N.	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti				Min Glo	Containme i-Enclosure vebag Proc	edure				2	
				-			i≙i Nor	n-Exempted	(°) an	a Non-Fii	able Pro		ement	i i
		100	Locati Iormall			Description	on of					Ту	ре	
Locatic Asbestos-Containin TO BE AF In Fac (13	Mai	d Sole intenar odial S (12)	nce/	(i.e. the	Containing ermal system surfacing, \ her miscell	Material ms insula /AT, or	(ACM)	(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure	
Exterior	Siding			X	E	Exterior S	Siding	2	10	000 SF	x			
Exterior	Ciding				72				11					
						-					+	-		-
Name of Registered Wa	aste Hauler		N	JDEP V		Cubic Yards	,	Name of	Regist	ered Land	fill			1
United Containers				lauler ID 2459	3			G.R.O.						
City, State Elm NJ				95		Disposal Da 2/20/13	te	City, Stat Morrisv		A 19067	7			
Completed by Anthony T Perna		Title Presi	ident			Signati	uren /				Date 12/16/	13		

Date of Notification (1) 12/13/2013 C	heck #2545				Building			(2)								
					Heart	Churci	1									-
Agencies Notified EPA	Type Notification			Street A 12 Ter	ddress race Av	enue								7	3 ;-	
DEP X DOL	Amended Amendment		_ [ite, Zip Co lle Park		7662	(34):			411241728				V. 1	!
▼ DOH	Emergency justification)			Name of	Contact				1.1 1		ephone					-
DOH DCA	Cancellation			Joyce	Roman	0					1-843					
				FACI	LITY INF	ORMAT	ION				7. 10			H 6		-
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Project Manager for Mon Jim Ruff	nitoring Firm		T	Telephoi	ne No. 88-4839		Teleph	none N	0.		Licens 0107).			
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Date of Notification (1)	12/7/12	1 (1)	Owner/Operator	00 516	DEC 2-0.2		Ц
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City, State, Zip Code Project Manager for Ma	· · · · · · · · · · · · · · · · · · ·	Telephone No.	Lejenhous No.	3.000	00 806	_	
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State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-13 Date of Notification (1) Name of Building Owner/Operator (2) December 13, 2013 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address **DEPA** ☑ Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. DCA ☐ Amended Notification 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS X DOL ■ Emergency (including City, State, Zip Code PISCATAWAY, NJ 08854 DEC ? 0 DEP- No Longer REQUIRED justification) X DOH Name of Contact Telephone Number □ Cancelled 848-445-2550 MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) SCILS, BLDG# 3134 School (K-12) Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) COLLEGE AVENUE CAMPUS Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years City (5) County (6) County Code (7) (State Use Only) **NEW BRUNSWICK MIDDLESEX** Current Use (prior if being demolished): ACADEMIC Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Cardno ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City, State, Zip Code City State, ZipCode BUTLER, NJ 07405 BURLINGTON. NJ 08016 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12/26/13 12/30/13 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ☐ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe XOther - Describe: Shift Hours: 12:00 PM - 5:00 AM (24 hours as needed) FAIRLAWN, NJ Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥ 3 sf or ≥ 3 lf **X**Renovation Mini-Enclosure Demolition ≥ 160 sf or ≥ 260 Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure Abatement Type Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount (Specify SF (ACM) (i.e. thermal systems insulation, surfacing, Material (ACM) in Facility (13) Solely by Maint./Custodial Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) YES NO Room 114C X VAT 320 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill 10 CY Cubic Yards of Waste: See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State 100 New Ford Mill NJDEP # 12561 12/30/13 Rd. Morrisville, Pa Hauler #2) STG - 58 Pyles Lane, New Castle, De 19720 19067 NJ DEP# 20990 215-736-1700 Completed by (Print or Type) Date SENIOR PROJECT RAYMOND C. PEDALINO Reymand C. Pedalino December 13, 2013 MANAGER

Charlett 10678

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-13 Date of Notification (1) Name of Building Owner/Operator (2) December 13, 2013 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address **DEPA** ☑ Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS DCA ☐Amended Notification X DOL ■ Emergency (including City, State, Zip Code PISCATAWAY, NJ 08854 ■ DEP- No Longer REQUIRED justification) Name of Contact Telephone Number X DOH □ Cancelled MICHAEL SMITH, ENV. 848-445-2550 **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **RUTGERS STUDENT CENTER, BLDG# 3133** ☐ School (K-12) Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **COLLEGE AVENUE CAMPUS** Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC **NEW BRUNSWICK** (State Use Only) **MIDDLESEX** Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Contractor (9) ASCM No. Cardno ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City, State, Zip Code City State, ZipCode BUTLER, NJ 07405 BURLINGTON. NJ 08016 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 609-386-8800 BRIAN KEARNY 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of USHA WILLIAM 12/26/13 12/30/13 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ■Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe ☑Other - Describe: Shift Hours: 12:00 PM - 5:00 AM (24 hours as needed) FAIRLAWN, NJ Scope of Work (Check all that apply) Full Containment with Negative Pressure ■ Renovation Mini-Enclosure ■ Demolition ≥ 160 sf or ≥ 260 Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type (Specify SF Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, Material (ACM) in Facility (13) Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) NO YES Room 444 VAT 200 SF X X NJDEP Waste Hauler ID # Name of Registered Landfill Name of Reg. Waste Hauler 5 CY Cubic Yards of Waste: G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below Disposal Date Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 City, State 100 New Ford Mill NJDEP # 12561 12/30/13 Rd. Morrisville, Pa Hauler #2) STG - 58 Pyles Lane, New Castle, De 19720 19067 NJ DEP# 20990 215-736-1700 Completed by (Print or Type) Date Raymand C. Pedalino SENIOR PROJECT December 13, 2013 RAYMOND C. PEDALINO MANAGER

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Dec 11 2013 09:04am CLA812

State of New Jersey
NOTIFICATION OF ASSESTED ABATEMENT

APPROVED

NADept.or Health& Senior Services

		(Pursuant to MAN			(Par 10 - 2 16 Parent			
ate of Notification (1)			ng Owner/Operator	(2)	-13-200V -	Gignaturo)	~	1
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pency Notified	Type Nedification	Street Addres	0 - 112-	1176				
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25	5 Cong	ness >	<u> </u>	nomas atc)		
CHY (5)	7 1	9		Square Foot	# of Floors	Bidg Age
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ASD-41						

