No. 0510 P. 2

Date of Invalidation (1) Date of Invalidation (2) Date of Invalidation (3) Date of Invalidation (4) Date of Invalidation (5) Date of Invalidatio	N 15 2014		ureu:	ION C	P ASB NJAC	w Jemey E3TOS ABAT 8:60 and 12:1	20)	DOL	-1	01	DA 1	ίΥ ····	
Agency Notified CEPA O Initial OPERA O Initial OPERA O Commanded Amendment is Sementagency including Justice leaves and amendment is Sementagency including Justice leaves of Convenience (No. 1) FACILITY INFORMATION Name of Facility White Abstracent is Taking Place (8) The Memorial Hospital Of Salem County The Memorial Hospital Of Salem No. The Memorial Hospital Of Salem County The Memorial Hospital Of Salem No. The Memorial Hospi	Date of Notification (1)		T	Nagra	d Bulling 8 Men	Owner/Openior TOTIAL HO	spital o	f salen	-olud		K	"	
Amendment of Secretary Country Series of Country Name of Facility Where Abstroment to Yaking Maca (a) The Memorial Hospital of Salem Country The Memorial Hospital Section of Salem Country The Memorial Section of Salem Section of Salem Country The Memorial Section of Salem Section of Salem Country The Memorial Section of Salem Section of Salem Section of Salem Country The Memorial Section of Salem Sec	agency Notified Type NetFleation		1			detown Ro	ad		777	~	70	00	\//
Senetarroy (Including Justinated Number Name of Pacific Whate Absternant Yall LITY INFORMATION	DEP Q Amended	t queres mi	, ا ل	1 1				WAR	ER!	<u>作</u>	r	W	٧
PADILITY INFORMATION Padility Whate Abstract Taking Place (a) The Memorial Hospital of Salem County Debrook (A-12)	# Emergency (Including # Supplies # 1900)	ing	-	Name	ol Contac			Telephone Num	hor	_	_		_
Name of Facility Where Absterment is Taking Place (a) The Memorial Hospital of Salem County Salem Road Salem County Woodstown Road Salem County Salem Seet of Income, sic.) Salem Seet of Income, sic., si	XDCA Q Cancellation								_		_		_
See Address of Commercial buildings, Posses, etc. Commercial buildings, Posses,	Jame of Facility Where Abelement to Talting His	ace (2)		PAGII	LITY INFI	DRMATION	Type of Facility	(0)		_	_	_	_
Simple Address College (i.e., private & commanded buildings, formes, etc.) College (i.e., private) & commanded buildings, formes, etc.) College (i.e., private) & co			ale	m C	ounty	,		20 1.18					
Square Feet	TO Woodstown Road			1			© Sunchapier (i.e. pr	ó (Other than K-12) Avale & commercia) H buildin	ъъ.			
Cethy Code (7) (STATE USE ONLY) Salam Additions Salam A	Jly (5)			÷					Bldg	. Aga	_		_
Salem Jame of Medicing Firm Hand by Subbby Chamor ONLY) Name of Medicing Firm Hand by Subbby Chamor ONLY) Name of Medicing Firm Hand by Subbby Chamor Pepper Environmental Services, Inc Sincel Address 72 Glenmaura National Blvd. Sincel Address 2251 Fraley Stropt City, Siata, Zip Code NAME of OSHA Handor Philadelphia, PA 19137 Telephone Na. SCOLT Jenkins SCOLT Jenkins STO-406-6208 State OSHA Mentor Quad 3 Group Size Include Include Name of OSHA Mentor Quad 3 Group Size Include Include Name of OSHA Mentor Quad 3 Group Size Include Include Name of OSHA Mentor Quad 3 Group Size Include Include Name of OSHA Mentor Quad 3 Group Size Include Include Name of OSHA Mentor Quad 3 Group Size Include Include Name of OSHA Mentor Quad 3 Group Size Include Include Name of OSHA Mentor Quad 3 Group Size Include Include Name of OSHA Mentor Quad 3 Group Size Include Include Name of OSHA Mentor Quad 3 Group Size Include Include Name of OSHA Mentor Quad 3 Group Size Include Include Name of OSHA Mentor Quad 3 Group Size Include Include Name of OSHA Mentor Quad 3 Group Size Include Include Name of OSHA Mentor Quad 3 Group Size Include Include Name of OSHA Mentor Quad 3 Group Size Include Include Name of OSHA Mentor Quad 3 Group Size Include Include Name of OSHA Mentor City, State, Zip Code MOOSIC, PA 18507 Size Include Include Name of OSHA Mentor City, State, Zip Code MOOSIC, PA 18507 Size Include Include Name of OSHA Mentor Include Include Name of OSHA Mentor Size Include Include Name of OSHA Mentor Include Include Name of OSHA Mentor Size Include Include Name of OS	salem			:			200,000	2		-			
ASCAN No. Name of Abatement Confidence (S)				County	Code (7)	(STATE USE		3.0	almost)				
Pepper Environmental Services, Inc Incatal Services Incatal Serv				1							ě,		
City, State, 215 Code MOOSIC, PA 18507 Telephone No. SCOLL Jenkins 570-406-6288 215-533-5155 Ol166 MAT Date (10) Code Code Completion Oute (11) Code Code Code Code Code Code Code Code	Quad 3 Group		S 141 T-0X (C.A.)	No.		Pepper E			ice	В,	I	nc	
Telephone No. SCOLT Jenkins Telephone No. 570-406-628 215-533-5155 Oli66 In Date (10) Continue of Schedular Completion Onto (11) Continue of OSHA Mentor Quad 3 Group Name of OSHA Mentor Quad 3 Group Since Address 72 Glenmaura National Blvd. City, Siele, 2p Code MOOSIC, PA 18507 City, Siele, 2p Code MOOSIC, PA 18507 Extra Containing Meterial (ACM) In 3 of or 3 200 if Asbession Containing Meterial (ACM) In Brackly IN Facility IN Facility IN Facility (13) Ven No NA CSR unit in the basement X duct wrap Collegion School Conditions NiDEP Weels Hauter ID No. NiDEP Weels Hauter Collegion of Name of Registered Length Name of Registered Visite Hauter Collegion School Conditions To Description of Name of Registered Length Name of Registered Visite No. 1		Blvc	d			2251 Fr		cet					
SCOLT Jenkins 570-406-628 215-533-5155 01166 Internal place (9) 1-20-14	Noosic, PA 18507					Philadel	phia, Pl	19137					
Schafular Completion Cale (11) Procupying Selius During Abstement (Check only one) 1 Colors in Februs Classed-Vacaled During Enther Period of Abbtemant 1 Abstement Performed Cutting of Nermal Facility Hours 1 Abstement Performed Cutting Melantal (ACM) 2 Abstement Performed Cutting Melantal (ACM) 2 Abstement Performed Cutting Melantal (ACM) 3 Abstement Performed Cutting Melantal (ACM) 4 Abstement Performed Cutting Melantal (ACM) 1 Abstement Performed Cutting Melantal (ACM) 2 Abstement Performed Cutting Melantal (ACM) 3 Abstement Performed Cutting Melantal (ACM) 4 Abstement Performed Address 2 Abstement Performed Cutting Melantal (ACM) 4 Abstement Performed Cutting Melantal (AC							E155						
Company Sleips During Abstement (Check only one) Dight Shift hours 3fM to 11.00 fM If Facility Check Period of Abstemnal Abstement Performed Outside of Normal Facility Hours City, State, Zip Gode Moosic, PA 18507 City, State, Zip Gode Moosic, PA 18507 Cops of Week (Check at Piet apply) As 2 of or 2 of 2 As 2 of 3 As 3 of 3 As 3 of 3 As 3 of 3 As 3 of 3 As 4 of 3 A		2500			0200		E 100	01100		32.0	_	_	_
Absorption Performed Outlaide of Normal Facility Hours Other - Describe: OCCUPIEd Mosic, PA 18507 Other - Description Mosic, PA 18507 Other - D	0-15-14 1-20-1	4			,	Onag 3 C	group						
Date of the second of the seco	2 Abelement Performed Outlide of Normal Fac	ly one) to of Abeli silty Hou	ioo Oman(urg	fи		72 Glenn	Code		vd.				
Asbesies Containing Maierial (ACM) You Readily (13) CSR unit in the basement X 3-4" pipe fittings 50 fittings X CSR unit in the basement X 3-4" pipe fittings 50 fittings X CSR unit in the basement X 3-4" pipe fittings 50 fittings X CSR unit in the basement X 3-4" pipe fittings 50 fittings X CSR unit in the basement X 3-4" pipe fittings 50 fittings X CSR unit in the basement X 3-4" pipe fittings 50 fittings X CSR unit in the basement X 3-4" pipe fittings 50 fittings X CSR unit in the basement X 3-4" pipe fittings 50 fittings X CSR unit in the basement X 3-4" pipe fittings 50 fittings X CSR unit in the basement X 3-4" pipe fittings 50 fittings X CSR unit in the basement X 3-4" pipe fittings 50 fittings X CSR unit in the basement X 3-4" pipe fittings 50 fittings X CSR unit in the basement X 3-4" pipe fittings 50 fittings X CSR unit in the basement X 3-4" pipe fittings 50 fittings X CSR unit in the basement X 3-4" pipe fittings 50 fittings X	lcope of West (Check all lites apply)					Kpar	Canialament with	Manthe Beaning					
Asbestos Containing Material (ACM) ID BE ARATED IN Facility (13) Yes No NA CSR unit in the basement CSR unit in the basement CSR unit in the basement X duct wrap CSR unit in the basement X 3-4" pipe fittings So fittings x NIDEP Weste Hauter ID No. NIDEP Weste Hauter ID No. Abeleman Type Actualize of Cecription of Actualize of Containing Material (ACM) Actualize of Ceptolity Service Transport Abeleman Type Cecription of Actualize of Cecription of Cecription of Actualize of Cecription of Cecription of Actualize of Cecription							Endesure						
Localism of Asbesics-Containing Malerial (ACM) You be Apartic Custodial Staff (12) Year No NA CSR unit in the basement X 3-4" pipe fittings 50 fittings X CSR unit in the basement X 3-4" pipe fittings 50 fittings X CSR unit in the basement X 3-4" pipe fittings 50 fittings X CSR unit in the basement X 3-4" pipe fittings AS For IP) Service Transport NUDER Weste Hauter ID No. NO NA NUMBER Weste Hauter Custo Yerds of Warre of Registered Landfill Waste Transport		18	Locali	on		S. A. WILL	- THE STATE OF THE	- 14 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	-CASIA	TA			ì
CSR unit in the basement	Asbestos-Containing Material (ACM) <u>YO BE ARATED</u> IN Facility	Used Mak	elog b Interest Ideleu: Theleu:	ly by 100 al		kas Conietning M Inermal systems Sufficiency, VAT	sierial (ACM) Incutation, I, or	(Bpecify		Removel	П		Enclosume
CSR unit in the basement x 3-4" pipe fittings 50 fittings x Nime of Registered Weste Heuter Cubic Yerds or Name of Registered Landfil Bervice Transport DNo. A & L Salvage			No							\perp			
Effic of Registered Wests Hauter NJDEP Wests Hauter Cubic Yards or Warre of Registered Landfil ID No. A & L Salvage				-						×		Ц	
ervice Transport DNo. Waste A & L Salvage	CSR unit in the basemen	at	_	×	3-4	pipe fi	ttings	50 fitt:	vae	X	H	H	
ervice Transport DNo. Waste A & L Salvage		\vdash		-						+	-	H	
Rervice Transport A & L Salvage	ame of Registered Weste Hauter			Vacto F	evier		Name of Regi	stered Landill					
	ervice Transport	""	-141			*18016	A&LS	lalvage					
forrisville, PA Libeon, OH						Disposel Date	City. Stele	OH					
Jennifer Niven Dir. of Operations Signature 1-9-14		f op	era	tio	ns	Signature -			Data 1-9) - 1	4		



