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

	5 /	15				ding Owner/Operato		2005 EFFR	In	PM	1.	00
Agencies Notified	Type Not			-		nstruction Servi	ces, LLC	/ Job #1502	1957	CHK.	#39	04
⊠ EPA				100000	reet Addres	S Drive, CN 4000		ASBES4	DS.	OGA	ITR	ΩI
⊠ DOLWD	☐ Amen							& L1	CFN	314	2	04
⊠ DHSS		dment #			y, State, Zi					60 8 4 4	- 502	
DCA (NJAC 5:23-8)	☐ Emerg	gency (inclu	iding			NJ 08512						
(110/10 3.23-6)	justific	ation)			me of Cont			Telephone N	umher			
	☐ Cance	llation		P	Mark Oppe	enheim		102021				
NI CO				F	ACILITY	INFORMATION		.02 02.1				
Name of Facility Where A	Abatement is	s Taking P	lace (3))			Type of Facili	4(4)				
Commercial Proper	rty		10				School (K-					
Street Address							Subchapte	12) er 8 (Other than K	12)			
1 Heller Park Lane							Other (i.e.,	private and comr	-12) mercial	build	linge	
City (5)							homes, etc	c.)	i io i o iai	Dullu	migs,	
Franklin							Square Feet	# of Floors		Blda	Age	
County (6)							324,337	1			83	
Somerset				Co	unty Code	(7)(STATE USE ONLY)	Current Use (F	Prior if being dem	olichod		00	_
						520 (195 2).	The second secon	al - Vacant	Oliphied	9		
Name of Monitoring Firm I	Hired by Bu	ilding Own	er (8)	ASC	M No.	Name of Abatem						
Horizon Environmer	ntal		W 10		**************************************						3000	
Street Address						Ctroot Addition	nd Mold Service	es, Corp.				
PO Box 336						Street Address						
City, State, Zip Code		_				3859 Sylon E						
Thorofare, NJ 08086						City, State, Zip C	ode					
						Hainesport,	NJ 08036					
Project Manager for Monito	oring Firm			lephon		Telephone No.		License No.				
Dave Flanigan					8-0800	609-702-0400)					
Start Date (10)	1	Scheduled						00862				
2 / 23 /	15					Name of OSHA N	Monitor					
//	15	_ 2	/ 2		15							
Occupancy Status During A	15 Abatement	2 (Check only	/ _2	27_ /		EMSL Analyt						
Occupancy Status During A	Abatement	(Check onl	y one)	27_ /	15	EMSL Analyti Street Address	ical, Inc.					
Occupancy Status During A	Abatement (During Ent	(Check online Period of	y one) of Abate	ement	15	Street Address 200 U.S. Rou	ical, Inc.					
Occupancy Status During A	Abatement (During Ent	(Check online Period of	y one) of Abate	ement	15	Street Address 200 U.S. Rou City, State, Zip Co	te 130 North					
Occupancy Status During A	Abatement (During Ent Dutside of NAM	(Check online Period of	y one) of Abate	ement	15	Street Address 200 U.S. Rou	te 130 North					
Decupancy Status During A Facility Closed/Vacated Abatement Performed C Time of Abatement: Scope of Work (Check all the	Abatement (During Ent Dutside of NAM	(Check online Period of	y one) of Abate	ement	15	Street Address 200 U.S. Rou City, State, Zip Co	te 130 North					
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Occupancy Status During A ☐ Facility Closed/Vacated ☐ Abatement Performed C Time of Abatement: ☐ ☐ Coope of Work (Check all the coope of Work) ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf	Abatement (I During Ent Dutside of N AM hat apply)	2 (Check online Period of lormal Facility PM/	y one) of Abate lity HouPM Renovar Demoliti	ement urs - De tion on	15	Street Address 200 U.S. Rou City, State, Zip Co Cinnaminson	te 130 North ode NJ 08077	gative Pressure [иге			
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Decupancy Status During A ☐ Facility Closed/Vacated ☐ Abatement Performed C ☐ Time of Abatement: ☐ Scope of Work (Check all the company of	Abatement (During Ent Dutside of NAM hat apply)		y one) of Abate lity Hou PM Renoval Demoliti Is Loca Normal led Soli aintena	ement urs - De 1tion on tion ally ely by	15 scribe _AM	EMSL Analytic Street Address 200 U.S. Rour City, State, Zip Connaminson Mini-Enclor Glovebage Non-Exer Description of stos Containing Materials	te 130 North ode NJ 08077 leg osure Procedure mpted (*) and No	n-Friable Procedo	ure At	patem	nent T	T
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

RECEIVED

Date of Notification (1)				Nar	ne of Ruilo	ling Owner/Operator	(2)			raya I		
				В	urlingto	n Net Holdings		2013 F.F.B. 450	1-195	3 61	18.G#	390
☑ EPA ☐ ☑ DOLWD	pe Notification Initial Amended Amendment	A ROBE		1	eet Addres 41 Ayers , State, Zip	Court Suite 1A		ASUESTOS & LICE	000	1	0L	
□ DCA □	Emergency	(includ	ing	Te	eaneck, l	NJ 07666						i
(NJAC 5:23-8)	justification)		5	Nan	ne of Cont	act		Telephone Nu	mber	ton let a		-
	Cancellation	1		S	teven Ye	nowitz						
No.				F	ACILITY	INFORMATION						
Name of Facility Where Abate	ement is Tak	ing Pla	ce (3)				Type of Facility	(4)				
Burlington Carpet One	(Vacant)			70			School (K-1	2)				
Street Address 1204 North Route 130							Subchapter Other (i.e.,) homes, etc.	8 (Other than K-1 private and comm	2) ercial	buildi	ngs,	
City (5)							Square Feet	# of Floors	1.	21.1		
Burlington							12,851	1	1	3ldg.		
County (6)				Cou	unty Code	(7)(STATE USE ONLY)		rior if being demo	lia la a all	196	15	
Burlington							Commercia		isnea)			
Name of Monitoring Firm Hired	d by Building	Owne	r (8)	ASCN	Л No.	Name of Abatem	ent Contractor (9					
Tiger Environmental Street Address						Asbestos an	d Mold Service					
16 West Elizabeth Aven	ue					Street Address						
City, State, Zip Code						3859 Sylon E						
Linden, NJ 07036	4-1					City, State, Zip C						
Project Manager for Monitoring	Firm		Te	lephone	No.	Hainesport, I	NJ 08036					
Kelly Walton	CM-9000005				2-4301	Telephone No.		License No.				
Start Date (10)	Sche	eduled			ate (11)	009-702-0400 Name of OSHA N		00862				
2/4/15					15							
Occupancy Status During Abat						EMSL Analyt	icai, inc.					
∑ Facility Closed Vacated Dur	ing Entire P	eriod of	f Ahata	ement		Street Address				3 24707		
□ Abatement Performed Outs	ide of Norma	al Facili	ty Hou	ire - Da	scribe	200 U.S. Rou						
Time of Abatement:	AMF	PM/	PN	l	_AM	City, State, Zip Co						
Scope of Work (Check all that a	apply)	-	7-112-3			Olimalilison	i, NJ 08077					
⊠ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf			enovat emoliti			☑ I☑ Mini-Enc☑ Glovebag☑ Non-Exer	losure Procedure	native Pressure E		USHI	rl	
Location of			s Loca Norma				1			atem	ent T	Type
Asbestos-Containing Materia	al (ACM)	Use	ed Sol	ely by	Asha	Description of estos Containing Mat	f				T -	1
TO BE ABATED IN Facility	3 3	Ma	intena	ance/ Staff?	(i.e	e., thermal systems i	nsulation.	Amount (Specify	Removal	Repair	Encapsulate	Flictosula
(13)		Ous	(12)			surfacing, VAT.	or	SF or LF)	val	=	nsd	Inc
		Yes	No	N/A		other miscellaned	ous)				ate	d
asement				\boxtimes	Pipe In:	sulation		70 LF				T
asement	AZYSSES (S)				Floor T	ile & Mastic		1,300 SF				
												E
							ÿ.		In	П		F
ame of Registered Waste Haul Freehold Cartage, Inc.	er			JDEP V	No.	Cubic Yards of Waste	Name of Regist GROWS La					_
ty, State				02265		5 Disposal Date		. IGIIII				
Freehold, NJ						2/6/15.	City, State	D4 40				
40 C - C - C - C - C - C - C - C - C - C						410110	Morrisville,	PA 19067				
	Title						^	174 10001				
ompleted By (Print or Type) Kimberly A. Trumbetti	Title		`oord	inator		Signature	()	Dat	e -4-		0	

MAY 11

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

CK#ZY730

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

Date of Notification (1) 2/6/15				Name of Building Owner/Operator (2) Letter Perfect Homes, Inc.								
Agencies Notified	Type Notification			Stree	t Address		PO Box 49	ES LOS CON	TRO	Ł		
□ DEP	Amended Amendment #		-	City, S	State, Zip (Clinton, NJ 0	A THOUSAND	ā -	1 24*		
DOH DCA	justification) Cancellation	iolaaliig	1	Name	of Contac			Telephone Numb		200	1	
				FA		ORMATION					-	
Name of Facility Where		g Place denti					Type of Facility					
Street Address	110 S.						Subchapter Other (i.e.,	· 8 (Other than K-12 private & commerci	2) al buil	dings	,	
City (5)				2.4			homes, etc	# of Floors	В	ldg. A	-	
County (6)	Pennnigto	n, NJ	083		nty Code (7) (STATE	1600 Current Use (F	Prior if being demolis	hed)	80	+/-	_
	Mercer				ONLY)			WT 2				_
Name of Monitoring Firm (8)	n Hired by Building (Owner		ASCM	No.		nent Contractor (vens Environ	9) mental Service	es, Ir	ıc.		
Street Address	PO Box 34	1				Street Address						
City, State, Zip Code	PO BOX 34.	1				City, State, Zip C		Box 322				_
	rosswicks, NJ	0851				-	Allentow	n, NJ 08501				
Project Manager for Mo Bill We	nitoring Firm eisgarber		1 54 54 510 61	phone 9) 29	No. 8-4070	Telephone No. (609) 2:	59-9688	License No.	049	3		
Start Date (10)		duled C	-		ate (11)	Name of OSHA	Monitor					_
2/16/15 Occupancy Status Duris	na Abatamant (Char		2/17/	15		Street Address	N	IECS				
	ted During Entire Pe	riod of	Abate				PO I	Box 341				
☐ Abatement Performe☐ Other - Describe:		l Facilit	y Hou	rs		City, State, Zip C		ks, NJ 08515				
Scope of Work (Check: ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	all that apply)		enovat			☐ Mini-En Gloveba	ag Procedure	egative Pressure	re			
		293200	_ocatio						F	bate Typ		
Location Asbestos-Containing TO BE ABA IN Facilit (13)	Material (ACM) TED	Mair Cu	Solel ntenan ustodia Staff? (12)	ce/		Description of tos Containing Mar thermal systems in surfacing, VAT, other miscellaneo	terial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A							D	
Basem	ent	1	×		Th	ermal Pipe In	sulation	35 lf	×			
									-			
Name of Registered Was		s. Inc	⊢	IJDEP \ lauler IC 1 8 °		Cubic Yards of Waste 1 CU	Name of Reg	istered Landfill GROWS Lan	dfill			
City, State			-1-	102	274	Disposal Date	City/State	7				
Completed By	Allentown, N					2/18/15 / Signature///	14	Morrisville,	PA			
Mahlon E. Ste			oject	t Mar	ager	_ N/(1/_		2/6	/15		