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)					Name of	Building Ov	wner/Opera	ator (2)		~				
	ecember 16,	2013							tion Corp.		- 3	29	2	
Agencies Notified [X] EPA	1	tial Notifi			Street Ad	dress	49 Lin	den Av	enue					
[] DEP [x] DOL [x] DOH	[x] Et	nendment nergency (including		City, Stat	e, Zip Code		a, NJ 08	A	. 3				
[] DCA		stification) incellation			Name of	Contact Nick		4,5		elephone Number 609-46	8-995	L		
				FAC	CILITY I	NFORMA	ATION		DEC. 1	0 0 200				_
Name of Facility Where Al	batement is Tak sidence	ing Place (3)					Type of	Facility (4)	School (k-12) Subchapter 8 (oth	er than	k-12)		
Street Address	2 S. Captain	Drive							[x]	Other (i.e., privat homes, etc.)			ıl buildi	ngs,
City		Cou	nty (6)		County Co (STATE I	ode (7) USE ONLY)		500 sf	# of Floors 2	Bldg	Age 6	0	
Little Egg H	larbor	Oc	ean					Curren	t Use (Prior if Residen	being demolished) ce				
Name of Monitoring Firm		ng Owner	(8)		ASCM N	0.	Name of	Abateme	nt Contractor (Guardia	(9) in Contracting,	Inc.			
Street Address	-						Street Ac	ldress	1889 R	oute 9, Unit 61				
City, State, Zip Code							City, Sta	te, Zip Co	ode	iver, New Jers	ey 087	755-12	271	
Project Manager for Monit	toring Firm		Telephor	e Number			Telenhor	e Numbe		License N 00624				
Scheduled Start Date (10) 12/16/1			Schedule 12/13	(1) 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	ion Date (1	1)	name of	OSHA N		L. Analytical				
Occupancy Status During							Street A	ddress	1056 0	-k Daad				
	ility Closed/Vac		25%							elton Road				
	atement Perform ner – Describe_	led Outsid	e of Norman	racinty ri	ours		City, Sta	te, Zip Co		way, New Jerse	y 088	54		
Scope of Work (Check all	that apply)				39		[]		Containment	with Negative Pres	sure			
L 3	sf or ≥3 lf 60 sf or ≥260 lf		[x]	Renov			[x]	Glo	vebag Procedu	re) and Non-Friable	Procedu	ıre		
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• 000000			Is Loca				Description of the Description o			Amount	R	R	E	Е
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	ontracting, I	nc.	143DEL VI	20223		3			T.R.R.F.					
City, State	r, New Jersey				osal Date 19/13		City, S Tully		ennsylvania	a				
Completed by (Print or Ty Nicholas Fe	ype)	Tit	e oject Man	ager	Signa	hare (Cho	1-	Lo 1	/	Date 12/	e 16/13		

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

12/16/2013 11:33 9739284898 ALL PRO MANAGE

PAGE 02/04

					State of	New Jersey						
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Date of Notification (1) 12 /	14 /	13			ne of Eur	ding Owner/Operator	(2)		. /	. .		
Agencies Notified	Type Notificeti	DIN .		Ste	et Addre			1	1			
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Name of Facility Where	batement is Tal	ing Pi	100 (3)		12	- Grandier	Type of Facili	Pu (4)				
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Street Address							Subchance	P A (Other Mass M 4	2)			
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Westfield, NJ 07080 County (6))								- 1	Bidg.	~ge	
Union				Ca	PHRY CO	(TXSTATE USE ONLY)	Current Use (Prior If being demo	ished)		_
Name of Monitoring Firm		DWM	or (B)	ASC	I No.	Name of Abatem	ant Contractor	- Do				
Bio Terra Solutions						All Pro Mana						
Street Address				_	100	Street Address	2211141114 220					
P O Box 1224					į.	27 Outweter	Lane					
City, State, Zip Code					•	City, State, Zip Co						
Union, NJ					.*	Garfield, NJ (
Project Manager for Mani	oring Firm		Te	ephone	No.	Telephone No		License No.				
Rick Eustaquio					4-3762			1188				
Start Date (10) 12 / 14 /	13	12	1 1		ete (11): 13	Name of DSHA M						
Occupancy Status During	Abatement (Che	ck only	(ano)			Street Address	3411161114 224					
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☐ Abatement Performed Time of Abatement:	Outside of Norm	al Fagi	iky Hou	ra - De	Scribe .	City, State, Zip Co						
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scope of Work (Check all	hat apply)					"					_	_
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Date of Notification (1)				Name	of Building	Owner/Operator (2	2)					
12 /	14 / 13			Sun	g Chin							
Agencies Notified	Type Notification			Street	Address					8.		
□ EPA	☐ Initial			640	Maye St	reet						
□ DOLWD	☐ Amended				tate, Zip C				i			
□ DOH	Amendment #			Wes	stfield, N.	J 07090			,			
DCA (NJAC 5:23-8)	Emergency (in justification)	iciuaing		Name	of Contact		DEC 3	Telephone Numb	er ¦			
(140/10/0.20/0)	☐ Cancellation			Sun	g Chin			908-317-4388				
				FAC	ILITY IN	FORMATION						
Name of Facility Where	Abatement is Takin	g Place	(3)	1000000			Type of Facility	(4)				
House							☐ School (K-12		1			
Street Address			19					(Other than K-12) rivate and commerce	ial hu	ildina	•	
640 Maye Street							homes, etc.)		nai bu		٥,	
City (5)							Square Feet	# of Floors	Blo	ig. Ag	je	
Westfield, NJ 0709	0							-				
County (6)		-		Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ned)			
Union												
Name of Monitoring Firm	Hired by Building	Owner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)			- 1000		
Bio Terra Solutions						All Pro Mana	gement, LLC					
Street Address						Street Address						
P O Box 1224						27 Outwater	Lane					
City, State, Zip Code						City, State, Zip Co	ode	-				
Union, NJ						Garfield, NJ	07026					
Project Manager for Mor	nitoring Firm		Tele	ephone	No.	Telephone No.		License No.				
Rick Eustaquio			9	73-494	-3762			1188				
Start Date (10)	Sche	duled C	omple	tion Da	te (11)	Name of OSHA M	lonitor					
12 /14 /	13	12_ /	18	3_ / _	13	All Pro Mana	gement, LLC					
Occupancy Status Durin	g Abatement (Chec	ck only o	ne)	-		Street Address						
□ Facility Closed/Vacat				ment		27 Outwater	Lane					
☐ Abatement Performe						City, State, Zip Co	ode					
Time of Abatement:	AMF	M/	PM		AM	Garfield, NJ	07026					
Scope of Work (Check a	Il that apply)		-			П = # 0						
≥3 sf or ≥3 lf		⊠ Re	novat	ion		☐ Full Con	tainment with Neg	gative Pressure				
□ ≥160 sf or ≥260 lf		De					g Procedure					
						☐ Non-Exe	empted (*) and No	n-Friable Procedur	1		200.000.000	
	_		Loca Norma			Description			Ab	atem	ent T	
Location Asbestos-Containing		Use	d Sol	ely by	Asbe	Description of estos Containing Ma		Amount	Rer	Repair	Enc	Enclosure
TO BE AB	ATED	1.000		ance/ Staff?		e., thermal systems	insulation,	(Specify	Removal	air	aps	losi
IN Faci (13)		Cus	(12)			surfacing, VAT other miscellane		SF or LF)	<u>m</u>		Encapsulate	ure
(13)		Yes	No	N/A		othor moodiane	,000				ē	
Basement				\boxtimes	TSI			50 LF			\boxtimes	
		+-		1	-				П	П	П	
		+=-	 =	+=-	+				+=	1	-	
			Ц.		10/	Out to Vendent	Name of Deci	stored Landfill				
Name of Registered Wa			197	NJDEP I Hauler II		Cubic Yards of Waste		stered Landfill				
All Pro Manageme	nt LLC			00348		As needed	IESI Land					
City, State						Disposal Date	City, State					
Garfield, NJ						TBD	Bethlehen	n, PA				
Completed By (Print or	Type) Tif	le		TERM AND A		Signature	12	_ Da	te,	1,	1,	7
Zvonko Veskov	}	Preside	ent			San	leo St	261	2/,	14,	//-	>
ASR-41					-	//			1	1		