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

CX (4)0			ICATI	ON O	F ASE	ew Jersey BESTOS AB C. 8:60 and	ATEMEN 12:120)	T - ₽į	ANA JANA SECTION OF LICENSTA	Prog	1		
Date of Notification	(1)		Nar	me of B	Building C	Owner / Operator	(2)		PCS	5	-	0	
	1/1/2014		De	borah	Heart a	nd Lung Cent	ter	ì	1/00	Thy	^		
Agencies Notified	Type Notifica	tion		eet Add					ENC	D.	3.5		
					ton Roa				10/	W.	٠.٢		
☐ DEP ☐ DOL			1	330	& Zip C				*	C 70	1		
□ DOL	☐ Amen				Mills NJ	<u> </u>			1-				
□ DOH □ DCA	☐ Emer	gency ellation		me of C Rourk					11	elephor	ne Nu	imbe	er I
			F	ACILI	TY INFO	ORMATION			t_				
Name of Facility Wi		nt is Taking Pla				Type of Facili							
Street Address	nd Lung						ter 8 (Other	than K-1	12)				
212 Trenton Rd							e. private & c			s, home	es, et	c.)	
						Square Feet				dg. Age			
City (5)		County (6)	Count	ty Code	€ (7)	100000		4			80		
Browns Mills		Burlington			**************************************	Current Use (demoli	shed)				
						Hospital			4 (18.7° 0.1° 2° 5° 6° 1				
Name of Monitoring	Firm Hired b	y Building Own	er (8)	AS	SCM No.	Name of Aba	tement Cont	ractor (9	9)				
		,	` ,			Alpha Envi	ronmental	Service	es				
Street Address						Street Addres	\$73.44						
City, State & Zip Co	ode					City, State &							
o,, o.a.o a <u>-</u>						Hamilton, N							
Project Manager for	r Monitoring F	irm	Telepho	ne Nun	mber	Telephone No. 609-847-295			License N	umber 0122	2	0	
Scheduled Start Da		Scheduled Con	pletion	Date (1	1)	Name of OSH EMSL Anal	A Monitor						
Occupancy Status			dy one)			Street Address					7		
Facility Clos	sed/Vacated [During Entire P	eriod of	Abatem	nent	107 Haddor							
<u></u>		utside of Norma				City, State &	Zip Code	***					
Describe:						Westmont,	NJ 08108						
Facility Occ	cupied During	Abatement											
Scope of Work (Ch	eck all that ap	ply)					100 m						
□ ×0-5×0	ıc			Renovat	tion (containn Enclosu	nent with N	egative	Pres	sure	
≥3 sf or ≥3 ≥160 sf ≥26			<u></u>	kenovai Demoliti					ocedures				
≥160 sf ≥26	00 II		ш.	Jeniona	1011		(Table 1997)	~		Erioble	Dro	and	
			- 1-1-			Desemble			ed and Non Amount		teme	_	
1/3/2	ocation of tos-Containing			cation lly Used	d l	Description Asbestos-Con			(Specify	Abe	iteme	ant i	ype
	terial (ACM)	9		ly by	-	Material (A			SF or LF)	_		Ш	ш
TO	BE ABATED		Mainter	nance o		(i.e., thermal s				em	Re	cap	ncle
i	in Facility		Custodi		r? i	nsulation, surfactor or other miscell				Remova	Repair	Encapsulate	Enclsoure
	(13)			12) No N/A	A	or other miscell	ancous)			=		ate	G,
1st Floor Constr	uction area					fittings	3	13					
Name of Registere	d Waste Haul	er		NJDEF	P Waste	Cubic Yards	Name of R	egistere	d Landfill				
ALPHA ENVIRO		7763		Hauler 00033	ID No.	of Waste	Grows La	- 1570) - 100 (100 (100 (100 (100 (100 (100 (100					
City, State	MINITALAL			00000	7000	Disposal Date	City, State					E de la constantina della cons	
Trenton, NJ						Various	Morrisvil	le. PA					
Completed By (Prir	at or Type)			Title		Signature	1	-, - • •		Date			
Rod Richardson				Project Manag		Rod Rich	nardson			1/1/	201	4	

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

Date of Notification (1)	/9/14			Name	of Building	g Owner/Operator Saint	(2) Peters Medic	al Center				
Agencies Notified	Type Notification		-	Street	Address							
EPA DEP MODL	Initial Amended Amendment #			City, S	tate, Zip C	Code	254 Easton A					_
M DOH	Emergency (in justification) Cancellation			Name	of Contac		inswick, NJ	08901-1766 Telephone Number			7	0
				FAC		ORMATION			,	2	Ç	,)
Name of Facility Where				CC			Type of Facility	1.10		5	- {	11
Street Address	Saint Peters 1	N 100 00		2			Other (i.e., p	8 (Other than 😢 2 rivate & commerci	b D Duik	H. Helings		TIVED
City (5)		10000					homes, etc. Square Feet	, -	₫ BI	-	ge	_
	Franklin	Tow	nshi		b. Cada /	7) (STATE	5000 SF	rior if being demolis	hed)	5	0	_
County (6)	omerset				ONLY)	<u> </u>	co	mmercial buil				
Name of Monitoring Firm		Owner		ASCM	No.		nent Contractor (9		o In			
(8)	MECS					Street Address	ens Environi	mental Service	28, 11	C.	_	
Street Address	PO Box 34	1				Street Address	PO I	3ox 322				-
City, State, Zip Code	rosswicks, NJ	08514				City, State, Zip C		n, NJ 08501				
Project Manager for Mo		00511		phone	No.	Telephone No.	THICHIOW	License No.				_
	Weisgarber		10000000		8-4070		59-9688		0493	3		
Start Date (10)	Sche	duled C			te (11)	Name of OSHA		ECC				
1/13/14 Occupancy Status Duri	na Abatamant (Cha		/17/	14		Street Address	IVI	ECS				_
Facility Closed/Vaca	150	1000		ment		- Otteet Address	PO I	341				
Abatement Performe Other - Describe:	ed Outside of Norma	al Facilit	y Hou	rs		City, State, Zip C		k, NJ 08515				
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	all that apply)		enovat emolitic			☐ Mini-En ☐ Gloveb	ag Procedure	gative Pressure	re	74/St		
			_ocatio							bater Typ		
Location Asbestos-Containing		Used	l Solel ntenan	y by	Asbes	Description of tos Containing Ma		Amount	70			ш
TO BE ABA IN Facilit (13)			ustodia Staff? (12)	al	(i.e.,	thermal systems surfacing, VAT other miscellane	, or	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A					_		e	
Floor A	rea		×			VAT		1400 SF	×			
			er eis.		*Se	egregated tena	ant space		+			
									+			
Name of Registered Wa	Name of Registered Waste Hauler					Cubic Yards of Waste	Name of Reg	stered Landfill				
Stevens E		tauler ID 182	292	4 CU		G.R.O.W.S.,	Inc.	_		_		
City, State Allentown, NJ						Disposal Date 1/17/14	City, State	Morrisville,	PA			
Completed By				Signature	1/1/	Date		14 .		_		
Mahlon E. St	evens	Pı	ojec	t Mar	nager				1/9	/14		_