CKF 2473/

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

Date of Notification (1)				Name	of Buildin	g Owner/Operator	- (2)	COLD !	7個 10	Ph	1 6 .	62	
	/6/15			INATIO	or building		hambers Prop	perties.				A 100	
Agencies Notified	Type Notific	ation		Stree	t Address			And the Party of		بادما	# F		
EPA DEP	⊠ Initial -						20 Nassau St	reet &	LIRE	4511	16		
DEP	Amended Amendm		Ì	City, S	State, Zip C							11.	. 1
_	☐ Emergen	cy (including	-			Pı	inceton, NJ ()8542		- 1			_
DOH DCA	justificat Cancella			Name	of Contac			Teleph	one Numb				
					P	eter Madison						1	
				FA	CILITY INF	ORMATION							
Name of Facility Where						*	Type of Facility			74			
Street Address	1	Retail Sto	re				School (K-1		than K-12)			
	2	0 Nassau	St			No. of the last of	Other (i.e., phomes, etc.	orivate &			dings	50	
City (5)			00#	40			Square Feet	# of F	loors	BI	dg. A		
	Princ	eton, NJ	0854				10000	<u>. </u>	4		80	+/-	
County (6)	1ercer			USE	nty Code (7) (STATE	Current Use (P	rior if beir	ng demolis	hed)			
Name of Monitoring Firm	Hired by Buil	ding Owner	=	ASCM	No.	Name of Abater	nent Contractor (9	9)					
(8)	MECS					Ste	vens Environ	mental	Service	s, Ir	C.		
Street Address		D Box 341									II.I		
	PO Box	341						30x 32	2				
City, State, Zip Code	osswicks,	icks, NJ 08515 City, State, Zip Code Allentown, NJ 08501											
Project Manager for Mor	ger for Monitoring Firm Telephone No.					Telephone No. License No.							_
	isgarber		1		8-4070	(609) 2	59-9688	_	0	0493	3		_
Start Date (10)		Scheduled C			ite (11)	Name of OSHA							
2/16/15			2/17/	15			M	ECS					
Occupancy Status Durin	874	A		mont		Street Address	PO F	3ox 34	1				
Facility Closed/Vacate Abatement Performed	11:00 H.					City, State, Zip 0		JUA J4	1				_
Other - Describe: 8						ony, orato, zip c	Crosswic	ks, NJ	08515				
Scope of Work (Check a	all that apply)					Π= "0							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitic			☐ Mini-En ☐ Gloveb	ag Procedure	-T					
		ls	Location	on	i		empted (*) and No	JII-FIIable	Procedur		bater	ment	
		N	omall	٧.						"	Тур		
Location (Asbestos-Containing N			d Solel ntenar	y by ice/	Asbest	Description of tos Containing Ma		Amo	ount				
TO BE ABAT	red .	C	ustodia Staff?			thermal systems	insulation,	(Spe		Re	D	Encapsulate	Enc
IN Facility (13)			(12)			surfacing, VAT other miscellane		SF o	r LF)	Remova	Repair	psu	Enclosure
		Yes	No	N/A			57			<u>a</u>	7	late	II.6
Basement/0	Closet		×		Th	ermal Pipe In	sulation	20	lf	×			
						-							
Name of Registered Was	ste Hauler			JDEP \ lauler IE	3.710.2	Cubic Yards of Waste	Name of Regi	istered La	andfill				
Stevens Environn	nental Ser	vices, Inc		182	292	1 CU		GROV	WS Lan	dfill	-115,450		
City, State	Allentow	m NI				Disposal Date 2/18/15	City,/State	Marr	isville,	DΛ			
Completed By	VIICIION	Title		-		Signature	1 4/	1/1011	Date	IA			_
Mahlon E. Ste	evens	THE STREET	ojec	t Mar	nager	11/1			-	2/6	/15		

CK10462

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

#15012

Date of Notification (1)				Name	of Buildin	g Owner/Operator (2)		-0.00	2,000					
2 / _	6 /	15		350	Carter F	Road, LLC		200 年 10	PA	Carrie a	97	i.			
Agencies Notified	Type Notific	ation		Street	Address										
⊠ EPA	☐ Initial			650	College	Road East		ASBESTES	0.0	HII	5.01				
□ DOLWD □ □ □ □ □ □ □ □ □				2500000	State, Zip (& LICE			101	_			
☑ DHSS	_ Amendn					NJ 08540		ee Erole	1467	\$4EZ					
DCA	☐ Emerger justificat	ncy (including	1	la company	of Contac			Telephone Numb	25						
(NJAC 5:23-8)	☐ Cancella				Kupsch			relephone Numb	51						
	LI Gallociis	10011		1											
Alessa of Feelite Addison	N. T	F -:	(0)	FA	CILITY IN	IFORMATION									
Name of Facility Where A	Abatement is	I aking Place	(3)				Type of Facility (
350 Carter Road							School (K-12)	(Other than K-12)							
Street Address								ivate and commerc	ial bu	ilding	IS,				
350 Carter Road							homes, etc.)			-	30 T				
City (5)							Square Feet	# of Floors	Ble	dg. A	ge				
Princeton, NJ 0854	0						76,000	1		47					
County (6)				Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ed)						
Mercer															
Name of Monitoring Firm	Hired by Bui	lding Owner ((8)	ASCM	No.	Name of Abateme	ent Contractor (9)								
Accredited Enviro	onmental	Technolog	ies,	NA		Alliance Envi	ironmental Sys	tems							
Street Address					+1	Street Address									
28 N. Pennell Rd.						550 East Unio	on St.								
City, State, Zip Code						City, State, Zip Co	ode	None of the state							
Media, PA 19063						West Cheste									
Project Manager for Mon	itorina Firm		Tele	phone	No	Telephone No.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	License No.	_						
Eric Sutherland			2745556	10-891		610-701-9000)	00508							
Start Date (10)		Scheduled C	1 1000			Name of OSHA M		00000				_			
2 / 20 /					15	AET	IOTILOI								
Occupancy Status During	Abatement					Street Address									
☐ Facility Closed/Vacate				ment		28 N. Pennel	Road								
					cribe	City, State, Zip Co				-15-5		_			
Time of Abatement: 7	AMP	M/ <u>3:30</u> PM		ΑM		Media, PA 19									
Scope of Work (Check al	I that apply)					_	6 88 80 80 800 x-80	Bel March							
≥3 sf or ≥3 lf		M Pa	novati	ion		☐ Full Coni	tainment with Neg	ative Pressure							
☐ ≥160 sf or ≥260 lf			molitic				g Procedure								
						☐ Non-Exe	mpted (*) and Nor	n-Friable Procedure	9						
		M102	Locat						Ab	atem	ent T	уре			
Location		1.1	Norma	illy ely by		Description of		0207-01-027	Z	Z	m	ш			
Asbestos-Containing TO BE ABA		VI)	intena		Asbe	estos Containing Ma e., thermal systems	iterial (ACM)	Amount (Specify	emi	Repair	ıca	nclo			
IN Facili		Cus		Staff?	(1.0	surfacing, VAT		SF or LF)	Removal	=	Encapsulate	Enclosure			
(13)			(12)	1	1	other miscellane		((*) =			late	Ф			
M. J. J. D.		Yes	No	N/A	D: E:			0015	53						
Mechanical Room					Pipe Fi	tting Insulation		39 LF		Ш	Ш	Ш			
Outside Canopy					Plaster	•		225 SF							
Name of Registered Was	te Hauler		I	JDEP I	Waste	Cubic Yards of	Name of Regist	ered Landfill							
David Geppert Rec			H	lauler II	D No.	Waste	11	erks Community	Lar	dfill					
City, State	V					30 Disposal Date	City, State			991818181					
Hatfield, PA						TBD	Birdsboro,	ΡΔ							
132 ±0 (0.0040 5440 4440 50 ±0.00)		Tu					Dirusboro,								
Completed By (Print or T	ype)	Title				Signature	W	Dat	- T	,	1.	_			
Mark Griffin		Estima	tor				117	12	-6) _	12	2			
ASB-41															

EDS15-029

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

check # 1402

Page 1 of 1 RECEIVED

Date of Notification (1) 2-2-2015			-		Building (Park B					900		10		. ^	
Agencies Notified	Type Notification		-	Street A		oara o	Luud			多世間	四 下四	10		A TOP	<u> </u>
▼ EPA	× Initial			603 M	attison A	Avenue	, 3rd F	Floor		45	ME AL	ais c	-	1.00	1
DEP X DOL	Amended Amendment #				ite, Zip Co / Park ,		12				表上				Ob-
DOH DCA	Emergency (in justification)	cluding			Contact						phone Nu				
▼ DCA	Cancellation			Lewis		D 1 4 T 1	011			1					
Name of Facility Where	Abatement is Taking	Place (3)	FACI	LITY INFO	JRIVIA I I	ON	Туре	of Facility (4)					
Asbury Park High								× s	School (K-12	!)					
Street Address	8								Subchapter 8 Other (i.e. pr				dinas	home	25
1003 Sunset Aven	ue						4	L (etc.)		- 21				
City (5) Asbury Park								Squar 30,0	re Feet 00+	# of	Floors	100	31dg. / 10+	Age	
County (6)				County (Code (7)				nt Use (Prior	r if bein	ng demoli	shed)			
Monmouth					JSE ONĹY)	i Anno anno anno			School		Ĭ				
Name of Monitoring Firm Ahera Consultants		wner (8)		ASCN 0057				of Aba Group,	tement Cont , Inc	ractor ((9)				
Street Address PO Box 385								Addres Hamb	ss urg Turnp	ike					
City, State, Zip Code Oceanville, NJ 082	231_0385		00				City, S	State, Z	ip Code dale, NJ 07						
Project Manager for Mo				Telepho	ne No			none N		700	License	No.			
John Smoyer				(609) 6	552-183	3	201-	710-9	725		01084				
Start Date (10) 2-12-2015 at 2.30		Schedule 2-17-20		mpletion	Date (11)			of OSH Group,	HA Monitor , Inc						
Occupancy Status Durir	ng Abatement (Check	Only Or	ie)					Addres							
	cated During Entire Pe								urg Turnp	ike					
Other – Describe:	ned Outside of Norma	I Facility	Hour	S					ip Code dale, NJ 0	7403					
Scope of Work (Check /	All That Apply)						5,00	9	2010, 110 0						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	tenova emoli					Mir	I Containmenti-Enclosure	edure					
								_ No	n-Exempted	(*) and	Non-Fria	able Pro	72.67	emeni	t
Locatio	n of	١	Locat Norma	lly		De	scription	n of					T	/ре	
Asbestos-Containing	g Material (ACM)		d Sole intena			tos Cont	aining N	Material			nount	77		m	m
TO BE AE	ility	Cust	odial (12)	Staff?	(i.e.		cing, VA	AT, or	auon,		pecify or LF)	Remova	Repair	Encapsulate	Enclosure
(13))			_		other n	niscellar	neous)				val	ai-	ulate	sure
		Yes	No	N/A									1	1	
Auditorium			X			500000	& Ma	100000			50 SF	X	-		
Auditorium Balcony	y Room Dividers		Х		She	etrock/	Joint (Compo	ound	1,5	00 SF	X	-		
Name of Registered Wa	este Hauler			JDEP W	/aste	Cubic	Yards		Name of R	eaister	red Landf	ill			
GL Group, Inc	ioto (radio)		H	lauler ID 033 <mark>0</mark> 34	No.	of Was			Grows						
City, State Bloomingdale, NJ		e e paren				Dispos TBD	sal Date		City, State Morrisvil		4				
Completed by Elena Solakov		Title Presi	dent			S	ignatur	e E	leru Stor	lla		ate 2-2-20	15		