ASB-41 JAN 13

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

Pg. 2

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

Ch# 2537

Date of Notification (1)					Nam	e of Buildi	ing (Owner/Operator		k " a		7		
12 /	16 /	1;	3		72.55	erizon		P-1-101			F.	1		
Agencies Notified	Type Notif	ication			Stree	et Address	3					<u> i</u>		
☑ EPA ☑ DOLWD	☐ Initial	اسما			15	East Mo	ontg	omery Place,	Lower Level			1		
☑ DHSS	Amend Amend		£			State, Zip			πE	li 20 -				
□ DCA	☐ Emerge			ng	Pi	ttsburgh	, PA	15212	<u></u>		-			
(NJAC 5:23-8)	justifica	ation)		J	Nam	e of Conta	ct	34		Telephone N	Number		1.	
	☐ Cancell	lation			Ar	thony P	orta	ı		412-633-	4021		-1	
N. CF W. LIE					FA	CILITY	NF	ORMATION						
Name of Facility Where A	batement is	Takin	g Plac	e (3)					Type of Facility					
Verizon Market CO									School (K-12	2)				
Street Address 95 William St									☐ Subchapter ☐ Other (i.e., p	8 (Other than I	(-12) mercial I	huildir	nae	
	•								homes, etc.))	microlar	Juliuli	iys,	
City (5) Newark									Square Feet	# of Floors	1	3ldg.	Age	
County (6)														
Essex					Cou	nty Code	(7)(S	TATE USE ONLY)		ior if being den	nolished)			
Name of Monitoring Firm	Hirad by Du	ildina (2	(0)	1000				Office					
USA Environmental			Jwner	(8)	ASCM	No.	N		ent Contractor (9)					
Street Address	Mariagen	ient					1		VIRONMENTA	L, INC.				
8436 Enterprise Ave							S	treet Address						
City, State, Zip Code							1	1123 BEAVE						
Philadelphia, PA 19	153							ity, State, Zip Co						
Project Manager for Monit				To	lanhana	N.		BRISTOL, PA	19007					
Mark Jenkins	orang i ami			1	ephone 15-365		119	elephone No.		License No		50/A		
Start Date (10)		School	luled C	J 177	etion Da		 			00509				
1/_2_/	14	ocneu.			7 /	147 376	1	ame of OSHA M						
Occupancy Status During		/Chool					4		VIRONMENTAL	L, INC.				
☐ Facility Closed/Vacated					mont		128	reet Address						
Abatement Performed	Outside of N	lormal	Facilit	v Hou	ırs - Des	scribe		1123 BEAVE						
Time of Abatement: 7:0	00AM- <u>3:30</u>	PM/_	P	M	AM			ty, State, Zip Co						
Scope of Work (Check all t	hat apply)							BRISTOL, PA	19007					
								☑ Full Cont	ainment with Neg	ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Re De De De Te Te De Te De Te De Te De Te Te De Te De Te Te De Te Te					Mini-Encl	losure					
				HOIL	OII		90.17	☐ Glovebag	g Procedure mpted (*) and Nor	-Friable Proce	duro			
				Loca					The () and (to)	1-1 Habie 1 100e				
Location o Asbestos-Containing M				Norma	ally ely by			Description of	f		1	atem		Γ_
TO BE ABAT		VI)	Ma	intena	ance/	Asbe	stos	Containing Mat ermal systems in	terial (ACM)	Amount	l en	Repair	Enc	Enc
IN Facility			Cust		Staff?	(1.0		surfacing, VAT,	or	(Specify SF or LF)	Removal	a-	apsı	Enclosure
(13)		Ì	Yes	(12) No	N/A	1	0	ther miscellaned	ous)		-		Encapsulate	Гe
6th th Fl. AC equipment	room		\boxtimes			Pipe fit	tina	insulation		5 LF				
5 th Fl. AC equipment ro	oom		\boxtimes			Valve in			-			분		
• •						vaive ii	1341	ation	-	2 LF		닏		Ш
					-									
Name of Registered Waste	Haules					ļ	-			- Company				
SERVICE TRANSPOR		O IAI C		7255	JDEP V lauler ID		0.000	bic Yards of	Name of Registe					
	GROOF	, INC	•		20990	T. T. S.			MINERVA L	ANDFILL				-
City, State	700						Dis	posal Date	City, State					
NEW CASTLE, DE 19								9)	WAYNESBU	JRG, OH 446	88			
Completed By (Print or Type	9)	Title						Signature .	1 1.	1-0	Date ,	,		\neg
Brian Scafiro		Es	timat	or				Drian	Scafiro /	Il I	12/1	6/10	3	
SR 41								And the second second	11	1				- 1