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

NOTIFICATION OF ASBESTOS ABATEMENT

Pate of Notification (1)				Name of Building			0,0		10	3	A
1/9/2014					Messe	rcola Enterprises	400	ا ا	0	90	S
] DEP [] Amer	tion Notificat nded Notif ndment #_			Street Address City, State, Zip Co	PO Bo	x 790 Matawan, NJ		Ch	े 6 के	9.	2
[x] Emer	gency (inc	cluding								~	
X I DOH	ication) ellation			Name of Contact Ferna	ndo		Celephone Number	-			
			FACI	LITY INFORM	1ATION						
Name of Facility Where Abatement is Taking Residence	g Place (3))				Type of Facility (4)	School (k-12) Subchapter 8 (otl	ner than	ı k 12)		
Street Address 13 East 13 th St.						[x]	Other (i.e., privat homes, etc.)	e & co	mmerc	al buil	dings,
Long Beach Twp.	County			County Code (7) (STATE USE ONI	.Y)	Square feet 2600 sf	# of Floors		. Age 13	30	
	Ocean	Č				Current Use (Prior i Reside)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	2	ASCM No.	Name of	Abatement Contracto		Inc.			
Street Address				-98W	Street A		outo 0 I Init 61				
City, State, Zip Code					City, Sta	te, Zip Code	River, New Jerse	ey 087	755-12	271	
Project Manager for Monitoring Firm		relephone l			732-34	ne Number 9-9932	License N 00624				
Scheduled Start Date (10) 01/10/2014	Completic 14	on Date (11)	Name of Street A		L. Analytical						
Occupancy Status DuringAbatement (Check [X] Facility Closed/Vacate [] Abatement Performed [] Other – Describe				1056 S te, Zip Code	telton Road	y 088	54				
Scope of Work (Check all that apply)		r 1			[]	Mini-Enclosure	t with Negative Pre	ssure			
[] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf		[x]	Renovati Demoliti		[x]	Glovebag Proced Non-Exempted (*) and Non-Friable	Procedi	ıre		
								Abat	ement	Туре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	n ed stodial	(i.dins	Description Descri	ntaining ACM) systems rfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E		
Exterior		Asbestos sidi	ng		3200 sf	X					
Name of Registered Waste Hauler	N.	JDEP Waste			ards of Was		ered Landfill				
Guardian Contracting, Inc.		20	Disposa		City, St						
Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola	01/15/	/2014 Signature	Tullyt	own Pennsylvani	a	Date 1/9/	2014				
Micholas Pelificula	110160	t Manage		1 //	100	72					

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

NOTI	FICATION (Pursuant	OF AS	C 8:60 and	1 12:120)			CL# 23	435	2		,
			n Thing On	ner/Onerat	or (2)		Cherica				
ate of Notification (1)		Name of	Building Ow	Seminol	e Consti	uction			1		1
1/9/2014		Street A	ddress		.1 +4 1	mue	All Solid	. 7		#2	
agencies Notified Type of Notification [] Initial Notificat	ion			128 Bar	tlett Ave		7.0	18.	-	`\	1
X EPA Amended Notif	ication	City, Sta	ate, Zip Code	West C	reek, NJ	08092	200	1/5		6	
Amendmen	cluding					Telenh	ione Niimha		-	^	•1
justification)		Name o	of Contact Joyce C	Corliss					v,		
[x] DOH [] Cancellation	TAC	TITV	INFORM	5-00 T-575				4	<u>~</u>	حر	
L 1		ا ا اللل	HUOLE		Type of	Facility (4)	hool (k-12)		101		
Name of Facility Where Abatement is Taking Place (S Residence	·)					L 4	bchapter 8 (other ther (i.e., private &	nan k12) rcial b	uilding	gs,
						[x] O	mes, etc.)				4
Street Address 1816 Waverly Avenue		1 2 4	Code (7)		Square	ICCL	of Floors B	ldg. Ag	e 69		
City	ty (6)	(STAT	E USE ONL	Y)	11 2/)56 sf t Use (Prior if be	ing demolisked)				
	an					Residence					
Long Beach Twp.	(9)	ASCM	1 No.	Name o	f Abateme	ent Contractor (9 Guardian) Contracting, In	c.			
Name of Monitoring Firm Hired by Building Owner N/A	(6)			Street A	Address						
Street Address				0:50	tate, Zip C		ite 9, Unit 61		127	1	
						Toms Ki	ver, New Jersey License Nur	08/53 nber	5-127	1	
City, State, Zip Code	Telephone Num	ber		Teleph	one Numb 49-9932	per D	00624				
Project Manager for Monitoring Firm	Scheduled Com		ate (11)	Name	of OSHA	Monitor	. Analytical				
Scheduled Start Date (10)	01/14/2014	pretion D		Straat	Address						
01/10/2014	one)		ent	Succi	Addiese	1056 Ste	elton Road				
Occupancy Status During Abatement (Check Only [x] Facility Closed/Vacated Du [Abatement Performed Outs:	ring Entire Period of ide of Normal Facil	ity Hours		City,	State, Zip	Code	vay, New Jersey	0885	4		
Abatement Performed Outs. Other – Describe											
				[] F	ull Containment Mini-Enclosure	with Negative Pres	13410			
Scope of Work (Check all that apply)				[[. D	ure	day			
	[]	enovation emolition		j	x j	Non-Exempted (and Non-Friable I				=
[x] ≥160 sf or ≥260 lf	[x] D	- I						Abate	ement '	Гуре	Т
	Is Location			Descr	iption of		Amount	R E	R E	E	E
	Normally used	d		Asbestos	-Contain al (ACM	ing .)	(Specify SF	M	P A	CA	I
Location of Asbestos-Containing Material (ACM)	Solely by Maintenance/Cust			(i.e., then	mal syst	ems	or LF)	0	I	P	9
TO BE ABATED	Staff			V	n, surfac AT, or			V A	R	S U	1
in facility (13)	(12)			other m	iscellane	ous)		L		LE	
27	YES NO	N/A		1			1500 sf	X	+	+	1
	X		Asbestos	siding			1300 31				I
Exterior							-				1
											\perp
		<u> </u>	ID No. 1 Co	ubic Yards	of Waste	Name of Reg	istered Landfill				35.00
Name of Registered Waste Hauler	NJDEP Wast	0223		2		T.R.R.F					
Guardian Contracting, me-		Dispos	al Date		City, State Tullytov	e wn/Pennsylva	mia	I D	ate		-
City, State Toms River, New Jersey	Title	01/15	Signature		I.	1 1	/		/9/20	14	
Completed by (Print or Type) Nicholas Fernicola		ger		11/1	01_	ted activities					
Nicholas refilicola	*Do not use	this for	n for asbest	os licensu	ге ехетр	ted activities.					

NOTIFICATION OF ASBESTOS ABATEMENT

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

Name of Building Owner/Operator (2) Date of Notification (1) Seminole Construction 01/09/2014 JAN STATE Agencies Notified Type of Notification Street Address 128 Bartlett Avenue Initial Notification [x] EPA Amended Notification] DEP City, State, Zip Code Amendment # [X] DOL West Creek, NJ 08092 Emergency (including [x] justification) Name of Contact Telenhone [x] DOH Cancellation Joyce Corliss] DCA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (k-12) Residence Subchapter 8 (other than k12) Street Address Other (i.e., private & commercial buildings, [x] 9 Alexis Place homes, etc.) # of Floors Bldg. Age City County (6) County Code (7) Square feet (STATE USE ONLY) 44 1440 sf Current Use (Prior if being demolished) Long Beach Twp.. Ocean Residence Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Guardian Contracting, Inc. N/A Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271 License Number Project Manager for Monitoring Firm Telephone Number Telephone Number 00624 732-349-9932 Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) E.M.S.L. Analytical 01/10/2014 01/14/2014 Street Address Occupancy Status During Abatement (Check only one) 1056 Stelton Road Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe Piscataway, New Jersey 08854 Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclosure Glovebag Procedure Renovation >3 sf or ≥3 lf Non-Exempted (*) and Non-Friable Procedure [x][x]Demolition [x]≥160 sf or ≥260 lf Abatement Type Description of Is Location Е Normally used Asbestos-Containing Amount Location of E N E N Material (ACM) (Specify SF Asbestos-Containing Material (ACM) Solely by P C C M (i.e., thermal systems or LF) Maintenance/Custodial Α A L TO BE ABATED 0 P 0 insulation, surfacing, Staff in facility V S S VAT, or (12)(13)H U other miscellaneous) A L R L NO N/A YES E 1200 sf X Asbestos siding X Exterior Name of Registered Landfill Cubic Yards of Waste Name of Registered Waste Hauler NJDEP Waste Hauler ID No. T.R.R.F. 20223 Guardian Contracting, Inc. City, State Disposal Date City, State 01/15/2014 Tullytown, Pennsylvania Toms River, New Jersey Date Title Signature Completed by (Print or Type) 01/09/2014 Nicholas Fernicola Project Manager