CK 3833

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

Agencies Notified PAPA	Date of Notification (1) February 6, 2015					f Building (Develop			(2)	1:					
Initial memory Init							Place.	Suite	400			1			
DOH	DEP	Amended	Ē	-	City, Sta	ate, Zip Coo	de		20, 0	2 1	- Co (()) - Zh()	M.AY	1		
FACILITY INFORMATION	ĭ DOH	justification)	cluding		Name o	f Contact				Te	elephone No	umber			
Name of Facility (4) Manischevitz Property Street Address 214 N. Delsea Drive County Code (7) Vineland County (6) County (6) County (7) Counted Address 214 N. Delsea Drive County (7) Vineland County (8) County (8) County (9) C					FACI	LITY INFO	RMATIC	ON							-
Street Address 214 N. Delsea Drive Subchapter 8 (C) (Cher tank At 12)			Place (3)					_	2 200					
Cly (5) Vineland County (6) Curriberland County (7) Curriberland County (8) Curriberland Curr		e				Ē			Subchap Other (i.e	er 8 (Of			dings	, hom	ies,
Cumberland STATE USE ONLY) Food Processing									Square Feet		of Floors			Age	
ACER Associates, LLC Street Address Street Address 407 W. Lincoln Highway, Suite 500 City, State, Zip Code West Berlin, NJ 08091 Project Manager for Monitoring Firm Scott Magee Steed Address Telephone No. 856-809-1202 Start Date (10) 2/23/15 Start Date (10) 4/23/15 Cocupency Status During Abatement (Check Only One) Abatement Performed Outside of Normal Facility Hours Other - Describe: City, State, Zip Code Exton, PA 19341 Telephone No. 856-809-1202 Start Date (10) 4/23/15 Cocupency Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: City, State, Zip Code City, State City, State, Zip Code City, State City, State Title Custodial Staff? (ii) Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement T											eing demoli	shed)			
1012 Industrial Drive			wner (8)		ASC	M No.					or (9)	200			
City, State, Zip Code West Berlin, NJ 08091 Project Manager for Monitoring Firm Scott Magee Start Date (10) 2/23/15 S		/e		2122-33	1					ighwa	y, Suite 5	00			
Telephone No. Scott Magee		3091						City, S	tate, Zip Code						
Start Date (10) 2/2/3/15 Scheduled Completion Date (11) A/2/3/15 Scheduled Completion Date (11) A/2/3/15 Streat Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077 Scope of Work (Check All That Apply) 2/3 sf or 23 if 2/16 of or 2/260 if Location of Asbestos-Containing Material (ACM) In Facility (13) Front Office Second Floor Office X Gypsum wall board joint composition Front Office X Gypsum wall board joint composition Front Office X Glue daubs 1/2 0/20 Ser x Name of OSHA Monitor EMSL Streat Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Assetsos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Front Office X Gypsum wall board joint composition Front Office X Glue daubs 1/2 0/20 SF X Front Office Name of Registered Landfill Cumpleted by Title Signafure Date Street Address 200 Route 130 North City, State Table Street Address 200 Route 130 North City, State Table Street Address 200 Route 130 North City, State Table Street Address 200 Route 130 North City, State Table Street Address 200 Route 130 North City, State Table Street Address 200 Route 130 North City, State Table Street Address 200 Route 130 North City, State Table Street Address 200 Route 130 North City, State Table Street Address 200 Route 130 North City, State Table Streat Address 200 Route 130 North City, State Table Streat Address 200 Route 130 North City, State Table Streat Address 200 Route 130 North City, State Table Streat Address 200 Route 130 North City, State Table		nitoring Firm						Teleph	one No.	**		No.			
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other − Describe: Scope of Work (Check All That Apply) State Store 280 ff Scope of Work (Check All That Apply) Scope of Work (Check All That Apply) State Store 280 ff Pull Containment with Negative Pressure Glovebag Procedure. Non-Exempted (') and Non-Friable Procedure Abbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Front Office Front Office Second Floor Office and break room Transite Front Office Abate Room Abatement Type Abbestos Containing Material (ACM) (i.e. themal systems insulation, Spr or LF) Spr of LF) Spr of LF) Spr of LF				ed Con				Name	of OSHA Monit	or					
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: 200 Route 130 North			10-37	50				Navasti, Missaili	77 A				_		
Abatement Performed Outside of Normal Facility Hours Other – Describe: Scope of Work (Check All That Apply) Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM)	_		450						1000	orth		9			
Scope of Work (Check All That Apply) State State	■ Abatement Perform	ned Outside of Norma					_	100000 mm		0807	7				
Sast or ≥3 if Pull Containment with Negative Pressure Procedure	Scope of Work (Check A	All That Apply)						011111							
Second Floor Office Second Floor Office X Second Floor Office Second Floor O	≥3 sf or ≥3 lf		_						Mini-Enclos Glovebag P	ure rocedur	е,			ıre	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Front Office Second Floor Office and break room Front Office X Second Floor Office Second Floor Office X Second Floor Office			le	Locati	on					1				300	nt
Maintenance/Custodial Staff? (12) Maintenance/Custodial Staff? (12) Maintenance/Custodial Staff? (12) Yes No N/A			l N	lormal	ly							-	T	уре	T
Front Office X Gypsum wall board joint composition of the state o	TO BE AB In Faci	ATED lity	Ma	intenar odial S	nce/		thermal surfac	systems sing, VA	s insulation, T, or		(Specify	Remova	Repair	Encapsula	Enclosur
Second Floor Office and break room X Transite 12,000 SF X Front Office/Second Floor Office X VAT and mastic 3,670 SF X Front Office X Glue daubs 1,250 SF X Name of Registered Waste Hauler Waste Management of New Jersey NJDEP Waste Hauler ID No. City, State Trenton, NJ Completed by Title Signafure / J Date			Yes	No	N/A							-		ite	CD.
Front Office X VAT and mastic 3,670 SF X Front Office X Glue daubs 1,250 SF X Name of Registered Waste Hauler Waste Management of New Jersey Disposal Date Trenton, NJ Completed by Title Signafure // J Date	Front O	ffice			X	Gypsun	n wall b	ooard j	oint compo	3	,250 SF	X			
Front Office X Glue daubs 1,250 SF X Name of Registered Waste Hauler Waste Management of New Jersey NJDEP Waste Hauler ID No. City, State Trenton, NJ Completed by Title Signafure (Second Floor Office	and break room			X		Ti	ransite)	12	2,000 SF	X		1	
Name of Registered Waste Hauler Waste Management of New Jersey NJDEP Waste Hauler ID No. City, State Trenton, NJ Completed by Name of Registered Landfill Cumberland County Landfill City, State Title Name of Registered Landfill Cumberland County Landfill City, State Millville, NJ Date	Front Office/Secon	nd Floor Office			X		VAT	and ma	astic	3	,670 SF	X		1	
Waste Management of New Jersey Hauler ID No. of Waste 600 Cumberland County Landfill Disposal Date TBD Completed by Title Disposal Date Millville, NJ Signafure Date	Front O	ffice			X		Glu	e daul	bs	1	,250 SF	X			
City, State Trenton, NJ Completed by Title City State Disposal Date TBD City, State Millville, NJ Completed by Cumberland County Landfill City, State Millville, NJ Date	Name of Registered Was	ste Hauler		2.35					Name	of Regis	stered Landi	fill			
Trenton, NJ Completed by Title TBD Millville, NJ Date	S-5	t of New Jersey		Н	auler ID	No.		ite	Cuml	perland	d County	Landf	ill		
								al Date			6				
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Do not use this form for asbestos licensure exempted activities.

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:50 and 12:120)

the page
100

Date of Notification (1)						01000		14)		YH	1)(つご)		
Jan 29, 2015				Name	of Building	Owner	r/Operato	r (2)	Oron						-	***************************************
Agencies Notified	1 10 100				of Paters	ion			GJEG E.	- 0			1	*	989	
- Agencies Modilled	Type Notification	1		100000000000000000000000000000000000000	Address		12000	38				-				
EPA	Initial				Broadwa		_		1125	CIN	80	Taj	· (5) (31		
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	Emergency		- [rson, NJ	0750	1			in the	LNS	HING	T.			
DOM:	justification)	İ	Name	of Contact					Tel	cphone	Num	L			
DCA DCA	Cancellatio	ń														
Name of Facility Where	Ahatement la Taki	og Pines /2	1	FAC	ILITY INF	ORMA	TION				_					
House for Demo	in atomicity is 1 and	ig i idea (c	2)					Тур	e of Facility (4)					.,	
Struct Address			-		AF				School (K-1	2)						
359 10th Ave.					12				Subchapter Other (i.e. p	8 (Oth	er then	K-12		di	4	
City (5)					*			M	etc.)	rivata i	or counti	iercie	i puii	aings	, hom	es,
Paterson								Squ	ere Feet	#0	Floors		E	ldg. /	\ge	
County (6)					- Tept					1				405		
Passaic				County	Code (7) USE ONLY	1		Cun	rant Use (Pric	ed il ro	ng dam	olisha	(ps		- industr	
Name of Monitoring Firm	Mirad his Dealth	Olympic Int				/			use far De				(
n/a	HINER BY BUILDING	Owner (g)		10000	M No.				atement Con				- 3-2		-	***************************************
Street Address			***	n/a		-			Manageme	ent Co	orp			15557		
n/a							Street		1000						Well/A	
City, State, Zip Code					£9.		1	roy L								
n/a									Zip Coda							
Project Manager for Mon	itoring Firm			T-1			and the same of th	Total Andrew	ark NJ 07	035						
n/a	morning r with			Telepho n/a	one No.		Teleph				Licens					
Start Date (10)		Dahadula	75	Contract of the Contract of th	5-1-44			7067			0119	3				
Jan 30 2015		Feb 6:		npietion	Date (11)				HA Monitor							
Occupancy Status During	Abutement (Char								Manageme	nt Go	rp					
ERROL .							Street									
Facility Closed/Voca	ed Outside of Nom	rel Facility	neted/ Hours	ient			22 T					1771				
Other - Describe: 9	am - 4 bm								Zip Code							
Scope of Work (Chack Al	That Apply)						LITTLE	1	ark NJ 07	-						
☐ ≥3 af or ≥3 if			enova	e			-		NE DUMPS							-
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Resource Management

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Name of Monitoring Firm Hired Health and Safety Services	by Bullbing Owner (8) ASCM N		riament Contra	char (D)			
Street Address		1117	_ Resource M	anadement Gm	NB. LLC		Ę	
P.O. Box 365			Street Addre	SS			-	
City, State & Zip Code			12115 Hamilto	an Ave. Suite 2	02		_ {	
Berlin, NJ 08009	vd		City, State & Trenton, NJ	Zip Code				
Project Manager for Monitoring Mr. Jim Proctor	1 4 4	phone Number	Telephone N	Umber	License N			
Schedulad Start Date (10)	658-	452 1311	1609-977-615	9	LEGITSE N	01185		12
02-09-2015	Scheduled Complete	on Date (11)	Name of OS	HA Monitor		20153	-	
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CIVECIC # 3836 NOTI

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

Date of Notification (1)	6/15		Name		g Owner/Operator	(2)	5.	11:0	?	
Agencies Noufied	Type Notification		Street	Address	61 NOU	TE 9	ALTER OF	ni IR	71-	
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County (6)	POE MAY		USE	ÓWLY	_	-	CANT			
Name of Maritoring Firm	Hired by Building	Swher	ASCH	No.	Name of Abater	neni Convacior (9)) () ()			
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				lle.	Telephone No.	F 5 77	License No			
Project Manager for Mo	nitoring Firm	, . [. Te	elephone	NO.	856-7	79-047	2 004	44		
	I Scha	duled Comp	velion Da	ile (11)	Name of OSHA	Monitor .	100	V		
Stan Date (10)	5- 3	123	115.			PKALEN		-		
Occupancy Status Duris	ng Abalement (Che	ck only one)		Sueel Address	SPILUC	EAUER			1. 3
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HOTHCATON OF ASBESTOS ABATEMENT VE (Pursuant to NJAC 8:60 and 12:120)

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CK 10880

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

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Date of Notification (1) 2/5/2015			1 63			wner/Opera			- Eng S-1	4.3	. 2	À		
Agencies Notified	Type Notification Initial				LEGE D			ASE	CIE	S COM		-		
DEP DOL	Amended Amendment #_				te, Zip Coo RIVER,	_{de} NJ 08754	1	ĉ	LIB	ENSIN	3	1.		
DOH DCA	Emergency (inc justification) Cancellation	cluding	119 350		Contact FIERRO	ì			Tele	phone Num	ber			
Name of Facility Where OCEAN COUNTY			ANC			RMATION	T	ype of Facility (4						
Street Address 1 COLLEGE DRIVE						i		Subchapter t	8 (Othe			lings,	home	3S,
City (5) TOMS RIVER							S	quare Feet	# of	Floors	В	ldg. A	ge	
County (6) OCEAN					Code (7) JSE ONLY)		С	urrent Use (Prio	r if beir	ig demolish	ed)			
Name of Monitoring Firm WHITMAN COMPA		/ner (8)		ASCN	1 No.			Abatement Cont BROTHERS (G, IN	C.		
Street Address 7 PLEASANT HILL	ROAD					10000	reet Ad 50 RI	idress UTHERFOR[) BLV	· D.				
City, State, Zip Code CRANBURY, NJ 08	8512							e, Zip Code ON, NJ 0701	4					
Project Manager for Mor	Manager for Monitoring Firm LOVELY				ne No. 390-5858		lephor 73-95	ne No. 56-8700		License No 00494	o			
Start Date (10) 2/17/2015	tart Date (10) Schedu				Date (11)	100000		OSHA Monitor AS (9) ABO	VΕ					
Occupancy Status Durin	g Abatement (Check	Only One)			Str	reet Ac	idress						
	ated During Entire Pe ned Outside of Normal UNOCCUPIED					Cit	ty, Stat	te, Zip Code						
Scope of Work (Check A	All That Apply)		_											
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State of New Jersey-NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to <u>N.J.A.C.</u> 8:60 and 12:120)

Date of Notification (1) 2/2/15							ng Owner / Oper	rator (2)		100	Ov.)B	
Agencies Notified Type Notification	ation				t Addi		imigion		2011 2011 - LU 1		~ ~		-
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Name of Facility Where Abateme	ant is Taking Dis	200 /3	FA	CIL	IIY	INF(ORMATION Type of Facili	i (4)				S.115-137	
Burlington County Courtho	use	ace (c	2)				School (I						
Street Address								oter 8 (Other th	an K-12)				
49 Rancocas Road									mmercial buildi	ngs, hom	es. e	tc.)	
							Square Feet			Bldg. Ag			
City (5)	County (6)	Co	unty	Cod	le (7)		80,000	1	4		Yea	ars	
Mt. Holly	Burlington							(Prior if being o	demolished)				
Name of Marita is Time III		/61					Courts						
Name of Monitoring Firm Hired b Environmental Connections		er (8)		A	SCM	No.		tement Contra ironmental,					
Street Address 120 North Warren Street			2				Street Addres						
City, State & Zip Code Trenton NJ 08608							City, State & Bristol, PA	Zip Code					
Project Manager for Monitoring F	irm I	Teler	hone	- Nu	mber		Telephone Nu		License	Number			
Rollie Jones		609-					(215)788-60		00509	radilibei			
Scheduled Start Date (10) 2/3/15	Scheduled Com	pletic			11)		Name of OSH Bristol Envi	A Monitor	nc.				
Occupancy Status During Abater Facility Closed/Vacated D	nent (Check onl	ly one	e)	oton			Street Addres	SS					
Abatement Performed Ou						nm	City, State & 2						
Describe: 3:00 PM -		1 1100	410	ran	1 10 0	PITT	Bristol, PA						
Facility Occupied During													
Scope of Work (Check all that ap	ply)												
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≥160 sf ≥260 lf		\bowtie		molit					ciosure lag Procedures				
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in Facility	11 577	Custo			9.9° U	ir	sulation, surfac			Remova	Repai	aps	Enclsoure
(13)			(12)	T			or other miscella	aneous)		val	ai.	Encapsulate	nire
		es_	No	.N/.								ω	
Main Area: Bathrooms, Base		4			F	Pipe	Insulation (W	/rap & Cut)	68 LF				
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Service Transport Group, In-	C		0.77	auler 1990	· ID N	STEEN IN	of Waste 50	Minerva Lai					
City, State							Disposal Date	City, State					
New Castle, DE						1		Waynesbur	g, Ohio				
Completed By (Print or Type) Patrick T. DeCaro			Tit		ator		Signature	J. D.C.	1-0	Date 2/2/15	;		
PD 14107B				-			1 winge	1.00	rolge				

State of New Jersey

APPROVED: YAUL HORNER, NJD.