Ck# 2537

Agencies Notified Agencies Notified Type Notification Street Address	
Sepa	
DOLWD	
DHSS	
DCA	
Name of Contact Telephone Number Anthony Porta Anthony Porta Anthony Porta	
FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Verizon Market CO Street Address 95 William St City (5) Newark County (6) Essex Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12)	
Name of Facility Where Abatement is Taking Place (3) Verizon Market CO Street Address 95 William St City (5) Newark County (6) Essex Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Type of Facility (4) School (K-12) School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age ## Office Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management RYPP of Facility (4) County (5) Square Feet # of Floors Bldg. Age ## Office Name of Abatement Contractor (9)	0
Verizon Market CO Street Address 95 William St Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Newark County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Essex Office Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) USA Environmental Management BRISTOL ENVIRONMENTAL, INC.	
Street Address 95 William St City (5) Newark County (6) Essex Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age ## of Floors Bldg. Age County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Office Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	72
Street Address 95 William St City (5) Newark County (6) Essex Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age # County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Office Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	室
95 William St City (5) Newark County (6) Essex Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Note of Monitoring Firm Hired by Building Owner (8) Bristol Environmental, INC.	Ÿ
Newark County (6) Essex County Code (7)(STATE USE ONLY) Office Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management County Code (7)(STATE USE ONLY) Office Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	2
County (6) Essex County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Office Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management ASCM No. Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Essex Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management ASCM No. Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management ASCM No. Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
USA Environmental Management BRISTOL ENVIRONMENTAL, INC.	
Street Address	
8436 Enterprise Ave 1123 BEAVER STREET	
City, State, Zip Code City, State, Zip Code	
Philadelphia, PA 19153 BRISTOL, PA 19007	
Project Manager for Monitoring Firm Telephone No. Telephone No. License No.	
Mark Jenkins 215-365-5810 00509	
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor	
Occupancy Status During Abatement (Check only one) Street Address	
☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET	
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/PMAM PMAM PRISTOL PA 19007	
BRISTOL, FA 19007	
Scope of Work (Check all that apply) Scope of Work (Check all that apply)	
□ ≥3 sf or ≥3 lf □ Renovation □ Mini-Enclosure	
Is Location Abatement	Type
Normally Description of	1
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Location of Used Solely by Maintenance/ Custodial Staff? (12) Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF)	Enclosure
TO BE ABATED (i.e., thermal systems insulation, (Specify of man systems insulation) (Specify of man systems insulation, (Specify of man systems insulation) (Specify of man sy	Sur
(13) (12) other miscellaneous)	. 0
Yes No N/A "	
11 th Fl. AC equipment room	
10 th Fl. AC equipment room	
10 th Fl. AC equipment room	100
10 th FI. AC equipment room	
10 th FI. AC equipment room	
10 th FI. AC equipment room	
10 th FI. AC equipment room	
10 th FI. AC equipment room	

Date of Notification (1)							Owner/Operator (2		# 1308-1792: C	hk #3	AAS		
12 /	17 / _ 1	13		- 1	Camo	ien Cour	nty College	/ Job s	# 1306-1792. C	/IIK. #J		7	
Agencies Notified	Type Notificatio	n			Street A		41.4						
⊠ EPA					- To said 1000	ollege D	3/3/10/25/20		ĐĐC 20 m	140		1	
☑ DOLWD	Amended	#			0.5%	ite, Zip Co			D C 0 2 0	1.5		1	
☑ DHSS ☐ DCA	☐ Emergency		ing		75000000	wood, N	J 08012		T-l-base Nissa	hor		-	-
(NJAC 5:23-8)	justification)					f Contact			Telephone Num		20		
	☐ Cancellation	n			Mr. L	en Cinag	ılia		856-227-720	JU X 40	30		
					FACI	LITY INF	ORMATION						
Name of Facility Where A	Abatement is Tak	king Pla	ace (3	3)				Type of Facility (4)				
Truman Hall 129A -								School (K-12)) (Other than K-1	2)			
Street Address								☐ Subchapter of	ivate and comme	ercial bu	ilding	js,	
200 College Drive							1	homes, etc.)			*********		
City (5)								Square Feet	# of Floors	Ble	dg. A	ge	
Blackwood								40,000	2		1950)'s	
County (6)					County	y Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demol	lished)			
Camden								Classrooms					19
Name of Monitoring Firm	Hired by Buildir	ng Own	ner (8)		ASCM N	lo.	Name of Abateme						
Horizon Environme							Asbestos an	d Mold Service	s, Corp.				
Street Address							Street Address						
PO Box 316							3859 Sylon E	Boulevard		72 0			
City, State, Zip Code							City, State, Zip C	ode					
Thorofare, NJ 0808	36						Hainesport,	NJ 08036					
Project Manager for Mor				Tele	phone N	10.	Telephone No.		License No.				
Steve Flanigan				8	56-848-	0800			00862				10.5
Start Date (10)	Sc	chedule	ed Co	mple	etion Date	e (11)	Name of OSHA	Monitor					
1 / 6 /					6_/_	255.55%	EMSL Analys	tical, Inc.					
Occupancy Status Durin		heck o	nly or	ne)			Street Address						
☐ Facility Closed/Vaca	ted During Entire	Period	d of A	bate	ement		200 U.S. Rot	te 130 North					
☐ Abatement Performe	d Outside of Nor	rmal Fa	acility	Hou	rs - Desc	cribe	City, State, Zip C	ode					(3)
Time of Abatement:	AM	_PM/_		_PM	/	AM	Cinnaminso	n, NJ 08077					
Scope of Work (Check a	all that apply)						_	2 22 24 24					
		150	7 0		tion		☐ Full Cor ☐ Mini-En	ntainment with Ne	gative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Ren Den				☐ Gloveba	ag Procedure		100000			
∑ ≥100 31 01 ≥200 ii							⊠ Non-Ex	empted (*) and No	on-Friable Proce				
					ation					A		ment 1	ype
Locatio				orm	ally lely by		Description stos Containing M		Amount	Re	Kepair		En
Asbestos-Containing)			ance/		stos Containing M		(Specify	Remova	Pa	. ap	Enclosure
TO BE AE	ility		Custo	750 7500	Staff?	(1.0	surfacing, VA	T, or	SF or LF)	a		Encapsulate	ure
(13)				(12			other miscellan	eous)				te	
			Yes	No	_					5	1-	, –	1
Room 129 A] [\boxtimes	Floor T	ile and Mastic		550 SF	×			
		1									I		
				ᆜ	+	-					1	1 -	
142				Ц			10.11. V-1-1	Nema -f D	istered Landfill			-	
Name of Registered Wa					NJDEP ! Hauler II		Cubic Yards of Waste	GROWS I					
Horizon Disposal	, Inc.		00		22612		5	A-1.1.1.1.1.2.0.1.1.1.1.1.0.1.1	Landilli				
City, State							Disposal Date	City, State	B. 4000				
Trenton, NJ							1/16/14	Morrisvill	le, PA 19067				
Completed By (Print or	Type)	Title			E		Signature	1)		Date		17	
Kimberly A. Trum		Off	fice (Coo	rdinato	r	JAN	11/		12	11	13	
								1	100000000000000000000000000000000000000				