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

NOTIFICATION OF ASBESTOS ABATEMENT

2							OK + 3	454	53	·	
Date of Notification (1) 1/9/2014				Name of Building		erator (2) ole Construction	\$ (5)	15	2,	1	<u> </u>
. , , , ,	al Notifi	ication otification		Street Address		artlett Avenue		5	9.		
[x] DOL Ame	ndment			City, State, Zip Co		Creek, NJ 08092	,	C 40	2		
X DOD	fication) cellation			Name of Contact Joyce	Corliss	Γ	elephone Number	. *			
			FAC	ILITY INFORM	LATION						
Name of Facility Where Abatement is Takin Residence	ig Place	(3)				Type of Facility (4)	School (k-12) Subchapter 8 (oth	her than	Ŀ12\		
Street Address 84 Florence Lane						[x]	Other (i.e., prival homes, etc.)	te & con	nmerc	ial buil	dings,
City	Cou	nty (6)		County Code (7) (STATE USE ONL	Y)	Square feet 1088 sf	# of Floors	Bldg.		8	
Manahawkin	Oce					Current Use (Prior in Resider	nce				
Name of Monitoring Firm Hired by Buildin N/A	g Owner	r (8)		ASCM No.			(9) an Contracting,	Inc.			
Street Address					Street A	1889 R	oute 9, Unit 61	2			
City, State, Zip Code							River, New Jerse	ey 087	55-12	271	
Project Manager for Monitoring Firm		Telephone Nu	mber			ne Number 9-9932	License N 00624	umber			
Scheduled Start Date (10) 01/10/2014		Scheduled Cor 01/14/2014		ion Date (11)	Name of	OSHA Monitor E.M.S.	L. Analytical				
Occupancy Status During Abatement (Chec	ed Duri	ng Entire Period			Street A		telton Road				
Abatement Performed Other – Describe	Outside	e of Normal Faci	lity H	ours	City, Sta	te, Zip Code Piscata	way, New Jerse	y 0885	54		
Scope of Work (Check all that apply)					[]		with Negative Pre	ssure			
[]		ſ l n	000000000000000000000000000000000000000	17 W 2016		Mini-Enclosure					
[] >3 sf or ≥3 lf [X] ≥160 sf or ≥260 lf			enova emolit		[x]	Glovebag Proced Non-Exempted (*	ure f) and Non-Friable l	Procedu	re		
	T							1		T.	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility		Is Location Normally used Solely by ntenance/Custo Staff		Asl N (i.e	Description oestos-Con Material (A., thermal plation, su	ntaining ACM) systems	Amount (Specify SF or LF)	R E M	R E P A I	E N C A	E N C L O
(13)	YES	(12)	J/A	200000	VAT, of the control o	or		V A L	R	S U L E	S U R E
Exterior		X		Asbestos sidir	ıg		1300 sf	X			
									11/		
						Table 1					
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste H		ID No. Cubic Ya	ards of Was	te Name of Registe T.R.R.F.	red Landfill				
City, State	4	I	Dispos	al Date	City, St	ate					
Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola	Title Proj)1/15	Signature	hot	own, Pennsylvania		Date 1/9/2	014		

NOTIFICATION OF ASBESTOS ABATEMENT

								19	14.	1	
Date of Notification (1) January 10, 201	4			Name of Building C		rator (2) nole Construction	4586	AN	30 L	167	50%
[] DEP [] Amer	Notific	tification		Street Address City, State, Zip Cod	le	Sartlett Avenue	1/6	OS CASIA	A)	9.	g d
[X] DOH [X] Emer	gency (i cation) ellation	including		Name of Contact Joyce	west	Creek, NJ 08092	elephone Number		G 1	Q	
			FAC	CILITY INFORM	ATION	2					
Name of Facility Where Abatement is Taking Residence	Place (3					Type of Facility (4)	School (k-12) Subchapter 8 (oth	ner than	k-12)		
Street Address 33 Lake Michigan	Drive					[x]	Other (i.e., privat homes, etc.)		an an area	al build	lings,
City	Coun	ty (6)		County Code (7) (STATE USE ONLY	r)	Square feet 900 sf	# of Floors	Bldg.	G-1	0	
Mystic Island	Oce					Current Use (Prior if Resider	ice				
Name of Monitoring Firm Hired by Building (N/A	Owner (8)		ASCM No.	Name of	f Abatement Contractor Guardia	(9) an Contracting,	Inc.			
Street Address					Street A		oute 9, Unit 61				
City, State, Zip Code					City, Sta	ate, Zip Code	Liver, New Jers	ev 087	55-1	271	
Project Manager for Monitoring Firm		Telephone Nur	nber			ne Number 49-9932	License N 00624		JJ 1.	-/-	
Scheduled Start Date (10) 1/13/14		Scheduled Con 1/15/14	npleti	ion Date (11)		f OSHA Monitor	L. Analytical				
Occupancy Status During Abatement (Check	only one				Street A		B. Allarytical				
[X] Facility Closed/Vacated			f Aba	tement			telton Road				
[] Abatement Performed	Outside	of Normal Facili	ty Ho	ours	City Str	ate, Zip Code					
[] Other – Describe					City, Su	176 17 0 01 (1905)	way, New Jerse	y 0885	54		
Scope of Work (Check all that apply)					[with Negative Pres	sure		=1.00	
[] >3 sf or ≥3 lf		[] R	enova	ation	Ļ.	Mini-Enclosure Glovebag Procedu	170				
[x] ≥160 sf or ≥260 lf		2 1	emoli		ĺχ) and Non-Friable	Procedur	e		
							,				
		* *				2		Abate	ment '	Гуре	
Location of	,	Is Location Normally used			Description of the contract of		Amount	R	R	E	E
Asbestos-Containing Material (ACM)		Solely by			Material (A		(Specify SF	E	E P	N C	N C
TO BE ABATED	Mair	ntenance/Custo	dial	(i.e.	., thermal	systems	or LF)	M	A	A	L
in facility		Staff		inst	ılation, sı			0	I	P	0
(13)		(12)		oth	VAT, er miscel			V	R	S	S
E .	YES	S NO N	I/A	l our	er miscer	ianeous)		A L		L E	R E
Exterior	-	X		Asbestos sidin	.~		950 -£	37		E	E
- DACTION	_	1		Asbestos stutti	ıg		850 sf	X			<u> </u>
				-				\vdash			ļ
		+				- 4					
Name of Registered Waste Hauler		NIDED W		TDV 15::		т					
Guardian Contracting, Inc.		NJDEP Waste H 2022		r ID No. Cubic Ya	rds of Was	ste Name of Registe T.R.R.F.	red Landfill				
City, State		I	Dispo	sal Date	City, S	tate /					
Toms River, New Jersey Completed by (Print or Type)	Title	1	/16		Tully	town, Pennsylvania					
Nicholas Fernicola	170000000	ect Manager		Signature	1/1		1	Date 1/10	/201	4	