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) Name of Building Owner / Operator (2) 2/2/15 County of Burlington Agencies Notified Type Notification Street Address 2010 1100 ☐ EPA 49 Rancocas Road DEP Initial City, State & Zip Code ABBESTAS CONTINCE X DOL Amended Mt. Holly, NJ 08060 X DOH X Emergency Name of Contact Telephone Number DCA Cancellation Steven G. Stypinski FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **Burlington County Courthouse** School (K-12) Street Address Subchapter 8 (Other than K-12) 49 Rancocas Road Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Blda. Age City (5) County (6) County Code (7) 80,000 60 Years Mt. Holly Burlington Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **Environmental Connections** Bristol Environmental, Inc. Street Address Street Address 120 North Warren Street 1123 Beaver Street City, State & Zip Code City, State & Zip Code Trenton NJ 08608 Bristol, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Rollie Jones 609-392-4200 (215)788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 2/3/15 Bristol Environmental Inc. Occupancy Status During, Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 Beaver Street X Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: 3:00 PM - 11:30 PM Bristol, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate TO BE ABATED Maintenance or Remova Enclsoure (i.e., thermal systems Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Main Area: Bathrooms, Basement & X Pipe Insulation (Wrap & Cut) 1st Floor Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Service Transport Group, Inc. 20990 50 Minerva Landfill City, State Disposal Date City, State New Castle, DE Waynesburg, Ohio Completed By (Print or Type) Title Signature Patrick J. DeCoro/ Date Patrick T. DeCaro Estimator 2/2/15 PD 14107B

(K 10425

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

Date of Notification (1) 2	Date of Notification (1)			-	-	-	Nama	of Duildin	a Owner/Operator /	2)	is force for	Wine & R	P= [144
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Date							1				& LIC	ENSI	Vic.	UL	
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Name of Facility Where Abatement is Taking Place (3)		☐ Cano	cellati	оп			Em	il Szymc	zak						
Street Address Stre							FAC	CILITY IN	IFORMATION		•				
Street Address Str	Name of Facility Where A	Abatemen	t is T	aking	Place	(3)				Type of Facility	(4)				
Solid Billingsport Rd.	Building #9									School (K-12	2)				
Source S	Street Address														
Square Feet # of Floors Bidg. Age 40+	600 Billingsport Rd	i.										nercial bi	ıllaing	ļS,	
Paulsboro, NJ 08066												В	da. A	ae	455
County (6) Gloucester Name of Monitoring Firm Hired by Building Owner (8) Environmental Management International Street Address 34 E. Germantown Pike #204 City, State, Zip Code E. Norriton, PA 19401 Project Manager for Monitoring Firm Ray Glordano Start Date (10) 2 / 10 / 15 Cocupancy Status During Abatement (Check only one) Facility Closed/Weated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Immer of Abatement Cycles (13) Sold of 2200 if Renovation Demolition	18894 //	36								I Same	1000			5-	
Second	County (6)		-				Cour	ntv Code (7	Y)(STATE USE ONLY)		ior if being demo	olished)	28725		
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Environmental Management International NA Alliance Environmental Systems Street Address 34 E. Germantown Pike #204 Street Address 550 East Union St. City, State, Zip Code E. Norriton, PA 19401 Project Manager for Monitoring Firm Ray Glordano Start Date (10) 2 / 10 / 15 Scheduled Completion Date (11) Pacific Closed/Vacated During Entire Period of Abatement Abatement Periormed Outside of Normal Facility Hours - Describe Time of Abatement (2AM) PM/330PM—AM Scope of Work (Check all that apply) Scope of Work (Check al	Name of Monitoring Firm	Hired by	Build	ing O	wner (8)	ASCM	No	Name of Abatem						
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City, State, Zip Code		Pika #20	14							on Sf				80	
E. Norriton, PA 19401	Removed to the second of the s	I IIIC IIZ	- -												
Telephone No. Telephone No. G10-277-0405 G10-701-9000 D0508		01													
Ray Giordano			777			TTO	lanhana	No		I, FA 1930Z	Liconos No			G8-1100	
Start Date (10)		itornig Fil	111								ACMINISTRAÇÃO.				
2					1-10						00508				
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe ☐ Time of AbatementAM		15	5							Monitor					
Facility Closed/Vacated During Entire Period of Abatement 34 E. Germantown Pike City, State, Zip Code E. Norrington, PA 19401				27	100		0 /	15_							
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Time of Abatement: 7AM—PM/3:30PM—AM E. Norrington, PA 19401 Scope of Work (Check all that apply) Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Of Respective of Name of Registered Landfill Scope of Work (Check all that apply) Scope of Work (Check all that apply) Abatement Type Of Respective of	174-175 Di							0.000	34 E. Germa	ntown Pike					
Scope of Work (Check all that apply) Scope of Work (Check all that apply)								cribe							
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□ ≥160 sf or ≥260 lf □ Demolition □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Non-Exempted (*) Anount (Specify Specify Spe	≥3 sf or ≥3 lf				⊠ Re	nova	tion				gative Pressure				
Is Location Normally Used Solely by Material (ACM) Asbestos-Containing Material (ACM) IN Facility (13) Yes No N/A Lab 9030 Image: Property (13) In Facility (14) In Facility (15)	≥160 sf or ≥260 if				☐ De	molit	ion		☐ Gloveba	g Procedure					
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Mark Griffin Estimator 2-3-/5		ype)		(5,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0					Signature	sul.					_]
	Mark Griffin			Es	stima	tor				M	9)	2-3	7 -	13	



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

Date of Notification (1) 1/29/15						Building C It & Kath			(2)	2015	15 n		00			
Agencies Notified	Type Notifi				Street A	ddress ercer Av	enue						25.3			
DEP DOL		nded ndment #_				te, Zip Coo Lake He		, NJ 07	762	& I.	TOENS	ME	U.			
DOH DCA	justific	gency (in cation) ellation	cluding	10.		Contact egnan					Telenhon	e Numl		3		
					FACI	LITY INFO	RMAT	ION								
Name of Facility Where A	Abatement is	s Taking I	Place (3)							of Facility (4) School (K-12)						
Street Address 614 Mercer Avenue									同	Subchapter 8 Other (i.e. privetc.)				ings,	home	es,
City (5) Spring Lake Heights	S	E.								re Feet	# of Floor	S	В	dg. A 50		
County (6) Monmouth						Code (7) USE ONLY)				nt Use (Prior ccupied Re		nolishe	d)			
Name of Monitoring Firm	Hired by Bu	uilding Ov	vner (8)		ASCM	l No.				tement Contr Environme		ices,	nc.	-		
Street Address		0						10000000	Addres	ss 206 South	n					
City, State, Zip Code						7-2	-11110			ip Code gh, NJ 088	44					
Project Manager for Mon	itoring Firm				Telepho	ne No.	31	Teleph	none No 218-0	0.		nse No 28				
Start Date (10) 2/17/15			Schedule 2/18/15		pletion I	Date (11)				A Monitor Environme	ntal Serv	ices,	nc.			
Occupancy Status During	g Abatemen	t (Check	Only On	e)				100 PH 100 PH	Addres	VOI						
Facility Closed/Vaca Abatement Perform	ed Outside							4,000,000		206 South p Code	1					
Other – Describe: _		-	· · · · · · · · · · · · · · · · · · ·				-	Hills	orou	gh, NJ 088	344					
Scope of Work (Check A	II That Apply	/)							U.	Vrap &	Cut					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				enova emoliti				×	Min Glo	I Containment ni-Enclosure ovebag Proce n-Exempted (dure				-	
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Daseille	CIIL							Tipe	***		300 LI	-				
Name of Registered Was				777333	JDEP Wauler ID		Cubic of Wa	Yards		Name of R		andfill				
Yannuzzi Group, Inc						140.	5 C			G.R.O.W	/.S.					
City, State Hillsborough, NJ					9			sal Date 9/15		City, State Morrisvill	e, PA					
Completed by Anna Bastos			Title Admi	nistra	tive As	ssistant		Signature	MI	Basi	tos	2/3	e /15			

CK 005823

D&S Proj. #: 15-43

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

TESTIVES

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Date of Notification (lame of B	uilding Ow	ner	Operator (2))		6	JA Lagran	7 . 1	36			
Agencies Notified	Type Notificati	00	Julius Sa						à						
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	Amendment #:	[0	ity, State,	Zip Code											
_ L	Emergency		Highlar	nd Park, N	VJ (08904									
☑ DOH	(including justification)	IN	ame of Co	ontact						Telephone	e Numbe	r			
☐ DCA	Cancellation		Julius S	Samel											
				FAC	CILI	ITY INFORM	ATION	1							
Name of facility whe	re abatement is	s taking pla	ace (3)							Type of Facility (4	4) I (K - 12)				
Private Residence	e										35 1 2		on V	10)	
Street Address			-		-				=	Other (apter 8 (C Private/C			-12)	
										Bldgs./	Homes, e	etc.			
209 No, 3rd Ave	nue		. (8)						_	Square Feet	# of Floo	rs	Bk	dg. A	ge
City (5)		Cour	nty (6)					inty Code (7)							
Highland Park		Mic	idlesex C	County			(Sta	ite use only)		Current Use (Pr	or it beir	ig dem	olishe	ed)	
Name of Monitoring	Firm Hired by E		THE RESERVE AND ADDRESS OF THE PARTY.	ounty	T	ASCM No.		Name of Abater	nent (Contractor (9)					
			San Maria Maria					D & S REST							
Street Address							-	Street Address	OIC	arion, nac.					
								20 Californ	ia Av	re.					
City, State, Zip Code					-		-	City, State, Zip C	THE RESERVE AND		THE PERSON NAMED AND POST OF		-	THE STATE OF	ALL PROPERTY OF THE
								Paterson, N	IJ 075	503					
Project Manager for N	Monitoring Firm		F	hone Num	ber		_	Telephone Num			License	Numb	er		
								973-345-8	020			1169			
Start Date (10)		Sched	. Complet	ion Date (11)		-	Name of OSHA	Monit	tor					
			63/	•	(18)			D & S Rest	oratio	on, Inc.					
02/09/2015 Occupancy Status Du	ring Abataman	02/12						Street Address							
Facility closed/		거래 지기 회사 가게 되었다.		ement				20 Californi		enue					
Abatement peri								City, State, Zip C	ode						
Other-Describe	: NORMAL H	OURS			_		_	Paterson, N	IJ 075	503					-
Scope of Work (chec	ck all that apply	')						L	F	Full Containment w	/negative	press	ure		
\boxtimes >3 sf or >3 If		Renovatio	in							Mini-enclosure					
≥160 sf or ≥260	0 If	Demolition	1							Glovebag procedur Non-Exempted (*)		friahlo	nroce	adura	_
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asbestos-conta		by mainte staff(12)	enance/cu	stodial		Descripti	on of a	sbestos-containii	ng	Amount		e m	e	n	n E
material (acm) abated in facilit		المالية	7.00	T	-	material				(Specify S LF)	For	0	a	a	C
	7 (17)	Yes	No	N/A								v e	r	р	-
Basement			X			Pipe Insula	tion			250 lf		M			
Registered Waste Ha D & S RESTORA		NJDI 135	EP·Hauler	ID#		oic Yards of CY	Waste	Name of Regis		Landfill RESOURCE RE	COVE	2 Y			
City, State				Disposal				City, State	111,	ALGO ONCE N	JCO Y LL	. 1	Name of Street	-	MATERIAL PROPERTY.
PATERSON, NJ	07503			02/1				TULLYTO	WN.	PA					
Completed by (Print of		Title		1	T	Signature					Date				And the State of t
BOGDAN JOLD	ZIC	PRESID	ENT		_						01/31	/2015			
ASR-41	*	Do not us	e this form	n for asbes	stos	licensure ex	empte	d activities.						100 1100	or seculiar