ASB-41 MAY 11

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

Date of Notification (1)				Name	of Buildin	ng Owner/Operator (2)	= = =	-			Ti-
12 /	17 /	13		The state of the s		ounty College		# 1311-1828: C	hk. #	3446	6	
Agencies Notified	Type Notific	ation		Stree	t Address			37				
⊠ EPA				200	College	Drive	DEC	2 0 2013				
⊠ DOLWD	☐ Amended			City,	State, Zip	Code			-			
☑ DHSS	Amendm		_	Bla	ckwood.	, NJ 08012			-			
☐ DCA (NJAC 5:23-8)	☐ Emergen justificati		g		of Contac	•		Telephone Numb	ner .	Marage R		
(1.51.10.0120.0)	☐ Cancella			Mr.	Len Cin	aglia		856-227-720		038		
	10076			FA	CILITY II	NFORMATION						
Name of Facility Where A				5067			Type of Facility	(4)				
Community Center	- CCC Blac	kwood Ca	mpı	IS			School (K-12	2)				
Street Address								8 (Other than K-12)		. د امان		
200 College Drive							homes, etc.)		ciai bi	ıllain	gs,	
City (5)							Square Feet	# of Floors	В	dg. A	ge	
Blackwood							56,612	2		50 ÷	-	
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	hed)			
Camden					•		0)	ffices,Common	3.5	. Bo	oksto	ore
Name of Monitoring Firm	Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abateme				,		0.0
Horizon Environme							d Mold Service					
Street Address	20.750.71					Street Address	111010 001 1100	. э, оогр.				
PO Box 316						3859 Sylon B	oulovard					
City, State, Zip Code						City, State, Zip Co						
Thorofare, NJ 08086	;					Hainesport, N						
Project Manager for Monit			TTe	lephone	No	Telephone No.	12 00036	Lisansa Na				
Steve Flanigan	.09			356-848		relephone No.		License No. 00862				
Start Date (10)	15	Scheduled C				Name of OSHA M	lonitor	00002				
<u>1</u> / 6 /	55.56	1/			Commence of the commence of th	EMSL Analyti						
Occupancy Status During						Street Address						
☐ Facility Closed/Vacated				ement		200 U.S. Rout	to 120 North					
☐ Abatement Performed					cribe							
Time of Abatement:	AM	PM/	PN	Λ- <u> </u>	AM	City, State, Zip Co						
Scope of Work (Check all	that apply)	1.50				8-8				d.		
≥3 sf or ≥3 lf		⊠ Re	enova	tion		☐ Full Cont	ainment with Neg	gative Pressure				
☐ ≥160 sf or ≥260 lf		☐ De				⊠ Glovebag	Procedure					
						☐ Non-Exer	mpted (*) and No	n-Friable Procedure	е			
The second constraints of the second constra	w6		Loca						Ab	atem	ent T	уре
Location of Asbestos-Containing N	[[전하다] - [1][[[전하다 (10] [10] [10] [10] [10] [10] [10] [10] [Norm	ally lely by		Description o		W-10-10-10-10-10-10-10-10-10-10-10-10-10-	Z.	Z	т	т
TO BE ABAT				ance/	(i.e	estos Containing Mar e., thermal systems i	terial (ACM)	Amount (Specify	Remova	Repair	nca	nclo
IN Facility	7	Cus		Staff?	(surfacing, VAT,		SF or LF)	oval	=	Encapsulate	Enclosure
(13)		Yes	(12 No			other miscellaned	ous)	.5.			late	O
1st Floor Men's Bathro	om			\boxtimes	Pipe In	sulation		<9 LF				
A THE RESIDENCE OF THE PROPERTY OF THE PROPERT				-				43 EI		ᆜ		
				\Box					Ш	Ц	Ш	
Name of Registered Waste	e Hauler		1 1 2	NJDEP V		Cubic Yards of	Name of Regis	tered Landfill	1			
Horizon Disposal, In	c.			Hauler II 22612		Waste 5	GROWS La	andfill				
City, State					19	Disposal Date	City, State				_	
Trenton, NJ						1/16/14	Morrisville	PA 19067				
Completed By (Print or Typ	oe)	Title				Signature /		Dat	e			
Kimberly A. Trumber	tti	Office (Coor	dinator	•	dar			2-1	7-1	3	
CD 44						1401	1		4	1 1	-	