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

NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)			Name of Building (-		,	
January 10, 2014	1			DnA I	Demolition	7	34	60	-	
[] DEP [] Amen	ion Notification ded Notification dment #		Street Address City, State, Zip Coo	ile	Camplain Road	\$ \$50 800	2510		R. C.	7
[x] DOH [x] Emerg	gency (including			Hillsb	orough, NJ 08844	- (101	به	1
[] DCA Justific	cation) llation		Name of Contact Anton	io Dimuz		elephone Number	7.U	-		4.1
		FACI	LITY INFORM	IATION	1	·	73	1	5	
Name of Facility Where Abatement is Taking I Former Funeral Par					Type of Facility (4)	School (k-12)	6,	201	٠.	8
Street Address					[]	Subchapter 8 (oth		100		
637 Broadway Ave	enue				[x]	Other (i.e., privat homes, etc.)	e & com	merci	al build	iings,
City	County (6)		County Code (7) (STATE USE ONL)	Y)	Square feet 3500 sf	# of Floors	Bldg.)0	
Newark	Essex			4	Current Use (Prior if	being demolished)		10	,,,	
Name of Monitoring Firm Hired by Building C	Owner (8)	-	ASCM No.	Name of	Abatement Contractor	Funeral Parlor (9)	11			
N/A					Guardia	in Contracting,	Inc.			
Street Address				Street Ac		oute 9, Unit 61				
City, State, Zip Code			W. Carlotte	City, Sta	te, Zip Code					\neg
Project Manager for Monitoring Firm	Telephone N	Jumber	reson.	Talanhar	Toms R	iver, New Jerse License N		55-12	271	-
Troject Manager for Monitoring Firm	Telephone I	vuinoei		732-34		00624	umoer			
Scheduled Start Date (10) 1/13/14	Scheduled C 1/24/14		n Date (11)	Name of	OSHA Monitor	Analytical				
Occupancy Status During Abatement (Check of X) Facility Closed/Vacated [] Abatement Performed C [] Other – Describe_	nly one) During Entire Period	i of Abate		Street Ad	ldress 1056 St te, Zip Code	elton Road	y 0885	4		
Scope of Work (Check all that apply)			<u> </u>	[]		with Negative Pres	sure			
>3 sf or ≥3 lf	г 1	Renovati	ion	[]	Mini-Enclosure Glovebag Procedu					
[X] ≥160 sf or ≥260 lf	[x]	Demoliti		[x]		re) and Non-Friable I	Procedure	e		
							Abate			
	Is Location	1		Description	on of					222
Location of	Normally us		Asl	estos-Cor	ntaining	Amount	RE	R E	E N	E N
Asbestos-Containing Material (ACM) TO BE ABATED	Solely by Maintenance/Cu			Material (A		(Specify SF or LF)	М	P A	C A	C L
in facility	Staff			ulation, su	rfacing,	0.21)	0	I	P	0
(13)	(12)		oth	VAT, o			V A	R	S	SU
	YES NO	N/A	Oth	er miscen	alleous)		L		L	R
Exterior	X		Roof flashing			200 lf	x		Е	E
Crawlspace	X		Asbestos pipe	insulatio	n	30 lf	X			\vdash
Throughout building		Plaster			5000 sf	X		-		
				The specialists						
Name of Registered Waste Hauler Guardian Contracting, Inc.	e Hauler I 0223	D No. Cubic Ya	ards of Was	te Name of Register T.R.R.F.	red Landfill					
City, State Toms River, New Jersey	Disposa 1/27/1	al Date	City, St		1					
Completed by (Print or Type)	Title		Signature	A /	wii, Feiiisyivania	1	Date			
Nicholas Fernicola	Project Manage	er	YloC	hot	te		1/10/	2014	1	

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

NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)		Name of Building (/ _		
January 10, 2014			Semino	ole Construction	2 -	541	0 3		
[] DEP [] Amende	n Notification ed Notification ment #	Street Address City, State, Zip Coo	ie	artlett Avenue	lephone Number	WIN JA	7	0 T	
[X] DOD	ency (including		West (Creek, NJ 08092	80 (6, 3	/_	, .	ď
[x] DOH justifica		Name of Contact Joyce		Tel	ephone Number	0.	3	elia	
		CILITY INFORM	IATION			200	. '	٥	
Name of Facility Where Abatement is Taking Pl Residence	lace (3)			Type of Facility (4)	School (k-12) Subchapter 8 (oth	6	ROS	20	
Street Address 1009 Beach Blvd.				[x]	Other (i.e., private homes, etc.)			ıl buildi	.ngs,
City	County (6)	County Code (7) (STATE USE ONL	V)	Square feet 1000 sf	# of Floors	Bldg.	Age 6	n	
Lacey Twp.	Ocean	(STATE USE ONL	1)	Current Use (Prior if the Residence			0		
Name of Monitoring Firm Hired by Building Ov	wner (8)	ASCM No.	Name of	Abatement Contractor (9	9)				\neg
N/A		1	Street Ac		Contracting,	Inc.			-
Street Address			Sileet Ac		ute 9, Unit 61			v-103	
City, State, Zip Code			City, Sta	te, Zip Code Toms Ri	ver, New Jerse	ey 087	55-12	271	
Project Manager for Monitoring Firm	Telephone Numb	er		ne Number 9-9932	License N 00624	umber			
Scheduled Start Date (10) 1/13/14	Scheduled Compl 1/15/14	letion Date (11)	Name of	OSHA Monitor E.M.S.L	. Analytical				
	nly one) During Entire Period of A utside of Normal Facility		City, Sta	1056 Ste te, Zip Code	elton Road vay, New Jerse	y 088:	54		
Scope of Work (Check all that apply)		10 Marie 19	[]	Full Containment v	with Negative Pres	sure		20 7	
[] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf		ovation polition	[] [x]	Mini-Enclosure Glovebag Procedur Non-Exempted (*)		Procedu	re		
						Abate	ment ?	Гуре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodi Staff (12) YES NO N/A	ial (i.	Description bestos-Co Material (A e., thermal sulation, su VAT, her miscell	ntaining ACM) systems urfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior	X	Asbestos sidi	ng		950 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hau 20223		ards of Was	ste Name of Register T.R.R.F.	ed Landfill				
City, State	Dis	sposal Date	City, S	tate					
Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	Tully	town, Pennsylvania		Date 1/10)/201	4	

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

* Emergency *

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

. 0			(P	ursuant 1	to NJAC	8:60 and	d 12:12	^{D)} (OR -	3842	_	2	3	*	2	
Date of Notification (1) 1/10/14					Building Greco				مـــــــــــــــــــــــــــــــــــــ	,	7 C	50.	N. C.	2	C) (\)
Agencies Notified	Type Notification			Street Ad	ddress ewark R	ď					Óç,	SO,		5		1
EPA DEP	Initial		-		te, Zip Co	56					(60	2		90	_{
EPA DEP DOL	Amended Amendment				Barnega		8005					12	50	,	2	
DOH DCA	Emergency (justification)	including	-		Contact	-				Telep	ohone h	Numbi	ST.	1		·)
☐ DCA	Cancellation			Debby												
Name of Facility Where A	batement is Taking	Place (3	3)	FACII	LITY INFO	DRMATI	ON	Type	of Facility (4)				. (_	-
Debby Greco Privat		, (.	,					laned.	School (K-1	50				.575		
Street Address									Subchapter	8 (Other					h	
207 Newark Rd									Other (i.e. p etc.)			erciai i				25,
City (5) South Barnegat NJ	08005							Squa 1000	re Feet)+	# of I	Floors			dg. A 5+	ge	
County (6)				County (nt Use (Pri	or if bein	g demo	olished				
Ocean				(STATE U	JSE ONLY)		Hom								
Name of Monitoring Firm N/A	Hired by Building (Owner (8)		ASCN	No.	,,,		of Aba	tement Cor	ntractor (9)			•		
Street Address								Addres	7.7%							
City State Zin Code								Box 32								
City, State, Zip Code									ip Code in NJ 080	91						
Project Manager for Moni	itoring Firm	-		Telepho	ne No.		Telep	hone N	0.		License	e No.				
	- A						856-	753-9	800		00727	7		e i processor		
Start Date (10) 1/13/14		Schedul 1/17/1	ed Cor 4	npletion I	Date (11)		Name Sam		HA Monitor							
Occupancy Status During	Abatement (Chec	k Only O	ne)				Street	Addres	SS							
Facility Closed/Vaca Abatement Performe Other – Describe: _							City, S	State, Z	ip Code	,	•				-	
Scope of Work (Check Al	l That Apply)					77			1					7		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli					Mir	Il Containm ni-Enclosure ovebag Prod n-Exempted	e cedure	π.				e	
		Is	Locat	ion						() ()		T		Abate	ement	
Location		1	Norma	lly		De	scription	n of				-	_	Ту	ре	1
Asbestos-Containing <u>TO BE ABA</u> In Facili (13)	ATED	Ma	aintena todial (12)	nce/ Staff?	Asbes (i.e.		taining l I system icing, V/ miscella	ns insula AT, or	I (ACM) ation,	(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
	W- 0.00	Yes	No	N/A											ā	
Exterior S	Exterior Siding						erior Si	iding	<i>y</i>	120	00 SF	2	ς			
**				*-			ti)				-					
Name of Registered Was	te Hauler			NJDEP W Hauler ID		Cubic of Wa	Yards ste		Name of		ed Lan	dfill				
United Containers						3			G.R.O.	w.s						
City, State Elm NJ						Dispo 1/17/	sal Date 14	Э	City, Stat Morrisv		1906	7				
Completed by Anthony T Perna		ident			1	Signatur	e				Date 1/10		4			