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

			NO			NJAC 8:60	and 12:120))		1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	/ F D	+		
Date of Notification (1) 2-5-2015				Na Cr	me of B	uilding Own Street St	er/Operator ation Dev	(2) elopmer						
Agencies Notified	Type Notif	ication		Ott	ect Aud	ress th Street					1 - 1 - 1 4			
EPA DEP DOL				Cit	y, State	, Zip Code ovidence,	NJ 07922)	Aut	& LIGENSI	MIR	OL		
ĭ DOH	Emer	rgency (inclication)	luding	Na	me of C		1998 - 1994 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995			Telephone Num	ber			
DCA	L Canc	eliation				TY INFORM	MATION							
Name of Facility Where Commercial	Abatement	is Taking P	lace (3)						Facility (4) hool (K-12)					
Street Address								Su	hchanter 8	Other than K-12) vate & commercia	?) al buildir	nas h	omes	
10 Cottage Street								× Oth etc	2.)	# of Floors		g. Ag		_
City (5) Berkeley Heights,	NJ 07922							40000	+	1	60	T	-07	
County (6) Union					ounty Co	ode (7) SE ONLY) _		Current	Use (Prior	if being demolish	nea)			
Name of Monitoring Fire	m Hired by E	Building Ow	ner (8)		ASCM	No.	Name	e of Abate en Envir	ment Contr ronmenta	ractor (9) al Services, LL	_C			
Street Address								t Address Virginia	Avenue					
City, State, Zip Code	,							State, Zip	Code NJ 0730	04	5000000			
Project Manager for Mo	ct Manager for Monitoring Firm					e No.		phone No.		License N 01174	Vo.			
Start Date (10)			Schedule	d Com	pletion D	Date (11)	Nam	e of OSH	A Monitor					
2-17-2015		3	3-3-201	5				ne as al						_
Occupancy Status Dur							Stre	et Address	5					
Facility Closed/Va Abatement Perfor Other – Describe:	med Outsid	e of Norma	I Facility	batem Hours	ent		City,	State, Zip	Code					
Scope of Work (Check	All That Ap	ply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				enovat emoliti				Mini	i-Enclosure				e	
			T .	y 50				1401	- Exempted	(/ 3.13		Abate	ement	t
Asbestos-Containi TO BE A	ion of ng Material ABATED acility 3)	(ACM)	Use Ma	Location of the Location of Sole of Sole of Location of Location (12)	y ly by nce/ Staff?	(i.e. t	Descript os Containing hermal syste surfacing, other misce	g Material ems insula VAT, or	(ACM) tion,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A					3900SF	×			
	oof			X			Roofing N			150LF	×			
Windo		X			Cau			675LF	×	-	-			
Wind		X			Window			50SF	×	-	-	-		
	or Wall			X	<u></u>		Plaster/C	17.0	Name of	Registered Land	0.000			
Name of Registered Waste Hauler Green Environmental Services				H	IJDEP V Hau <mark>l</mark> er ID 03488	No.	Cubic Yard of Waste 40	IS		W.S. North la		2 5363		
City, State Jersey City, NJ							Disposal D 3-3-2015		City, Sta Morris	ville, PA	Data			
Completed by Liliana Serrano	City, NJ Tit				nager		Signa	iture	Sell		2-5-20	15		

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

check 5490

								(69	The second
Date of Notification (1) 2 - (e - 15			Rea	race of Build	UMME	er (Z) ./		1 m 1 m 2	No. 1.
Agency Notified	Type Notification	·	St	eet Addres	s · /	11	ATH I WAY		67
D EPA -	(Initial		,	33.1	PITTEN	HOUSE	150AD		3 2
DDEP	☐ Amended		Ci	y, State, Ze	Code .		A SELECTION	C 1-15x	700
- DOL	Amendment#			TOCK		NJC	2559	O LUM	LKOL -
	D Emergency (inc	itading		me of Cont	-1.0	7	10 10 11	The life	
DOH DOCA	justification)		PGG		MMEY		Telephone Nu	mber	_
	- Contraction		115		FORMATION		1		-
Name of Facility Where	Abatement is Taking	Place (3)	87	RGILIT IR	POREMINE .	Type of Facilit	410		
R. Mumm	EY								
Street Address	*				-	School (K-1	8 (Other than K-1)	2) -	1 1
105 131	2040 STI	2FE 1				homes, etc.	mate & commerci	ai building	S,
Cay (5)				8	* 11.5	Square Feet	# of Floors	Bldg. A	ge
FCEMING	TOW			90.	•	3000.	2	95	YRS
County (6)	DON		Cot		7) (STATE USE		rior if being demol	ished)	/-
Name of Monitoring Firm		MDOT A	SCM No.			mont Contractor	SI		
(8)		- Constitution			Best Re	moval In	c		_
Street Address					Street Address		Atta		- Inches
City, State, Zip Code					450 Sou	th River	St)
					Hackens	ack, N.J	07601		
Project Manager for Moni	loong Firm	Tein	phone N	0.	Telephone No.	LLA, IL.O	License No.	393 30 (31 T	
					201-329-	-7444 -	00388		
Start Date (19) 2 - 16 - 2013	Scheduled				Name of OSHA			27.1	
Occupancy Status During		17-	201	5	Omega E	Invironme	ental		1.2
☐ Facility Closed/Vacated			<i>:</i>			yler St			
☐ Abatement Performed (Duiside of Normal Fa	CEN House	ent		City, State, Zip C				-3
Tel Other - Describe: 8	AM - 50	m					,N.J. 076	506	2 -
Scope of Work (Check all)	that apply)		-				11		1
18≥3sfor≥3f				novation '	@ Mini-E	Enclosure	Vegative Pressure		
© ≥ 160 of or ≥ 250 F			Q De	arction		bag Procedure	Non-Frieble Proce	of man	
		Is Loc	ation	1		and a property () come	- Land Land Land		batement
. Location	of .	Non	naffy	3:			į į		Type
Asbestos-Containing I	Material (ACM)	Mainte	olely by	Ashosi	Description of as Containing Mat	new (6000	Amount	.]	
TO BE ABA	TED	Cust	odial	Co.	Bernel systems in	esulation.	(Specify.	20	Enclosure Encapsulate Rephir
	ğ	82			surfacing VAT.	OF.	SF or LF)	Removal	유흥용
(1007)		. (1:	2)		other miscellaneo	ers)		W	-
		Yes N	N/A	1		1		171	20
BASEMENT			V	-11-0					
111			1	THERE	MAL MSUL	ATION	120 8	LFX	
		1	+-	 					++;
								***	+++
tame of Registered Waste		NJDEP	Waste I	lauter (Oubic Yards of	Name of Register	red Lapelilli	1 1	
Best Remova	l Inc	ID No.	7109	1	Naste (**************************************	Enterpris	292	LLC
Rigr, State		1 1	103		11211		11	,	
Hackensack	, N.J. 07	601 .			2-17-20/5	City, State	urg, Oh,4	6600	The same of the sa
completed by	- Title				Signature	- waynesD	Da		
VELDRAN	Esti	mator		9	R. Veld	ron		-6-1	5
SS-41	* Pa pak	some Hain Co.			7 7 7 7			- '	

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

check 5488

Date of Notification (1)			Name		g Owner/Operation	or (Z)		
2-6-15			17.	MC	MME	/ 2785		1.
Agency Notified	Type Notification		Street	Address	ITTEN	HOUSE	ROAD	¢. I
D EPA	Initial Amended		City, S	State, Zip	Code .	NJ 08		DL.
- B DOL	Amendment \$ Q Emergency (include	ng		OCK:	1.0.10		elephone Number	1
DOH DOA	justification) U Cancellation	-			nney			
			FAC	ILITY INF	ORMATION			
Name of Facility Where	Abatement is Taking Pl	ice (3)				Type of Facility (4)		
R. Mumm	EY.					School (K-12) Subchapter 8 (C	Whathan K-121	
Shreet Address	20140 STR	i I	-			Other (i.e. prival homes, etc.)	te & commercial building	Б,
Cây (5)					a.,		of Roots Bldg.	
FLEMING	TOW				* ***	3000.		YRS
Coinnets (S)			Coun	^	(STATE USE		if being demolished)	
HUNTER	DON			1	T At 6.65 6	PESIDE	NEE	
Name of Monitoring Fig.	n Hised by Building Over	er A	SCM No.		1	emoval Inc		-
					Street Address			
Street Address			2		1	uth River S	St	
City, State, Zip Code					City, State, Zit	Code		
	598			-72	1	sack, N.J.	07601	
Project Manager for Mo	nioning Fam	Tele	ephone No	-	Telephone No 201-325		00388	1-3
Start Date (10)	Scheduled C	ompleto	n Date (11)	Name of OSH		139137	1 1
2-16-201			201	5		Environmen	ital	-
Occupancy Status Duris	ng Abatement (Check or	ly one)			Street Address		H	1 77
☐ Facility Closed/Vacat	ed During Entire Period	of Abates	nent		City, State, Zip	Huyler St	4752	-
Abatement Performe Other - Describe:	8 Am - 5 P		s		S. Ha	ckensack,	N.J. 07606	G[_ c.,
Scape of Work (Check :	ell that apply)		10		Q Fu	ii Containment with No	gative Pressure	. Con
18≥3sfor≥3f				novation i	一色版	ni-Enclosure ovebag Procedure		
□ ≥ 160 sf or ≥ 260 ff			G 06	RINGHAM	□ No	a-Exempted (") and N	on-Prieble Procedure	
		ls L	ocation				1	Abatement Type
Locati	on of	Coversion 7.75	mally Solely by		Description	n of .		
Ashestos-Containii	ng Material (ACM)	Maint	tenance/	Asbe	stes Containing I ., thermal system	Material (ACM)	A animarent 1	Encapsulate Rephir
TO BE A	CALED		stodial	1	surfacing, W	AT, or	SF or LF)	nospaulat Repair
(1:		. ((12)		other miscella	neous)		Tate I
e de la constanta		Yes	No NA					
BASEMENT			V	THE	emac w	SULATION	75 LF)	X
				1			77	
Name of Registered Wa			EP Waste	Hauler	Cubic Yards of			
Best Remo	oval Inc	ID N	o. 17109		3/4 YDS	<u> </u>	Enterprises	, LLC
City, State					Disposal Date	City, State	02 1166	0
THE RESERVE THE PARTY OF THE PA	k , N.J. 07	601			2-17-20	Waynesb	urg, 0h,4468	
Completed by	Title	imato	O 25		Signature	ldron	2-6	-15
R-VELDRAN				chactes li	censure exemple	NAME OF TAXABLE PARTY.		

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

PECEIVED WE

Data of National - 11				Morre	of Duitalia	OumariOnesaks - //	2)	- ext F	1.00			
Date of Notification (1) 02 /	05 / _	15			AND CONTRACTOR OF	Owner/Operator (2 sycare Inc.				1		
Agencies Notified EPA	Type Notifica	ition			Address State St			Sigs com				
⊠ DOLWD	☐ Amended			City S	tate, Zip C	inde:	2	LICENSING	20	i tay'.		-
☐ DHSS	Amendme	-			nden , N.			いたいかではついけい				
☐ DCA	⊠ Emergen	cy (includii	ng	100	of Contac			Telephone Number	ar	-		
(NJAC 5:23-8)	justification Cancellat			Name	Oi Contac			relephone rumbe	J1			
				FAC	CILITY IN	IFORMATION						
Name of Facility Where	Abatement is T	aking Place	ce (3)				Type of Facility (4	4)				
Respond Daycare							School (K-12)	(0.1				
Street Address							☐ Subchapter 8	(Other than K-12) vate and commerc	ial bu	ildina	5	
400 N. 9th Street							homes, etc.)	vate and commerc	noi Da	ag	·,	
City (5)							Square Feet	# of Floors	Bio	ig. Ag	je	
Camden							3500Sf	3 Floors	7	75 yr	s.	
County (6)				Coun	ity Code (7)(STATE USE ONLY)	Current Use (Price	r if being demolish	ned)		10000	
US; Camden CO.						*	Daycare					
Name of Monitoring Firm	Hired by Build	ding Owne	r (8)	ASCM	No.	Name of Abateme	ent Contractor (9)		111-000			
Environmental Tes			of the same			Graham-Tecl	n Environmenta	Service, LLC.				
Street Address						Street Address						
413 N. Black Horse	Pike					14 Read Driv	е					
City, State, Zip Code					Name of Street, and	City, State, Zip Co	ode					
Runnemeda						Sicklerville, I						
Project Manager for Mor	itorina Firm		Tele	phone	No	Telephone No.		License No.				
Howard Zenobi	atomig i iiii		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	56-482		856-318-1341		01158				
Start Date (10)	16	Scheduled				Name of OSHA N		000				
02 / 13 /	200000		/ 16				n Environmenta	I Services III C	:			
							T ZIIVII OIIII OIII	1 00111000; 520	•			_
Occupancy Status Durin				estate en especial		Street Address						
□ Facility Closed/Vacat □ Abatement Performe	7				aribo	14 Read Driv						
Time of Abatement:					Clibe	City, State, Zip C						
Coope of Work (Chook o	Il that apply)					Sicklerville, I	42 0000 1		-			-
Scope of Work (Check a	п тпат арріу)					☐ Full Con	tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			Renovat			Mini-End Clayaba	closure g Procedure					
≥160 St or ≥260 If		L 1	Demoliti	on:			empted (*) and Nor	-Friable Procedur	е			
		T	Is Loca	tion	I		T		-	atem	ent T	vpe
Location	n of		Norma			Description of	5.45		-	-		1
Asbestos-Containing		10.7	sed Sol			estos Containing Ma		Amount	Remova	Repair	Encapsulate	Enclosure
TO BE AB			ustodial	Staff?	(1.6	e., thermal systems surfacing, VAT		(Specify SF or LF)	ova	=	psu	usc
(13)	,	-	(12)	1	-	other miscellane		ADMAN MARKAN MA	_		llate	9
		Ye	s No	N/A								
Basement (Boiler ro	oom)				Therma	al Systems Insul	lation	5 SF				
Basement (Boirler	Room)				Pipe In	sulation		5 LF				
						N W						
Name of Registered Wa	ste Hauler			NJDEP		Cubic Yards of	Name of Regist	ered Landfill				
Graham-Tech Envi	ronmental S	Service, I	LC	dauler I		Waste	G.R.O.W. N	orth Landfill &	Tully	tow	n	
City, State						Disposal Date	City, State					
14 Read Drive Sick	derville, NJ	08081				02/16/2015	1513 Brode	entown Rd. Mor	risvil	le,P	Д	
Completed By (Print or	Гуре)	Title				Şignature	Ψ	Da	te	_	~	-
Vernice Graham		Presi	dent			Voile	LOUM	. 15	1-5)·1	\supset	