ASB-41 MAY 11

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

Date of Notification (1)				1			Owner/Operator (2	2)		- ~.			
12/		13			Benja	amin Mo	ore & Co.		/ Job # 1312-183	5 Ch	K. #3	44/	7
Agencies Notified	Type Notification	on		;	Street A	ddress		DEC	0 2013		1		
⊠ EPA	☑ Initial				101 F	Paragon	Drive				1	-	1
☑ DOLWD	☐ Amended			(City, Sta	ate, Zip Co	ode		L			1	
☑ DHSS	Amendmen □ Emergency		-		Mont	vale, NJ	07645	1 10 H	L		50	1	
☐ DCA (NJAC 5:23-8)	justification		19		Name o	f Contact			Telephone Number		•		
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Cancellatio	n			Denr	nis Recc	а	£ 1	973-252-2556			11	
					FAC	LITY IN	ORMATION					-	
Name of Facility Where	Abatement is Ta	king Pla	ce (3))				Type of Facility (4)			ł	
Benjamin Moore -								School (K-12					
Street Address		7 6		1100					(Other than K-12) ivate and commercial	al buil	dings		
134 Lister Avenue							77	homes, etc.)				90	
City (5)				C3-0750		Service State of Market		Square Feet	# of Floors	Bldg	g. Age	9	
Newark								10,000	2	5	0+		H.
County (6)					Count	y Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demolishe	ed)			
Essex								Manufacturi	ng Plant				
Name of Monitoring Firm	n Hired by Buildi	ng Owne	er (8)	1	ASCM N	10.	Name of Abateme						
Horizon Environm	ental						Asbestos an	d Mold Service	s, Corp.				
Street Address				_			Street Address						
P.O. Box 336							3859 Sylon E	Boulevard					
City, State, Zip Code			1000				City, State, Zip C	ode					
Thorofare, NJ 0808	86						Hainesport, I	NJ 08036					
Project Manager for Mo	nitoring Firm			Tele	phone N	No.	Telephone No.		License No.				
Dave Flanigan				85	6-848-	0800			00862				
Start Date (10)	So	cheduled	Con	nplet	tion Dat	e (11)	Name of OSHA N	Monitor					
1/_6_/	14	1_	. / _	17	_ / _	14	EMSL Analyt	tical, Inc.					
Occupancy Status Durir	ng Abatement (C	heck on	ly on	e)			Street Address						
☐ Facility Closed/Vaca					ment		200 U.S. Rou	ite 130 North					
☐ Abatement Performe	ed Outside of No	rmal Fac	cility H	Hour	s - Des	cribe	City, State, Zip C	ode					
Time of Abatement:	AM	PM/		PM-		ΑM	Cinnaminso	n, NJ 08077					
Scope of Work (Check a	all that apply)												
		M	Reno	ovati	on		☐ Full Cor	ntainment with Ne	gative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Dem				☐ Gloveba	ag Procedure					
							⊠ Non-Exe	empted (*) and No	on-Friable Procedure		1004	Paramonia	
				ocat			25.32	121		Aba	ateme	ent T	/pe
Locatio		. 1		orma Sole	ely by	Asha	Description stos Containing M		Amount	Rer	Repair	Enc	Enc
Asbestos-Containing TO BE AB					ince/		e., thermal systems	insulation,	(Specify	Removal	oair	aps	Enclosure
IN Fac				(12)	Staff?		surfacing, VAT other miscelland		SF or LF)	a		Encapsulate	īe
(13))	Y	es	No	N/A	1	Other miscelland	eous)				Ö	
Kettle Room					\boxtimes	Pine In	sulation		3 LF				
			-				e from Hoods		110 SF			$\overline{\Box}$	
Lab Area	-		-			Roofin	Contract the second		2 SF			$\overline{\Box}$	
Kettle Room				_					3,900 SF				
Exterior	-1-11-1		1	Ц.	⊠		g & Flashing Cubic Yards of	Name of Dog	stered Landfill				ш
Name of Registered Wa				1000	NJDEP \ Hauler II		Waste	GROWS L					
Freehold Cartage	, INC.				02265		5		-wiiWiiii	-			
City, State							Disposal Date	City, State	- DA 40007				
Freehold, NJ							1/17/14	Morrisville	e, PA 19067				
Completed By (Print or		Title					Signature		Dat	te	1	2	
Kimberly A. Trum	betti	Offic	ce C	oor	dinato	r	MININ	F. (1971) (1971)		411		3	