CK woll

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

\mathcal{W} .			(Pur	suant to	NJAC 8:6	0 and 12.1	20)		1/4		D.			_
Date of Notification (1)		1				/ner/Operat	tor (2)	4,5	, ,	AN,	16	A.		
01-10-14				Joan Br					300	15	•	· ()	-	\dashv
Agencies Notified Typ	e Notification		1 1	treet Add	iress rmount /	Ave.		ď.	1	AN IS	14 g.			
EPA DEP	Initial Amended				, Zip Code					2500	-	5		
DEP DOL	Amendment #				ock NJ 0					"SINY	À-			
	Emergency (ir iustification)	ncluding	I	lame of C	Contact				Tele	phone dur	nbet			
DOH DCA	Cancellation			Joan Br	ritton								_	_
				FACILI	TY INFOR	RMATION	T	f Cocility (A						\dashv
Name of Facility Where Abate	ement is Taking	Place (3)					1	f Facility (4						
Joan Britton							S S	chool (K-12 ubchapter	2) 8 (Othe	r than K-1	2)			
Street Address							X 0	ther (i.e. p	rivate 8	commerci	al buildi	ngs, t	nomes	
137 Fairmount Ave.							Square	tc.)	T # of	Floors	Blo	g. Ag	ne -	\dashv
City (5)							Square	e reet	# 01	1 10010		J	6800	
Glen Rock					-d- (7)		Currer	nt Use (Pric	r if beir	na demolis	hed)			\neg
County (6)				County Co	ode (/) SE ONLY)		Carrer	11 030 (1 110	, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.9				
Bergen		(9)	Ľ	ASCM	No	- Na	me of Abat	ement Con	tractor	(9)				\neg
Name of Monitoring Firm Hire	ed by Building C	wner (o)		ASCIVI	140.		elfa Con			.,,,,,				
N/A							eet Addres							
Street Address						5	22 7th St	reet			*			
011 OL 1 71- Code						Cit	y, State, Zi	p Code						
City, State, Zip Code						U	nion City	NJ 0708	37					
Drainet Manager for Monitori	na Firm		1	Telephon	e No.	Te	lephone No).		License 1	No.			
Project Manager for Monitori	oject Manager for Monitoring Firm					1 -	01 216-9			01206				
Start Date (10)	T	Scheduled	Con	npletion D	ate (11)	0 20020	me of OSH							
01-20-14		01-21-1	4			D	elfa Con	tracting l	LC					
Occupancy Status During Al	patement (Chec	k Only One	e)			1 1000	reet Addres							
Name of the second	During Entire F	Period of Al	batem	nent			22 7th St							
Abatement Performed	Outside of Norm	nal Facility I	Hours	3			ty, State, Zi		07					
Other – Describe:							Jnion City	y NJ 070	01					_
Scope of Work (Check All Ti	nat Apply)									Namativa	Droccus			
≥3 sf or ≥3 lf		THE REAL PROPERTY.	enova					l Containm ni-Enclosur		Negative	Piessui	E		
≥160 sf or ≥260 lf		L De	emolit	uon			Glo	vebag Pro	cedure	d Non Fris	shlo Drog	odur		
							LI No	n-Exempte	a (*) ar	d Non-Fria	DIE FIO	Abate	ement	
		ls l	Locat	ion	l)							Ту		
Location of			orma	lly ely by		Descri	ption of	I (A CAA)		Amount			m	
Asbestos-Containing Ma		Maii	ntena	ince/	Asbest (i.e.	os Containi thermal sys	ing Materia stems insul	ation,	(Specify	₽ Pe	Z.	Encapsulate	Enclosure
TO BE ABATI	<u>-U</u>	Custo	odial (12)	Staff?		surfacing	g, VAT, or		s	F or LF)	Remova	Repair	psu	losu
(13)			(12)			otner misc	ellaneous)				<u> </u>	-	ate	ē
		Yes	No	N/A									7:3	
Basement- Storag	ge Room		х			2,000,000	mastic		_	30 SF	х	-		
First floor Living	Room		x			VAT &	mastic		-4	20 SF	X	-	-	
									-			-	-	_
							Nema -	f Pogia	tered Land	Ifill				
Name of Registered Waste			NJDEP V Hauler ID		Cubic Ya of Waste				esource		/erv	Facil	itv	
Delfa Contracting LLC		- 1	35240		3		000 000		esource	116001	y	. 4011	,	
City, State	City, State					Disposal		City, Sta		Δ				
Union City NJ 07087						01-24-		Tullyt	OWII, I		Date			
Completed by		Title				Sign	nature	1			01-10	-14		
Jaime Delgado		Proj.	Ma	nager			-1	10						

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

SE 50 25	12				04-451		2 ³ 0	· P/				
	N	OTIFIC	CATIO	N OF	State of No ASBESTOS		ey MENT	Elly Ja	Co			
				(Pursi	ant to NJAC	C 8:60 and	d 12:120)	AN JAN AS CONTROL OF THE PROPERTY OF THE PROPE	2	级:	30	
Date of Notification (1)		509			Name of Buil	ding Owne	er/Operator (2)	4/100	App	~	0	
1/9/2014				4	Current Con	nstruction	n (owners rep)	CASA	<i>'</i> 9.			
Agencies Notified	Type Notificat	ion	-		Street Addres	ss		No Ch	, §	>		
□ EPA	Initial				93 Route 53	9		NO.	Pa			
☐ DEP	☐ Amende	d Amer	ndment	#	City, State, Z	ip Code			7			
DOL DOL		ncy (inc	luding		Allentown, I	NJ 08501			5	100000000		10.00
□ DOH	justificati	ion)			Name of Cor	ntact			Tele	ephone	Numb	er
DCA	☐ Cancella	ition			Matt Lucas							
				F	ACILITY IN	FORMAT	TION					
Name of Facility Where Ab	atement is Ta	king Pla	ace (3)					Type of Facility (4)				
PRIVATE RESIDENCE								School (K-12)				
Street Address								Subchapter 8 (0	Other tha	an K-12	2)	
3565 Quakerbridge Road	ı							Other (i.e., priva	ate & co	mmerc	al buil	dings)
City (5)								Square Feet	# o	Floors	Bldg.	Age
Trenton, NJ												
County		-		-	County Code	(7) (STA	TE USE ONLY)	Current Use (Prior in	f being o	emolis	hed)	
Mercer			-					4	a in month of Tables			
Name of Monitoring Firm H	lired by Buildir	na Own	er (8)		ASCM No.	Name of	Abatement Cont	ractor (9)				
Trume or Montoring 1 mm	ou by bunan	.5	J. (-)		,			RONMENTAL INC	2.			
Street Address			-	3. 100.00		Street A		NOTHING THE EAST				
Street Address							CK FOREST R	OAD				
			_				ite, Zip Code	OAD				
							TON, NJ 08691	i				
Design Manager for Manite	rina Eiro	Tolonk	none No			Telepho			Lice	ense N		
Project Manager for Monito	oring Firm	relepi	ione ivo	0 .					000			
Ct-+ D-+- (40)		Cahad	ulad C	omploti	on Data (11)	609-890	OSHA Monitor		1000	70		
Start Date (10)				ompieu	on Date (11)		OSHA WOITE					
1/10/2014	1 h - t t (Cl	1/10/2				N/A Street A	ddrocc					
Occupancy Status During						Slieel	duless					
Facility Closed/Vacate					ent.	City Cto	sta Zin Codo					
Abatement performed ou		ig nours	S SPIVI-2	2 AIVI		City, Sta	ite, Zip Code					
ESSENTIAL PERSONNE								Full Containme	nt with P	logativ	Droc	cure
Scope of Work (Check all	that apply)				D	.4!		Mini-Enclosure		vegativ	01103	Suic
≥ 3 sf or ≥ 3 lf					Renova			Glovebag Proc				
(≥ 160 sf or ≥ 260 lf					Demoli	tion				n Erial	olo Dro	oodur.
								☐ Non-Exempted		atemen		
		0.000	Location		Description	n of Ashe	stos Containing	1	Abi	T	1	
Location of Asbestos-0		93000970	Solely b				thermal systems	Amount (Specify S	For 2	1 20	ing.	Ē
Material (ACM) TO BE			enance				, VAT, or other	LF)	Remova	Repair	aps	clos
Facility (13)			Staff?			miscellane	eous)		va	≌	Encapsulate	Enclosure
		Yes	No	N/A							0	-
EXTERIOR				X	TRANSITE	SIDING	i	500 SQ. FT.	X		-	
Interior				X	VAT			1100 SQ. FT.	x	-	₩-	-
									+	+	+-	-
							In the Victor	N (D ::	41 10			
Name of Registered Waste	e Hauler				NJDEP Waste Hauler ID No.)	Cubic Yards of Waste	Name of Registered	a Landfil	E		
Carnevale Disposal Inc.					17297		10 YD.	GROWS				
City, State							Disposal Date	City, State				
WEST CREEK, NJ							1/13/2014	MORRISVILLE,	PA			
Completed By		Title				Signatu	n 27-Mar /	1	// Da	te		
DAVID D'ANDREA			SIDEN	т		1	auls	6 June	4_ 1/9	/2014		
AND MAINTER		I KEE	1000	-								