Emergena

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

CP 14639

Date of Notification (1) 2/6/15	V				Building O		Operator (2 Home						-			
1	Type Notification	on -		Street Ad 1044 M	dress ill Creek	(4.3	10 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2 1 4,19 4	w				
DEP × DOL	Amended Amendme	ent #			e, Zip Coo awkin N)50	lab y	45 E 7 1 6 & E 16	EN	UNIK UNIK	UL.				
DOH DCA	Emergen justification Cancellat		4 8	Name of O	Contact						ephone Ni	ımher			20.000	
				FACIL	ITY INFO	RMAT										
Name of Facility Where A Jeff Hueston Private		king Place (3)						☐ s	of Facility (4 chool (K-12)						
Street Address 1044 Mill Creek				40				× O	ubchapter 8 ther (i.e. pr tc.)				ildir	ngs, h	nome	s,
City (5) Manahawkin NJ 080)50							Square 1000	e Feet	# of	Floors		Bld 35	g. Ag +	je	
County (6) Ocean				County C	ode (7) SE ONLY)			Curren Home	it Use (Prior	r if bei	ng demoli	shed)				
Name of Monitoring Firm N/A	Hired by Buildi	ng Owner (8)		ASCM	No.		Name o		ement Cont	ractor	(9)					
Street Address		×					Street A									
City, State, Zip Code			-			12	City, St.		Code NJ 0809	91	=					
Project Manager for Moni	toring Firm	10		Telephon	e No.		Telepho 856-7				License 00727	No.				
Start Date (10) 2/7/15		Schedule 2/11/15		pletion D	Date (11)		Name o		A Monitor							
Occupancy Status During	Abatement (C	heck Only On	e)		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		Street A	Addres	S							-
Facility Closed/Vaca Abatement Performe Other – Describe: _	ated During Ent ed Outside of N	ire Period of A lormal Facility	batem Hours	ent	1		City, St	ate, Zip	o Code							
Scope of Work (Check Al	I That Apply)															
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf		and the same of th	enova emoliti					Min Glo	Containme i-Enclosure vebag Proc i-Exempted	edure					4	
		le.	Locati	00		1-1-00		110.	ZXOTTIPIOG	() 4,	4 110/11		1115.5		ment	
Location Aspestos-Containing		Use	lormall d Sole	ly by	Ashesi		escription ntaining M		(ACM)	A	mount		T	Ту		
TO BE ABA In Facili (13)	ATED	Ividi	ntenar odial S (12)			therm surf	al systems facing, VA miscellan	insula T, or			Specify F or LF)	Kemovai		Repair	Encapsulate	Enclosure
		Yes	No	N/A											е	
Exterior S	Siding			Х		Ext	terior Sic	ling		10	000 SF	x				
Through	Through Out						Floor Tile	9		8	800 sf	x				
		1				5				-	+			-		
Name of Registered Was	Name of Registered Waste Hauler					(CO) (C) (C)	ic Yards		Name of F	Regist	ered Land	Ifill				
United Containers	KA 1023				No.	3	/aste		G.R.O.\							
City, State Elm NJ 08091							osal Date 1/15	#	City, State Morrisvi		A 19067	7				
Completed by Anthony T Perna		Title Presi	dent				Signature) 9			1	Date 2/6/1	5			

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



Date of Notification (1) 02/05/2015			110,000		Building O	Owner/Ope	erator	(2)	. 200	in the state of	- 1774	. 6	>		
	Type Notification	Laren Francisco	S	treet Ad	idress	AIN STR	FFT				S CON				
EPA DEP X DOL	Initial Amended Amendment		C	ity, Stat	e, Zip Co				3.	LIE	ENSINE				
× DOH □ DCA	justification) Cancellation	• ************************************	1000		Contact HOMER	2				Tele	ephone Nun	her			
E				FACIL	ITY INFO	RMATIO	N			-					
Name of Facility Where A COMMERCIAL	batement is Takin	g Place (3)						-	of Facility (4 chool (K-1)	er.					
Street Address 44 SOUTH MAIN ST	TREET							X C			er than K-12 commercia		ings,	home	s,
City (5) MULLICA HILL						0		Square 4372		# of	Floors		dg. A	ge	
County (6) GLOUCESTER					ode (7) ISE ONLY)			Currer	nt Use (Prid	r if bei	ng demolish	ed)			
Name of Monitoring Firm CONNELL-GREENE		Owner (8)		ASCM	No.				ement Con ENVIRO		(9) NTAL SE	RVIC	ES	INC.	
Street Address 904 KINGS ARM DF	RIVE					100		Addres	s S RUN						
City, State, Zip Code DOWNINGTOWN, F	PA 19335							State, Zip LICA I	Code	08062	2				
Project Manager for Moni RICK PELLISSIER	toring Firm			elephor 184-43	ne No. 2-9363	- 1		none No 304-46			License N 01145	0.			
Start Date (10) 02/09/2015		Scheduled 02/10/20		pletion [Date (11)	100	Name EMS		A Monitor						
Occupancy Status During X Facility Closed/Vaca	**************************************			ant	- 1	300		Addres	s 80 NORT	Н					
Facility Closed/Vaca Abatement Performe Other – Describe:				2111				State, Zip	Code	J 080	77				
Scope of Work (Check All	I That Apply)									1				1928-11	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	***************************************	and the same	novati				×	Min	i-Enclosure vebag Prod	e edure	Negative F				
		ls L	ocatio	on			L	_l Nor	i-Exempted	i (*) an	d Non-Friab		Abate	ment	
Location Asbestos-Containing TO BE ABA In Facilit (13)	Material (ACM) ATED	Used Main Custo	Solely Solely itenan idial Si (12)	y by ce/		Desc stos Contai thermal s surfaci other mi	ystem ng, VA	Material s insula AT, or		(8	mount Specify F or LF)	Removal	Ty Repair	e Encapsulate	Enclosure
A0 20		Yes	No	N/A		(%)								ite	© O
BASEME	ENT			X	PIP	E INSUL	_ATIC	ON WE	RAP	1	5 LF	X			-
Name of Registered Was			100000	JDEP W		Cubic Y					ered Landfill				
ASSURED ENVIRON	NMENTAL SE	RVICES	1000000	34895		2					ANDFILL				
City, State MULLICA HILL, NJ					3	02/11/	2015	/	City, Stat		RG, OH				
Completed by RON SWANSON		Title GM				/Sig	gnatur	ral	40	W		ate 2/05/2	2015		
ASB-41 (R-06-08)						0	/	ot use t	his form for	asbes	tos licensur	e exen	npted	activi	ties.

Check#2107		NOT		ATIO	N OF AS nt to NJA	BESTO	S ABAT		T	Emer	gency	noti	ficati	on	
Date of Notification (1)				Name	e of Buildin	g Owner/	Operator ((2)	1	1)-			-		
02 /	06 / 13	5		Davis	Mincev				102 T	Tienny Junes	C				
Agencies Notified	Type Notification				t Address					1	1/2	;e)E(7		
□ EPA	⊠ Initial			Section 1				1		(elunangla)	-		1		
⊠ DOLWO	☐ Amended		20		rumman A State, Zip				Sacraices	Johnson State	ß	5	1_		
⊠ DHS\$	Amendment :		-	4000				1		Health & Senior	10 chil	TU I'N	d		
□ DCA	Emergancy (I	ncludin	ğ	100000000000000000000000000000000000000	ark, NJ 07	ar inc				OF MOULE IN					
(NJAC 5:23-8)	Justification) Cancellation				e of Contac	10				Telephone Nur	nber	-	1		
	Cancellation			-	les Holme	~~~									
				. FA	CILITY II	NFORM	ATION								
Name of Facility Where	Abatement is Takir	ig Plac	e (3)	Notice Consult			*	Type o	Faolity	(4)	-	-			
Private house								Sch	ool (K-12	?}					
Street Address			-	140		-		Sub	chapter 8	Other than K-1	2)				
37 Grumman Avenue	10 10								ខ្វា (i.e., p nes, ២៤.)	rivate and commi	ercial b	ulidin	95,		
Clby (5)					+	7*		Square		# of Floors	12	idg. /	Aron .	-	
Newark, NJ 07112									5				-2-		
County (6)				Cour	nty Gode (7)	(STATE (ISE ONLY	Curren	HISE /Dr	lor if being demoi	ishedi			-	
Essex					V ==== (1)	101/1100	ADE CHELL	Vallen	S OBC (L. II	tor it being deriver	ionou)				
Name of Monitoring Fire	n Filred by Building	Owner	(8)	ASCM	i ble.	None	of Aleston								
Ť			1-1	U-0-0-141	(140.		of Abatem	our Adul	actor (a)	1.2					
Stock Address	V-9-201		-		***************************************	-	th LLC				-	ر م			
SHEEL WOOLDSS	et Address					1	Address		C many						
All All I							alley Rd #			(30					
City, State, Zip Code						City, S	tate, Zip C	ode			10				
· · · · · · · · · · · · · · · · · · ·					governous, in the	Wayne	, NJ 074	70		i				17	
Project Manager for Mon	nitoring Firm		Tel	ephone	No,	Teleph	one No.			License No.	7.72	-		1	
				32		973-63	8-1777			01127		¥.			
Start Date (10)					ate (11)		uf OSHA N	Monitor				-	-		
02 / 08 /	15	02	/ 0	9 1	15	1			120	2				9	
Occupancy Status Durin							vision Co Address	msuran	ts, inc	1-1	H-07	-		- THE COLUMN TO	
☑ Faolity Closed/Vaca	ted Durice Entire P	erlad a	Chate	smart.		100000000000000000000000000000000000000					\bigcirc	-	Cal.		
Abatement Performe	d Outside of Norma	t Facili	v Hou	rich De	antibo	20-21	Wagaraw	Road, I	31dg .# 3	BSE			1000		
Time of Abatement:	AMF	14/	PM	_	AM		tate, Zip C		New York				55		
Chang of Most Wheel	11 15 - 20 - 1			Chang	-d	Fair La	wn, NJ 0								
Scope of Work (Check a	iii that apply)					H	Clean u	p and da	contamin	ation with negative	n pres	sure	P. Carrier	SHEET STATE OF THE SHEET	
>3 sf or >3 lf		N R	enovat	ion			Mini-End	itainment Hosure	with Med	sative Pressure					
2 160 sf or 250 lf		D	emoliti	on		\boxtimes	Gloveba	a Proces	ure []	Tent with Negativ	e Pres	sure			
- Western	- Water was reasoned and	-		PORTS.			Non-Exe	mpted (*) and No	n-Friable Proced	ite.	- 1			
7			s Loca Norma							The same of the sa	Al	etem	ent T	уре	
Loostion Asbestos-Containing			ad Sol				ascription o				70	T	m	TI	
TO BE AB		M	alnten:	ance/	/ ASDQ	therms	taining Ma al systems	itariai (Ai	CM)	Amount (Specify	me	Repair	000	nol	
IN Faci	lity	Cus		Staff?	(,,,	aurfe	abing, VAT	, or	"	SIF or LF)	Removal	=	Isd	Enclosure	
(13)		-	(12)	_	-	other	miscellane	ous)			=		Encapantale	to.	
		Yos	No		-								10		
Basement				\boxtimes	Pipe ins	ulation		301400A		165 LF	X			In	
			П			DIAM	-				-	-		1	
	177		-	+										1	
		ليا			L										
													In	To	
Name of Registered Wa	sto Heuler	100	N.	DEP Wast	te Haples 10 No.	Cubic Y	ards of Was	tel Nam-	of Benie	tered Landfill				1	
Gr Tech LLC		510				0.000				PLOS CHILDNII				002	
Oity, State				00337	45	TB	-		F. Inc				-		
Server eleganterson						Disposi	al Date	City,	State						
Wayne, NJ 07470		-				TB	D	Tully	own, PA	4					
Completed By (Print or 1	(ypa) Titi	ė		-	-	31	phature /	7) 0	<u>را م</u> الس	***************************************	ate				
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AS8-41	_		-				!/		- County	02	2/06/2	012			
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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	25.11	Name of Building Owner/Operator (2) Gloria Garland										
February 6, 201	5	Out of Addison										
[] DEP [] Amer	l Notification nded Notification	Street Address City, State, Zip Co	P O B		u		1	0				
	ndment # gency (including	City, state, Zip Co	Rums	on, NJ 07760 BES	TOS CONT	ROL						
[] DCA justif	ication) ellation	Name of Contact	Garland		elephone Number							
							-					
Name of Facility Where Abatement is Taking		ACILITY INFORM	IATION	Type of Facility (4)								
Residence				[]	School (k-12)							
Street Address	the second			[]	Subchapter 8 (oth							
15 Osborne Place				[x]	Other (i.e., privat homes, etc.)	e & con	nmerci	al build	ings,			
City	County (6)	County Code (7) (STATE USE ONL	Y)	Square feet 1500 sf	# of Floors	Bldg	Age 8	5				
Sea Bright	Monmouth		,	Current Use (Prior if Resider		demolished)						
Name of Monitoring Firm Hired by Building		ASCM No.	Name of	Abatement Contractor		ing Inc						
Guardian Contract Street Address	inig, inc.		Street Address									
1889 Rte. 9, Unit	61		oute 9, Unit 61									
City, State, Zip Code Toms River, NJ 0	8755		iver, New Jers	er, New Jersey 08755-1271								
Project Manager for Monitoring Firm Nicholas Fernicola	Telephone Numl 732-349-993		License Number 00624									
Scheduled Start Date (10) 2/6/15	Scheduled Comp 2/9/15		732-34 Name of	L. Analytical	9 92 4 9							
Occupancy Status During Abatement (Check	only one)		Street A	ddress								
	d During Entire Period of			1056 St	elton Road							
[] Abatement Performed	Outside of Normal Facility	y Hours	City, Sta	ite, Zip Code	way, New Jerse	N 088	54					
			1									
Scope of Work (Check all that apply)			1	Full Containment Mini-Enclosure	with Negative Pres	sure						
[X] >3 sf or ≥3 lf	[X] Rer	novation	[x]	Glovebag Procedu	ire							
[] ≥160 sf or ≥260 lf	[] Der	moli <mark>t</mark> ion	[]	Non-Exempted (*) and Non-Friable	Procedu	re					
						Abate	ement '	Гуре				
	Is Location		Description			R	R	Е	Е			
Location of Asbestos-Containing Material (ACM)	Normally used Solely by		bestos-Co: Material (A	~	Amount (Specify SF	Е	E P	N C	N C			
TO BE ABATED	Maintenance/Custod	lial (i.e	e., thermal	systems	or LF)	M O	A	Α	L			
in facility	Staff	ins	ulation, su			v	I R	P S	O S			
(13)	(12)	otl	VAT, ner miscell			A	10	U	U			
100	YES NO N/			and a dely		L		L E	R E			
Attic	X	Asbestos pipe	e insulatio	on	150 lf	X						
									-			
	L NAME AND ADDRESS OF THE PARTY	1 7011	-1	. Newson	and I and Ell							
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Ha	3 3	ards of Was	T.R.R.F.	red LandTIII							
City, State Toms River, New Jersey		isposal Date /10/15	City, S	tate town, Pennsylvania	į,							
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	41		/	Date 2/6/	2015	+				
Tylollolas Folfillolla	1 10 Joot Ividilagoi	Vit	mol			2,01						