Date of Notification (1)	2	Name of D. "	dl== 0 10	. (2)			
12/16/1	٦	Name of Bullo	ding Owner/Operato	Tothuso	N .		
Agencies Notified Type Notificat	ion	Street Addres	Market Director Design	1	DEC 20	0012	-
Amended Amendmen	nt# :	City, State, Zig	o Code			2010	==
□ Emergency iustificatio	(including		MAN, N) 1 O	8558		· · · · ·
☐ Cancellatio	'n	Plame of Cont	mherger		Telephone Num	ber 104 -	3150
New of Superior		1	NFORMATION		700		<u> </u>
Name of Facility Where Abatement is Ta	king Place (3)		100	Type of Facility School (K-1			
Street Address GRANGUICH				Subchapter	8 (Other than K-1) private & commerc	2) In hulletin -	
City (5)	COM			homes, etc	.)		
County (6)		2 3////		Square Feet		Bldg.) e
omenset		USE ONLY)	(7) (STATE	OUTTERNUS (P	nor if being demoli	shed) 4	5
Name of Monitoring Firm Hired by Buildin (8)	g Owner	ASCM No.		nent Contractor (S	A -		=
Street Address			Street Address	teritas	<u>Coast</u>	Je	A CX CCI
655 West Strac City, State, Zip Code	lästil		PO DO	k ind			
SPARTA, NJ	*		City, State, Zip C	Ettstol	1. N. V.	100	840
Project Manager for Monitoring Firm	973-13	ephone No. 49	Talanhana kia		License No.		
Start Date (10) Sch	nedured Comple	etion Date (11)	Ivame of OSHA	Monitor	1000	0	==
Occupanty Status During Abatement (Ch	neck only one)	4	Street Address				
☐ Facility Closed/Vacated During Entire	Period of Abate	ement					
Abatement Performed Outside of Nom Pother - Describe: Recilini	2 + AP	en Houn	City, State, Zip C	ode			
Scope of Work (Check all that apply)							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovati Demolitio		[] Mini-End	tainment with Ne closure g Procedure	galive Pressure		
	Is Location	on	Non-Exe	empted (*) and No	n-Friable Procedur		
Location of	Normally Used Solek	y by	Description of			Abater : Typ	
Asbestos-Containing Material (ACM) TO BE ABATED	Maintenan Cystodia	ce/ Asbes	slos Containing Mate thermal systems in	erial (ACM)	Amount		m -
IN Facility (13)	Staff? (12)	(surfacing, VAT, other miscellaneo	or	(Specify SF or LF)	Repair	Enclosure
	Yes No	N/A		.		Wal at	sure
Neath Acio:		GAS	Wet Mat	caral	65 214		
Cuth PIA.				1			
		64	sket ma	tenur	30 sylf	X	
Name of Registered Waste Hauler		JDEP Waste	Cubic Yards	Name of Regis	tered Landfill		-11
WASTE MANASCIMENT		7525	40 Waste	Chow	٠		
EWING, NJ		10-13	Disposal Date	Montes:	ville,	PA	
John Washam In 1	Dresion	ent	Signature,	Wester	Dale lo	2/14	· II
· · · · · · · · · · · · · · · · · · ·			os liconsure exemp	ted activities.	/		

EDS13-352

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

Page 1 of 1 check 2021

Date of Notification (1) 12-16-2013		9			Building C eld Boar													
	e Notification			Street Ad										- ^				
EPA DEP DOL	Type Notification Initial Amended Amendment #_ Emergency (including justification) Cancellation The Abatement is Taking Place (3) School Penue Firm Hired by Building Owner (8) al Ch St 08057 Monitoring Firm al Schedul 1-2-20 uring Abatement (Check Only O Vacated During Entire Period of formed Outside of Normal Facilities: Ek All That Apply) If Using Material (ACM) ABATED acility 13) Yes Tunnel Title			City, Stat	e, Zip Coo	de						-DE	-	20	<u>001</u>	3		
×		ncluding		Name of	Contact					73333.000	phone N							
DOH DCA □				Jim Ma	laquias					(20	1) 945-	-4455	5					
				FACIL	ITY INFO	RMATI	ON	T	e of Facility (4)									
Slocum Skewes School		Place (3))						School (K-12)	r than K	12\						
Street Address 650 Prospect Avenue				Subchapter 8 (Other than K-12) Other (i.e. private & commercial build etc.)														
City (5) Ridgefield				Square Feet # of Floors 40,000 2								Bldg. Age 50+						
County (6) Bergen		ACCOUNTY		County Code (7) (STATE USE ONLY)					ent Use (Prior	if beir	ng demo	lished)						
Name of Monitoring Firm Hire TTI Environmental	d by Building C	wner (8)		ASCM 0000					atement Contro, Inc	ractor	(9)							
Street Address 1253 North Church St							Street 140		ess burg Turnp	ike		-						
City, State, Zip Code		20000.					City, S	State, Zip Code omingdale, NJ 07403										
Moorestown, NJ 08057 Project Manager for Monitorin				Telephor			Telepl		95	400	License					-		
Mary Ellen Leotta		<u> </u>		10-10-10-10-10-10-10-10-10-10-10-10-10-1	0-8800		Name	of OC	SHA Monitor		01084							
Start Date (10) 12-23-2013		1-2-201	14	npietion i	Date (11)		GL C	Group	o, Inc									
Occupancy Status During Aba	atement (Check	Only On	ie)				Street		ess burg Turnp	ike								
Abatement Performed O	utside of Norm	eriod of A al Facility	Abaten Hours	nent S			City, S	State,	Zip Code						******			
							DIOC	Milling	dale, NJ 0	7403			_			-		
≥3 sf or ≥3 if ≥160 sf or ≥260 if))	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
		1	-					_I N	on-Exempted	(*) and	Non-Fr	Table F		5 77 27	2.	\dashv		
PV (14)0275-004			Locat Vorma											Abatement Type				
Location of Asbestos-Containing Mate TO BE ABATET In Facility (13)		Use Ma Cust	d Sole intena todial (12)	ely by nce/	Asbesi (i.e.	tos Con therma surfa	taining I I system icing, VA	iption of ing Material (ACM) stems insulation, g, VAT, or cellaneous)			Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure		
Pipe Tunnel			X		Pipe		Insulation		ion		150 LF							
	<i>h</i>											+	_					
No. of Designated Wests Header				LIDED IV	Waste Cubic Yards				ds Name of Registered Landfill									
Name of Registered Waste Hauler GL Group, Inc				NJDEP Waste Hauler ID No. 0033034 Cubic Yal of Waste TBD														
City, State Bloomingdale, NJ				Disposal Date TBD					te City, State Morrisville, PA									
Completed by Elena Solakov		ident	Signatur					lire Elen Stulka 12-16-2013										



A Service Disabled Veteran Owned Small Business TTI Environmental Incorporated 1253 N. Church Street Moorestown, New Jersey 08057

Tel: 856-840-8800 Fax: 856-840-8815

December 16, 2013

Mr. Tom Voorhees New Jersey Department Labor Asbestos Control & Licensing 1 John Fitch Plaza, 3rd floor Trenton, NJ 08625-0949

RE:

Request for Waiver of 10-Day Notification

Emergency Asbestos Decontamination Slocum Skewes School- Pipe Tunnel

650 Prospect Avenue Ridgefield, New Jersey

Dear Mr. Voorhees:

The above referenced project is considered an emergency due to the fact that an existing sewage pipe is leaking within a pipe tunnel of the Slocum Skewes School. Asbestos containing pipe insulation is located in the vicinity of the leaking sewage pipe. The facility owner wants to have this asbestos removed prior to the plumber fixing the leaking sewer pipe. The removal of the pipe insulation is required to safely allow the necessary repair.