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

01/08/28[4 12:53

NO.877 #002

		68				0	92%		NO. OIL	4004						
(p)		ı	hrittoh Militoh	Str Cation Caudnt 1	do of Mow OF ARRES	TO SHAP	EMENT	KA	DOL-	10	AD					
Delo of Notification (1) January 8, 2014				Numo of	Contraction	HE / Operat	or (3)	eak # ODE	1	-1/	MIN	1	1			
gendes Notified	-	Street At	ddraus ardeen Pla	wantoperates. Liters	SIN	TRO	1		PPR	ON	EL					
DEP DOL	Mended Amended			City, Com	te, Zlp Codo	•	-707		WAIVE	RA	PP					
DOH DCA	Emergency justification; Cancellation)		N GOL	Contact Callace	- 00			Telephone I	Number						
				FACI	LITY INFOR	MATION						4111	_			
lame of Padity Where A RPM Contracting, Li	balemeni is Taki LC	ng Place (3)				Тур	School (K-1	2)							
rest Address 6 Aberdeen Place							13	Other (i.e. p	a (Other than k divate & comme		lidings	, hnm	AK,			
iliy (6) Voodbury							8qu 4,0	ero Feet	2 of Floors		Bidg. / 100	ge				
Sounty (6)				County C	Current Las (Prior If being demellahed) PRESIDENCE							ed)				
laine of Moniloring Firm Management & Envi	Hired by Building	Owner (8) Service)	SCM No. Name of Abatement Contractor (D) Shade Environmental, LLC												
real Address 2,O. Box 341				Stran Address 623 Cutler Ave,												
lly. Firm, 7in Code Chealartiald, NJ 085	i16							Zip Cods	18052							
remail Manager for Mani		Telepho 609-28	no No. 8-4070	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	phone (E)754		Ulcans 00842									
on Onla (10)		Janua			elion Date (11) Name of OSHA Monitor 014 EMSL											
coupancy Status During	Abstament (Che	ck Only O	no)			4	el Addn	100 mm mm m								
Facility Closed/Vaca Abatement Performs Other - Describe:	and During Entire and Outside of North	Hence of mail Facilit	Abatem y Hours	BÚI		CITY	Suic.	ton Ave Zip Code nt, New Je	ersey 08108	3		•				
uppe of Work (Check A) 2 28 af or 28 if 2 100 of or 1280 if	That Apply)		Røndva Demeliti				M G	ini-Endoaure				ii.				
		T	s Locati				L N	MIT-CAPOTIFICATION	O MIN INDIFF	THE PROPERTY.	Abal	eman				
Location	of		Nomal	ΙΥ		Descripti			*	-	Τ,	Aba	_			
Asbastos-Containing 10 PE ABA In Facility (13)	TED	CU	od Sole eintenav stordel E (12)	nce/	(1,0,1)	s Conteining permai system muriacing. Y other macei	ms insu	ile(lon,	Amount (Specity SF or LF)	Report	Repair	Encapswirte	Enclasura			
			XXX					uctwork 300 S			+	\vdash	-			
		#		-						_	-	F				
ome of Replained Was	n Hauler		14	JDEP W		Clibio Yarde of Wasia		Name of Grows	Registered Law Landfill	a lai	İ					
ily, State curil Holly, New Jer	raey 080GO					Disposal Da 1/11/14	le	City, Stat								
binglated by	•	This	e Mar	inger		Signal		100		Date 1/0/20	014	,				



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

* Emery		NC			F ASBES NJAC 8:6				CK	38	ASSOCIATION NO.	12	•	8	
Date of Notification (1) 1/10/14					Building Ov Swarth P						45.0	,	Ex.	<	
	Type Notification		1000000	reet Add 1 lake	tress Singleto	n Ct					80	Sign	7	As.	1
EPA DEP DOL	Initial Amended Amendment #				, Zip Code 1g Harbo		08070		51			Chi.	CO	ې	2
DOH DCA	Emergency (in justification) Cancellation	ncluding	1 32	ame of C	Contact					Telep	hone Nu	mber		à	8
U DOA	- Our room and r			FACIL	ITY INFOR	RMATI	ON							`	
Name of Facility Where A Gary Howarth Privat		Place (3)		100				S	f-Facility (4) chool (K-12))					
Street Address 21 lake Singleton Ct							-	×	ubchapter 8 ther (i.e. pri tc.)	vate &	commerc	ial build			s,
City (5) Little Egg Harbor NJ	08070		3.20	*				Square 1000-		# of 1	Floors	0.457	ldg. <i>A</i> 5+	.ge	
County (6) Ocean	11 A			ounty C	ode (7) SE ONLY)			Currer	nt Use (Prior e	if bein	g demolis	shed)			
Name of Monitoring Firm N/A	Hired by Building (Owner (8)		ASCM	No.			Name of Abatement Contractor (9) Pernaco Inc.						0	
Street Address						Addres Box 32									
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091					91								
Project Manager for Mon	T	elephon	e No.	-		ephone No. License No. 00727									
Start Date (10) 1/13/14		Schedule		pletion [Date (11)		Name of OSHA Monitor Same								
Occupancy Status During	Abatement (Chec						Stree	t Addres	s						
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire I ed Outside of Norn	Period of A	Abatem	ent		_	City,	State, Zi	p Code						
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ll That Apply)			enovation emolition					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						
	¥	10 0.20	Location	(1000)									Abatement Type		
Location of Used Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) Main			Maintenance/ Custodial Staff? (12)				ntaining al systen acing, V	escription of taining Material (ACM) I systems insulation, acing, VAT, or miscellaneous)			Amount (Specify SF or LF)		Repair	Encapsulate	Enclosure
E 1. 1	N. P	Yes	No	N/A		Evt	erior S	idina		60	00 SF	+	+		
Exterior S	Siding			X	ū.	EXI	enor 3	nung			JO 01				
											-	+	+	+	
	T-111		1	JDEP V	Jacto	Cubi	ic Yards		Name of	Registe	ered Land	ifill	1		
Name of Registered Wa United Containers	ste Hauler		H	lauler ID 2459		115/11/15	aste		G.R.O.			52.00			3
City, State Elm NJ							osal Da	te	City, Stat Morrisv		A 19067	7	157		
Completed by Anthony T Perna	mpleted by Title						Signature Date 1/10/114								

NOTIFICATION OF ASBESTOS ABATEMENT Check#1804 (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) 10 / 14 01 499 Lincoln Park Care Center LLC Type Notification Street Address Agencies Notified X Initial **⊠** EPA 499 Pine Brook Road Amended X DOLWD City, State, Zip Code Amendment # X DHSS Lincoln Park, NJ 07035 Emergency (including □ DCA Name of Contact justification) (NJAC 5:23-8) Cancellation Ari Rosenberg FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Nursing home Subchapter 8 (Other than K-1 2) Street Address ▼ Other (i.e., private and commercial buildings, homes, etc.) 499 Pine Brook Road Square Feet # of Floors Bidg. Age City (5) Lincoln Park, NJ 07035 County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) County (6) Morris Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. 00079 Gr Tech LLC Envirovision Consultants, Inc Street Address Street Address 576 Valley Rd #283 20-21 Wagaraw Road, Bldg.#35 E City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Fair Lawn, NJ 07410 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Guillermo Morales 973-636-9145 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 02 / 19 / 14 Envirovision Consultants, Inc Street Address Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 34A X Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM- PM/10:00 PM_6:00 AM Fair Lawn, NJ 07410 Clean up and decontamination with negative pressure Scope of Work (Check all that apply) Full Containment with Negative Pressure >3 sf or >3 lf > 160 sf or >260 lf Mini-Enclosure Renovation Glovebag Procedure Tent with Negative Pressure Demolition Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Location of Remova Repair Encapsulate Enclosure Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ (i.e., thermal systems insulation, TO BE ABATED (Specify Custodial Staff? SIF or LF) . IN Facility surfacing, VAT, or (12)(13)other miscellaneous) Yes No N/A X X 100 each First floor-hallways Elbows insulation X X Elbows insulation 100 each Second floor-hallways X X 30 each Elbows insulation First floor-kitchen X 30 each Elbows insulation First floor-laundry room NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Name of Registered Waste Hauler T.R.R.F. Inc 0033785 TBD Gr Tech LLC Disposal Date City, State City, State Tullytown, PA TBD Wayne, NJ 07470 Date Completed By (Print or Type) Title Signature 01/10/2014 Owner N.Jevtic ASB-41

State of New Jersey

MAY 11

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

D&S Proj. #: 2014-16 Name of Building Owner/Operator (2) Date of Notification (1) JAN 1 5 2014 0 1 / 0 9 / 1 4 MARTIN PESCI Type Notification Agencies Notified Street Address Initial ☐ EPA 10518 UTOPIA CIRCLE SO. Amended DEP City, State, Zip Code Amendment #: DOL BOYNTON BEACH, FLA 33347 Emergency Telephone Number (including DOH. Name of Contact iustification) ☐ DCA MARTIN PESCI Cancellation FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) MARTIN PESCI Other (Private/Commercial Street Address Bldgs./Homes, etc. # of Floors Bldg. Age Square Feet 336 CENTRAL AVENUE County (6) County Code (7) City (5) Current Use (Prior if being demolished) (State use only) PASSAIC HAWTHORNE Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 License Number Telephone Number Phone Number Project Manager for Monitoring Firm 01169 973-345-8020 Name of OSHA Monitor Sched, Completion Date (11) Start Date (10) D & S Restoration, Inc. Street Address 01/30/14 01/18/1413 Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Full Containment w/negative pressure Scope of Work (check all that apply) Mini-enclosure \times >3 sf or >3 lf Renovation Glovebag procedure Demolition Non-Exempted (*) and Non-friable procedure ≥160 sf or ≥260 lf Is location normally used solely E е Location of е n by maintenance/custodial Amount n asbestos-containing Description of asbestos-containing m p C (Specify SF or staff(12) material (ACM) C 0 material (acm) to be a a L abated in facility (13) V Yes No N/A p 40 L FT PIPE INSULATION BASEMENT Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# TULLY TOWN, RESOURCE RECOVERY D & S RESTORATION, INC. 1 vd Lisposal Date City, Siala City Slate