*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)

Date of Notification (1)	ebruary 6, 20	15			Name of Build		erator (2) nole Constru	ction	- C C 1 P	in I	/	161	6		
Agencies Notified	Type of Notifica	ation			Street Address			2313	1.60	J	photo or	80	<i>P</i>		
[X] EPA [] DEP	5 5	al Notifica anded Not			G: 0: 5:	N	Bartlett Aven				1201				
[x] DOL		endment # rgency (ii			City, State, Zip		Creek, NJ 08		BEDTUD U. & LICENS	ING	N U L				
[x] DOH		fication) cellation			Name of Conta			Te	elephone Number						
				FAC	LILITY INFO										
Name of Facility Where Ab		Place (3)	1110		Idviration	Type of Faci	ility (4)							
Res	idence						[]	School (k-12)						
Street Address	20.000 1000 1000] []	Subchapter 8 (otl		100				
116	Marlin Road						L	x]	Other (i.e., private homes, etc.)	te & co	mmerc	al build	lings,		
City Tuckerton	12	Count	y (6)		County Code (7 (STATE USE C		Square feet	sf	# of Floors	Bldg	g. Age	60			
		Ocea	ın			*	Current Use	(Prior if l	being demolished)			,0			
Name of Monitoring Firm I		Owner (8	3)	-	ASCM No.	Name o	f Abatement Con	Resident ntractor (-				
N/A Street Address		-						Guardia	n Contracting,	Inc.					
Sheet Address	OCCUPATION OF STATE O					Street A	100	889 Ro	oute 9, Unit 61						
City, State, Zip Code	y, State, Zip Code						ate, Zip Code	007100	ate 7, Offit of						
Project Manager for Monito	oring Firm		Telephone	Number						er, New Jersey 08755-1271					
			relephone	ivanibei	732-349-9932 00					umber					
Scheduled Start Date (10) 2/6/15			Scheduled 2/9/1		on Date (11)	. Analytical									
[] Abat	batement (Check ity Closed/Vacate ement Performed r – Describe	d During	Entire Perio			Street A	ddress 1	056 Ste	elton Road	·v 088	54				
Scope of Work (Check all the	nat apply)								vith Negative Pres	Z:			-		
F 7						Ĺ] Mini-Encl	losure							
1 1	or ≥3 lf sf or ≥260 lf		[x]	Renova Demoli		[x	Glovebag Non Even		e and Non-Friable I)					
[:-]	01 01 <u></u>		[7]	Demon	T	ĹA] Non-Exen	iipied (·)	and Non-Friance i	roceat	ire				
			T - T 4							Abat	ement '	Гуре			
Location o	f	N	Is Locatio Jormally us			Descripti Asbestos-Co			Amount	R	R	Е	Е		
Asbestos-Containing M			Solely by			Material (A			(Specify SF	E	E P	N C	N C		
TO BE ABAT in facility		Main	tenance/Cu	stodial		(i.e., thermal			or LF)	M	A	Α	L		
(13)			Staff (12)			insulation, su VAT,				v	I R	P S	S		
			(1-)			other miscel				A		U	U		
		YES	NO	N/A						L		L E	RE		
Exterior			X		Asbestos si	ding			1000 sf	X					
N. CP. L. LW															
Name of Registered Waste Hauler Guardian Contracting, Inc. NJDEP Waste Haule 20223					ID No. Cubic	Yards of Was	te Name of T.R.F		ed Landfill						
City, State Toms River, 1				Dispos 2/10/	al Date	City, St	ate								
Completed by (Print or Type)	Title		Signature Date											
Nicholas Fernicola Title Project Manager) Y	lichi	1-le	/		2/6/	15				

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

(K8673

Feb 5 2015 08:22am

P001/00

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

CHECK # 8667

Date of Notification (1)		1	-						AND	SP FOR H	:lm				
2/5/15	AT 15-30 F	201		f Building (NJ Dept. of			***************************************	Service			
D DEP D Amended	CHI.		City, Sh	71006	de			noie-2-L	110	natur 6	400	1 20			
S DOL Amendment Emergency S DOH justification D DCA □ Cancellation	Including		Name o	Contact		NO U	08534	Telephone.	Milmpe	it.		-			
Cancenation		1	***	LITY INFO		-	4	_1		-					
Name of Facility Where Abetement is Taking	Place (3)			ILST T INFC	JRINATIC	N I	Type of Facility (********					
Street Address 17 TIME BELLY Z BRIVE	- Visit Suit	There					□ School (K-1) □ Subchapter □ Other (i.e. pr	Other than K	-12) rolal b	ılidin	ja, hom	nes,			
PENEROTUN	7,010		the second		********		etc.) Square Feet /450	# of Floors			a. Age	· •			
County (5) MERCEN	with the same		County (Code (7) USE ONLY)	·	1	Current Use (Pric		ished)						
Name of Monitoring Firm Hired by Building C	wner (8)	l.	ASC	M No.		Name A. MA	of Abatement Con	ractor (9)			3	**************************************			
Street Address			ci			Street.	Address realand Ave.		- V						
City, State, Zip Code	West of the second seco					City, St	ete, Zip Code nd Park, NJ 07432		2017		-	**************************************			
Project Manager for Monitoring Firm	nager for Monitoring Firm					Teleph	one No. 262-5841	License		ا ش ا					
Start Date (10) -2/5/15	Schedule	d Con	ripletion I	Date (11)	1 0015	3									
Occupancy Status During Abatement (Checie Facility Closed/Vecated During Entire P Abatement Performed Outside of Normal Other - Describe:	K Only On	s) Satem			Sarvices Inc.			-							
Scope of Work (Check All That Apply)				7.00	-	Macke	nsack, NJ 07606								
☐ ≥3 sf or ≥3 # ☑ ≥160 sf or ≥260 #	Æ Re □ De	novat mošti	iion ion	Pa Salar			Full Containmen Mini-Endlosure Glovebag Proce Non-Exempted (duro			tro.				
Location of		Locati	100				9	7	Diam'r.	ALC: MARKET	ateme Type	nt			
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mali	d Sole ntenar odial S (12)	nce/	Asbest (i.e.	os Conta thermal s	ystoms ng, VAT	laterial (ACM) insulation, ror	Amount (Specify SF or LF)	Albert Management	nerfest t	Į m	Enclosure			
Colon de Stronger, son a St. Stronger, Colon S	Yes	No	NA			***********		·	100		100	9			
BASEMENT GARACE	SEMENT GARACE				TRAN	17/2		532	SF /	<					
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Name of Registered Waste Hauter			JOEP W		Gubic Ya	ards	Name of R	edistered Land	D D		oud out				
Newark Carting, Inc		T.			of Waste	Waste /		Registerad Landfill PA Bethleham Landfill Corp.							
City, State, Zip Code Newark, NJ 07105						Disposa/Date City, State, Z									
Completed by R. McDonald	-					Date /	-	The same of the sa	-						

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

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Date of Notification (1)					\$ (uilding Ov HARP & DO		perator (2) CORP.	hea.		a i by	Sea !	1	28
2 /	5 /15				Str	eet Add	ress			775.					
Agencies Notified	Type Noti	fication			126	6 E. LIN	COLN AVE	NUE		Cities -			111	<i>i</i> ()	
□ EPA		al Notific	ation		Cit	u State	Zip Code		-					_	_
DEP		anded N		ion			NEW JER	SEV	7065	4.50ES	OBC.	12-12	or a		
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		artisti area.	CONT. TO STA	DOTE THE PARTY AND	ACILITY								-		
Name of Facility Where	Abatement is	e Taking	Place		ACILITY	INFORI	MATION	Type	of Facility	(A)				-	-
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MERCK SHARP & DOH	ME CORPOR	AHON						X		r 8 (Other th orivate & con			hom	ac at	
Street Address									uare Feet	# of Flor		Tiugs		. Age	
126 EAST LINCOLN AV	ENLIE BLDG	2 60							110,200	6	UIS			. Age	
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RAHWAY	1000000	ION	O	- (0)	(STA		ONLY)					(0)	-		
Name of Monitoring Fir						A	SCM No.			ment Contra MENTAL CO			ON		
ENVIRONMETAL HEAL	IH INVESTIG	AHONS	o, INC.				17		et Address	VIENTAL CC	JRPO	KAII	ON		
Street Address	. II								s Address SPOOK RO	CK BOAD					
655 WEST SHORE TRA	AIL														
City, State, Zip Code	CDADTA	NEW.	IEDO	EY 07871					State, Zip C	V YORK 109	201				
Project Manager for Moni	30-30-5-30-5-30-5-30-5-30-5-30-5-30-5-3	A, INEVV		Telephone	Alumbor				phone Numb			ise Nu	ımhar		
										JEI			an inei		
WILLIAM S. KERBEL, C				73-729-5					369-7500		1101				
Expected State Date (1	OF LOUIS CONTRACTOR		Sched		tion Date			1	e of OSHA		0 1110		114	4 400	
2 /	6 /15		Man	2/	Davi	6	/15	IAME	RISCI LAB	ORATORIE:	SINC		#1	1480	
Month Day Occupancy Status During		Chaok o	Mon		Day		Year	Stron	et Address						
	d/Vacated Du				tament				EAST 30TH	STREET					
	erformed Outs					orihe.		1111	LA01 0011	TOTALLI					
X Other - Desc		DAY 10		-	4.0			City.	State, Zip C	ode					
				05005500						V YORK, NE	EW YO	ORK 1	0016		
Scope of Work (Check a	Il that apply)					1	Full Conta	inmen		ive Pressure					
Demolition		X	Renova	ation			Mini-Enclo								
X >3SF OR LF						X	Glovebag	Proce	dure						
>160 SF OR	260 LF						Non-Friab	le Prod	edure						
Locatio	n of		ls L	ocation		Descr	iption of As	bestos	S-			l A	batem	ent Ty	/pe
Asbestos-co				ally used			ning Materia			Amour	nt	_	-		
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825 HIGHWAY 33	e			5939		10E)				R DRIVE/R					
City, State					Disposal	Disposal Date City, S			City, State						
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Completed by (Print or Ty		Title				Signa	ature	1	V		Date	0.	1-1	11-	
BENJAMIN SANCHEZ	ON: 73	DIRE	CTOR	OF OPE	RATIONS		Be	1	1			81	5/	10	
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P001/001