Material/Building System	Location	Amount
Pipe Insulation and associated pipe fittings	Pipe Tunnel	150 Linear Feet

Three bathrooms within the school are affected by this leak and are no longer in service. Delaying the abatement activities will negatively impact the daily operations of the school, health of the affected area and adjacent spaces. The emergency removal is urgently required to provide safe environment for the involved tradesman, the building and all of its occupants.

Thank you for your assistance in this matter and do not hesitate to call me at 609-304-3969 if you have any questions.

Sincerely,

TTI Environmental, Inc

Michael R. Stocku Project Manager

Page 1 of 1 check 2021

Date of Notification (1) 12-16-2013	N:	Name of Building Owner/Operator (2) Ridgefield Board of Education											
Agencies Notified Type No	otification		Street Address 555 Chestnut Street										
DOI Am	nended nendment #			, Zip Code ld, NJ 07657	,	Telephone Number (201) 945-4455							
▼ DOH jus	nergency (including tification) incellation	00000	ame of C im Mala		=								
X DCA ☐ Ca	il locilation		FACILI	TY INFORMAT	ION								
Name of Facility Where Abatemer Slocum Skewes School Street Address 650 Prospect Avenue	nt is Taking Place (3)					So St	Facility (4) chool (K-12) ubchapter 8 ther (i.e. privoc.)	(Othe	r than K-12 commercia	?) al buildi	ngs, l	nomes	5,
City (5) Ridgefield			Ď.			Square 40,00	Feet 0	2	Floors	50	dg. Aç)+	je	
County (6)			County Co	ode (7) SE ONLY)		Curren	t Use (Prior	if bein	g demolish	ned)			
Bergen Name of Monitoring Firm Hired by	y Building Owner (8)		ASCM		100000000000000000000000000000000000000		ement Contr	actor	(9)				
TTI Environmental			00003			Group,						-	
Street Address 1253 North Church St					140	Hambu	ırg Turnpi	ike					
City, State, Zip Code Moorestown, NJ 08057					Bloc	y, State, Zip Code comingdale, NJ 07403							
Project Manager for Monitoring F Mary Ellen Leotta	irm		elephone 356-840		E443077038	Telephone No. License No. 01084						8	
Start Date (10) 12-23-2013	Schedule 1-2-201		pletion D	ate (11)	1	ne of OSHA Monitor . Group, Inc							
Occupancy Status During Abater	ment (Check Only One	e)				t Address		ilea					
Facility Closed/Vacated Dur Abatement Performed Outsi Other – Describe:	ing Entire Period of A	batem	ent		City,	State, Zip	urg Turnp Code ale, NJ 07						
Scope of Work (Check All That A	apply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	× R	enovat emoliti				X Min	Containment i-Enclosure vebag Procent-Exempted	edure	1,550			e	
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Pipe Tunnel	Yes	No X	IN/A	Pip	e Insu	lation		1	50 LF	Х			
Fipe runner													
<i></i>													
Name of Registered Waste Haul	ler	IN	IJDEP W	aste Cub	ic Yards		Name of F	Regist	ered Landf	ill	<u> </u>		
GL Group, Inc		1	lauler ID 033034	No. of V	Vaste		GROW						
City, State Bloomingdale, NJ				Disp TBI	ate City, State Morrisville, PA								
Completed by Elena Solakov	Title Pres	ident		С.	Signatu	Date 12-16-2013							

POOT/OOT

EDS13-352

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

Page 1 of 1 check 2021

Date of Notification (1)		Nam	e of Bulld	ing Owner/	Operator (2	2)	Man	int Ont	Hasth & Co.		o sui o	20						
12-16-2013		Rid	gefield l	Board of	Educatio	n		CAL Y	Health & Sei	1101 3		58	4					
Agencies Notified Type Notification	555 Chestnut Street							الما	(Signature)	2	- 2		AA					
DEP Amended Amendment #		City, Rid	State, Zi gefield,	p Code NJ 0765	7		Date:				- 7	<u></u>	11-					
M DOH justification Cancellation	justification) Jim Malaquias								Telephone Number (201) 945-4455									
	720	F	ACILITY	INFORMA	LION	Type of	Facility (4)	-		-1	EU	20	H					
Name of Facility Where Abatement is Taking Plan Slocum Skewes School Street Address	ce (3)					Sc	hool (K-12) (Othe	r than K-12)	h vill die								
650 Prospect Avenue			-			Square	5.}	- 52	Floors		g. Ag		-					
City (5) Ridgefield						40,00	0	2		50			4					
County (6) Bergen			inty Code 47E USE (Current Use (Prior if being demollshed)												
Name of Monitoring Firm Hired by Building Owne TT Environmental	er (8)	77.33	SCM No.			Name of Abetement Contractor (9) GL Group, Inc												
Street Address 1253 North Church St					Street 140 I	Street Address 140 Hamburg Turnpike												
City, State, Zlp Code				City, S	lty, State, Zip Code Bloomingdale, NJ 07403													
Moorestown, NJ 08057 Project Manager for Monitoring Firm		Telephone No.				Telephone No. License No. 01084												
Mary Ellen Leotta	856-840-8800 Scheduled Completion Date (11)								, 01004	_								
12-23-2013	3-2013								GL Group, Inc									
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Pipe Tunnel	3	х		Р	ipe Insul	ation		,	150 LF	Х		_	_					
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			DEP Was	ete Lo	ubic Yards		Name o	Regis	tered Landfill				9 177					
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City, State Bloomingdale, NJ			10100111		isposal Da BD	te	City, Sta Morris		PA									
Completed by Elena Solakov	Title President					ire	Elen	Sla	Mar 1:	ate 2-16-	2013	3	70/7/60					