Name of Positification (1) Name of Estiding Owner/Operator (2) Name of Statisting Owner/Operator (3) Name of Statisting Owner/Operator (2) Name of Statisting Owner/Operator (3) Name of Name of Statisting Owner/Operator (3) Name of Name of Statisting Owner/Operator (3) Name of Name of Name of Statisting Owner/Operator (3) Name of N			NOT!	FICA?	TION OF A	SBESTOS ABAT 8:60-7 and 12:12	EMENT		Nite	A Month	Mathalian and a second	NEP-10		
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DEP Annerdox Notification RAHWAY, NEW JERSEY (17085) Annerdox Notification Control Co							=NUE						- Charles	
Name of Contact DCA X	DEP Arme	ended Notifi					SEY 070	65						
Name of Facility Whurs Abstracting it Toking Place (3) NERCK SHARP & DOHME CORPORATION Street Address 125 EAST LINCOLIN AVENUE - BLDG, 60 (126) (4) UNION Street Address 126 EAST LINCOLIN AVENUE - BLDG, 60 (127) (5) UNION Street Address 127 EAST LINCOLIN AVENUE - BLDG, 60 (127)			NOTIF	ICAT	ON MIK				Telephone	Number	r			
Name of Resitify (Mura Absternent is Taking Place (3) Street (Address Subchapter S (Other than K-1.2) School (K-1.2) Subchapter S (Other than K-1.2) Subchapter S (Ot		-		F										
MERCK SHARP & DOHME CORPORATION Sinset Address (25 EAST LINDOLN AVENUE - BLDG, so (26 EAST LINDOLN AVENUE - BLDG, so (27 EAST LINDOLN AVENUE - BLDG, so (27 EAST LINDOLN AVENUE - BLDG, so (28 EAST LINDOLN AVENUE - BLDG, so (29 EAST LINDOLN AVENUE - BLDG, so (20 EAST LINDOLN AVENUE - BLDG, so (20 EAST LINDOLN AVENUE - BLDG, so (20 EAST LINDOLN AVENUE - BLDG, so (20 EAST LINDOLN AVENUE - BLDG, so (21 EAST LINDOLN AVENUE - BLDG, so (21 EAST LINDOLN AVENUE - BLDG, so (21 EAST LINDOLN AVENUE - BLDG, so (22 EAST LINDOLN AVENUE - BLDG, so (23 EAST LINDOLN AVENUE - BLDG, so (24 EAST BLDG FIRE THAIL - BLDG FIR	Name of Facility Where Abatement is	s Taking P	ace (3)	TAMEN I I II	I OTHER TION	Type of	Facility	143	-			and a land	
Sirbet Address X Cither (fe. private 8 commel. bidgs, normer, etc.)	MERCK SHARP & DOHME CORPOR	ATION				9 128	St	chool (K- ubohapte	12) r 8 (Other th	ian K-12	2)			
Caurity Code (7) (STATE USE CALLY) Name of Monitoring Firm Hired by Building Owner (8) NAMINE OF Monitoring Firm Hired by Building Owner (8) NAMINE OF Abstatement Contractor (9) PARE ENVIRONMETTAL HEALTH INVESTIGATIONS, INC. 17		. 60				,	X Of	ther (ie. p	# of Flox	nmcl. bl	dgs., i	aldg. Ag		
Name of Monitoring Firm Hird by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. SITE ASCIN INC. STORE ASCINSS STASSHORE TRAIL. SPARTA, NEW JERSEY 07571 Telephone Number	day, the territory	-			1 0	4			1			80		
Name of Monitoring Firm Hired by Bulliding Owner (8) PAR ENVIRONMETAL HEALTH INVESTIGATIONS, INC. STREET Address SES WEST SHORE TRAIL. STREET Address SES WEST SHORE TRAIL. STREET Address SES WEST SHORE TRAIL. SPARTA, NEW JERSEY 07571 Project Manager für Monitoring Film Telephone Number STREET, Sibra, Zip Code SUFFERN, NEW YORK (0801) Telephone Number WILLIAM S, KERBEL, CIH ST-723-5849 Mortin Day Yosr Mortin Day Yosr Mortin Day Yosr Mortin Day Yosr Mortin Dely Street Address Street Address Street Address Street Address Street Address Total Abstract NEW YORK, NEW YORK (10016 NEW YORK, NEW YORK (10016 Street Address Total Street Address Tota							Current	Use (Pn	or if being de	emolish	ed)			
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SSE WEST SHORE TRAIL City, Sinte, Zip Code SPARTA, NEW JERSEY 07871 Telephone Number SPARTA, NEW JERSEY 07871 SUPPERN, NEW YORK 10801 Telephone Number SPARTA, NEW JERSEY 07871 SUPPERN, NEW YORK 10801 Telephone Number Telephone Number ST3-729-8549 S45-389-7500 1101 Scred, Completion Date (11) Name of OSHA Monitor Abdisment Performed Outseld of Normal Facility Hours - Describe: Abdisment Performed Outseld of Normal Facility Hours - Describe: Abdisment Performed Outseld of Normal Facility Hours - Describe: Abdisment Performed Outseld of Normal Facility Hours - Describe: Abdisment Performed Outseld of Normal Facility Hours - Describe: Abdisment Personal Outseld of Normal Facility Hours - Describe: Abdisment Personal Outseld of Normal Facility Hours - Describe: Abdisment Personal Outseld of Normal Facility Hours - Describe: Abdisment Personal Outseld of Normal Facility Hours - Describe: Abdisment Personal Outseld of Normal Facility Hours - Describe: Abdisment Personal Outseld of Normal Facility Hours - Describe: Abdisment Type Abdisment Type Abdisment Type In Facility (13) Yes In N/A PIPE INSULATION 6 LF X PIPE INSULATION 6 LF X PIPE INSULATION 6 LF X PART SOURCE ROAD Abdisment Type Abdisment Type Abdisment Type Abdisment Type Abdisment Type To DE ABATED In Facility (13) Yes IN N/A PIPE INSULATION 6 LF X PIPE INSULATION 7 Septimal Pacific Country RESOURCE MANAGEMENT'S APREED OLD, NEW YERSEY Completed by (Pent or Type) Tale Description of Absences APRIL AND RESERVE COURTY RESOURCE MANAGEMENT'S PIPE INSULATION 10 Septimal Pacific Country	ENVIRONMETAL HEALTH INVESTIG)	10.4	The state of the s	PAR EN	IVIRON	MENTAL CO	actor (9 DRPOR	ATIO	V	-	
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OK# 2567

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:80 and 12:120)

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:80 and 12:120)

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Scope of Work (Check All That Apply)	pries	F				autoiomani	with Negative Pr	meanir	9		
] ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit			Mini-E	nc'osure		Gestin			
X 2100 31 01 2424 11	V				Non-E	bag Proced exempted (*) and Non-Friable				_
		Locat			V V					ment	
Location of Asbestos-Containing Material (ACM)	Use	Norma d Sole	ely by	Ashastos Cor	escription of Itaining Material (/	ACIA)	Amount	n		E	
Agussida Co. Itali III g		intena todial	Staff?	surf	if systems insulation	111,	(Specify SF or LF)	Remova	Ropair	Encapsulate	-
TO BE ABATED In Facility	Cus	1-121						5	, ,	ate	-
TO BE ABATED		(12)		Duner	miscellaneous)	ļ					1
to BE ABATED In Facility (13)	Yes	(12) No	NIA				8000 M	V			-
Muse out buildings,				(todact)		American de la companya de la compan	8000 M	X			-
In Facility (13)						1;		X			-
house outhoridings,		No	N/A	(A) buts	trans to		31000	X			
MUSL OUT HUNDINGS, DOWN DOWN WHEN HOUSE		No	NJDEP W	Certical Color No. of W	trans to						
Musl outhundings, barn, barnextentian Darn Name of Registered Waste Hauler Nauark Carting	Yes	No	N/A N/DEP W Hauter ID	Certical Paste Communication of Walls Disp	trans to	Name of Re Chrins	3600 egistered Landfill				The same of the sa
MUSE OUT DUNGLAND, Darn, barnextention Darn, barnextention Name of Registered Waste Haufer Newark Carting	Yes	No	N/A N/DEP W Hauter ID	Certical Paste Communication of Walls Disp	trans to cyards aste oo osal pate	Name of Re	3(200 egistered Landfill				
Mouse out buildings, barn, barnextential Name of Registered Waste Hauler Nework Carting	Yes Yes	No No	N/A N/DEP W Hauter ID	Cellaste Common O'4569 Dise	trans to cyards aste (a) osal pate	Name of Re Chrins	3600 egistered Landfill		7/1		

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MO#22302805522		P.	IOTIF			OF ASB										
				50							WE	1		-		
Date of Notification (1)				1	lame o	f Building	Owner/O	perator (2)							
	06 /	15	_	Jo	ohn Ts	sinetakes				0015				*		
Agencies Notified	Type Notifi	cation		5	Street A	Address					isot liter	3	1	1		
☐ EPA				1	14 Sou	uth Secon	nd Aven	ue		icotorno	CONTRACT	0.0				
□ DOLWD	☐ Amende					ate, Zip Co			*	9 1 55	No.	11-71				
☑ DHSS	Amend			F	liohlar	nd Park, 1	VI 08904	4		Z-LIVE	rinien			8		
☐ DCA (NJAC 5:23-8)	☐ Emerge justifica		uaing			of Contact	10 0070			Telephone Nu	ımber					
(110/10 0.20-0)	Cancell			I	ohn To	sinetakes					5					
				10		ILITY IN		TION								
Name of Facility Where	Abetementic	Taking	Dinna /	2)	IAU	10111 1141	ORMA	11014	Type of Facility	(4)						
Name of Facility vivilere	: Abatement is	laking	riace (3)					School (K-1)							
Private house									Subchapter	8 (Other than K-1	1 2)					
Street Address										orivate and comm	nercial buil	dings	š.			
114 South Second Av	venue								homes, etc.	# of Floors	Rid	la. Aa	16			
City (5)									Square Feet	# 01 1 10013	Did	99				
Highland Park, NJ 08	3904					0 1 (7) (OTATE 110	E ONLY	() Current Use (Prior if being demolished)							
County (6)					County	y Code (7) (STATE US	SE ONLY)	Current dise (F	Hot II being demi	Olistieu)					
Middlesex										· ·	- 1/			_		
Name of Monitoring Fir	m Hired by B	rilding O	wner (8	5) A	SCM	No.	2000 1000 100		ent Contractor (9	")	- 1					
							Gr Tech									
Street Address							Street A									
								lley Rd #						-		
City, State, Zip Code								ate, Zip C		1						
							And the second second second	NJ 074	70	Lineana Na	W 55 79			No. 1		
Project Manager for Mi	onitoring Firm			Telep	none i	10.	Telepho			License No.				4		
							973-638	70 00 00 00		01127		101		_		
Start Date (10)	1.5	AD4 10 AD4 10 AD4 10 AD4				(11)	Name o	of OSHA	Aonitor		- 1	3				
	/	0	2_ /		_ / _		Envirov	vision Co	onsultants,Inc			<i>-</i>	**			
Occupancy Status Dur	ing Abatemen	t (Check	only o	ne)			Street A	Address								
Facility Closed/Vac						7 G			Road, Bldg .#	35 E						
Abatement Perform Time of Abatement	ned Outside of AM-	Normal	Facility	Hours PM	s - Des		City, St	ate, Zip C	ode							
Time of Apatement		FF	V1.2			W1Af	Fair La	wn, NJ (
Scope of Work (Check	all that apply)								ination with nega		ure				
			V Re	novatio	חר		H	Mini-En	closure	egative Pressure						
> 160 sf or >260 lf				molitio			\boxtimes	Gloveba	ng Procedure	Tent with Nega	ative Press	ure				
								Non-Exe	empted (*) and N	Ion-Friable Proc	-	- 1		-		
			0.7	Locati			-				Ab	atem	ent I	уре		
Locati Asbestos-Containir		CM)		d Sole		Ashe		escription taining Ma	or aterial (ACM)	Amount	Re	Repair	EX	Enc		
TO BE A		0.07	200000	intena			e., therma	l systems	insulation,	(Specify	Remova	pai	Encapsula	Enclosure		
IN Fa			Cus	todial ((12)	statt?			cing, VA [*] miscellan		SIF or LF)	val	1	ula	ure		
(13	3)				21/0	1	otnei	miscenan	- 5005)				0			
			Yes	No	N/A					150 Y T	×					
Basement			LL_	닏	X	Pipe ins	ulation			150 LF		-		+=		
First floor					\times	Pipe ins	ulation			40 LF			Ш	1		
			П	П	П											
											Г	П	П			
	Marke II.			NI.	JED MI	e Hauler ID No	Cohi- M	ards of this	ste Name of Re	nietared Landfill			لطلا			
Name of Registered V	vaste Hauler						U14/1/2004									
Gr Tech LLC				(00337	85	TB		T.R.R.F. In	С						
City, State							Dispos	al Date	City, State							
Wayne, NJ 07470							TB	D	Tullytown,	PA			-			
Completed By (Print of	or Type)	Titl	е				S	ignature/	7	n	Date					

N.Jevtic Owner * Do not use this form for asbestos licensure exempted activities. MAY 11

02/06/2015