TUE

0.709/1-1

Principles of Principle Type:

BUCLIONICIANIC

COD! SIDEN

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

Check # 1677

Date of Notification (1)					Name of Building Owner / Operator (2)									
01 / 14 / 14					PSE&G Street Address									
/ /				80 PARK PLAZA										
Agencies Notified	Type of Not			City, State							$\neg \neg$			
EPA		nitial Amended	30		C. NJ 07101									
☐ DOH		Amendment #		Name of C	T 1 12 15 - ALT- LOGIA									
☑ DOL		Emergency w/		DAWN NE	AWN NEVILLE									
☐ Cancellation														
			F	ACILITY INF	ORMATION				-8-		1			
Name of Facility Who	Abatoma	nt in Taking I	Place (3)		Type of Faci	lity (4)					and the same			
SUSQUEHANNA - RO	SELAND PE	ROJECT	lace (5)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , ,								
303QOLI IANIVA - NO	,022		Illustrate to the country of the			chool (K-								
Street Address							r 8 (Other t							
SEE ATTACHED					☑ o	ther (I.e.,	private & c mes, etc.)	mmercia						
			Causty Code	(7)	Square Feet		# Of Floors		Building	Age				
City (5)	County (6)		County Code	(1)	N/A		N/A			N/A				
BLAIRSTOWN	WARREN				Current Use		being demo	lished)						
					N/A									
Name of Monitoring	Firm Hired I	by Bldg. Own	er (8)	ASCM NO	Name of Ab	atement (Contractor ((9)		erall control of the second				
ENVIRONMENTAL T	ACTICS INC		-0.00 B. 11 B.											
		- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10			LVI Demolition		es Inc.							
Street Address					Street Addre	ess								
64 BROAD STREET					32 Williams	Parkway								
City, State, Zip Code					City, State,				_					
MATAWAN, NJ 0774	7		Telephone Nu	mbor	City, State,	Zip Gode								
Project Mngr. For M	onitoring Fi	rm	732-290-2217	imbei	East Hanove	er. NJ 079	36							
TOM GEIGER Sheduled Start Date	(40)	School Comp	letetion Date (11)	Telephone I			License	Number					
O1 / 27	/ 14	02	28	14										
$\frac{-01}{2}$	/	/	/		973-772	CONTRACTOR OF THE PARTY OF THE			0	0860				
Occupancy Status D	ouring Abate	ement (Check	Only 1)		Name of OS									
☐ Facility C	losed/Vacat	ed During En	tire Period of		LVI Demoliti		es Inc.							
Abateme					Street Addr	ess								
		d Outside of I	Normal Facility		32 Williams Parkway									
	escribe:	7:00AM - 5:00	DM		City, State, Zip Code									
Other - D	escribe:	7.00AW - 5.00	T IVI		East Hanove	er, NJ 079	36							
Scope of Work (Che	ck All That	Apply)												
,		95_33			- "		th Nagativa	Droceur	•					
☐ Demolition		✓	Renovation		Full Containment with Negative Pressure Mini - Enclosure									
☑ ≥3sf or≥				=	Glovebag Procedure									
☐ ≥160 sf o	r ≥260 IT													
					- 2/2									
Location of	of	ls		Descript				200	ent Type		le:			
Asbestos Cont		Location	_ A	sbestos - 0			A	R	R	E N	E N			
Material (A		Normally		Material			Amount (Specify	M	E	C	C			
TO BE ABA		Used		I.e., therma	il systems facing, VAT,		SF or LF)	0	P	Ā	L			
in Facilit	у	Solely by Main	ins	uiauon, Sul other mier	racing, va i, cellaneous)	<u>,</u>	" " " "	v	A	P	0			
(13)		by Main- tenance/		Julei IIIIS	Jonaino Gas)			A	1	s	S			
		Custodial						L	R	U	U			
		Staff (12)							-	L	R			
		YES NO N/A					05.05		-		+			
EXTERIOR			TAR/MASTIC				35 SF	V	++	- - 	++			
SEE ATTACHED							-		+ +	 	 			
							-	H	-	十十	T			
			NJDEP Wast	ol Cubic	Name of R	egistered	Landfill							
Name of Registered	Waste Hau	iler	Hauler ID No		GROWS	egistered								
LVI DEMOLITION S	EKVICES IN		naulei ID NO	of Waste										
City State				Disposal										
City, State EAST HANOVER, N	IJ			Date	MORRISVI									
LAGI HANOVEK, N				1000 (88.00)(7)		-				T5 :				
Completed by (Prin	t or Type)		Title	74700000000000000000000000000000000000		Signature		1		Date				
STEVEN STILES			PROJECT M	ANAGER		Stee	x) 1	S			01/14/			
			1		- 1		-				2 11 1 17			

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

		NOTIFICATION (PURSUANT	ATE OF NE ON OF ASB TO NJAC	ESTOS ABA	ATEMENT 12:120-7		('Au	eck+	1.16	76		
Date of Notification (1)		P F		ilding Own		tor (2)		10 1	i d	馬用		
□ EPA □ □ DEP □ DOH □ DOL □	lotification Initial Amended Amendment #_ Emergency w/ Cancellation		76 South Street City, State, Zip Code Akron, Ohio 44308 Name of Contact									
	Cancellation	FA	CILITY INF	ORMATION								
Name of Facility Where Abates	ment is Taking P	lace (3)	1	Γype of Fac	ility (4)	12)						
Street Address Morris Street and East Park Place			al									
				Square Feet Current Use		# Of Floors		Building Age				
Name of Monitoring Firm Hire	d by Bldg. Owne	r (8)	ASCM NO	MANHOLE	AP-17 10							
Environmental Health Investigat Street Address 655 West Shore Trail	ions			Street Addr	ess	s Inc.		-				
City, State, Zip Code Sparta, NJ 07871 Project Mngr. For Monitoring	Firm I	Telephone Nur										
Dino Nappi Sheduled Start Date (10)	212-682-9271 etetion Date (1	East Hanover, NJ 07036						Number 00860				
Occupancy Status During Aba Facility Closed/Vac Abatement Abatement Perform Hours - Describe: Other - Describe:	m	Name of OSHA Monitor LVI Demolition Services Inc. Street Address 32 Williams Parkway City, State, Zip Code East Hanover, NJ 07036										
Scope of Work (Check All The Demolition ≥3sf or ≥3lf ≥160 sf or ≥260 lf	at Apply)	Renovation		Full Contai Mini - Enclo Glovebag F Non-Exemp	nment wit osure Procedure	h Negative						
Location of Asbestos Containing TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff (12)	(l. insu	Descripti sbestos - Co Material (. e., thermal lation, surf other misce	ontaining ACM) systems acing, VAT,		Amount (Specify SF or LF)	Abateme R E M O V A L	R E P A I	E N C A P S U L	ENCLOSUR		
Morris St & East Park Pl	YES NO N/A	ELECTRICAL	WRAP			20 LF						
Name of Registered Waste H NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Yards of Waste	Name of R	51	Landfill						
City, State NEWARK, NJ		Title	Disposal Date	City. State BETHLEHE	EM, PA 18				IDate			
Completed by (Print or Type) Steven Stiles	er		Signáture	ea S	K	5		/14/14				

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

Date of Notification (1)				Name o	f Building	Owner/Operator (2	2)	JAN 15	2014					
1 / 1	4 / 14			CSX Corporation										
Agencies Notified	Type Notification	-	31.3	Street A				27 =		-		44.54		
■ EPA	Initial		1	500 V	Vater S	Street			÷	ā	1			
■ DOLWD	Amended Amendment #			City, Sta	ate, Zip Co	1000	.,	1976						
■ DHSS	☐ Emergency (in	cludina		Jacksonville, FL 32202										
☐ DCA (NJAC 5:23-8)	justification)	J. G.			f Contact			Telephone Numb	er					
	☐ Cancellation			Gary	Wywra	1			_8					
				FAC	ILITY INF	FORMATION								
Name of Facility Where A							Type of Facility (4							
Parcel M-56 - Fo	rmer Dynami	c Tru	ickin	g			☐ School (K-12) ☐ Subchapter 8							
Street Address	. 12						Other (i.e., pri			dings	4			
125 Pennsylvania	a Avenue						homes, etc.)	T	1511					
City (5)							Square Feet	# of Floors	0.000000	g. Ag	е			
Kearny							38,400	2	30	_				
County (6)	* *			Count	y Code (7)	(STATE USE ONLY)	Current Use (Price	or if being demolis	nea)					
Hudson							Industrial			_	100. t-			
Name of Monitoring Firm		Owner (8) /	ASCM N	lo.		ent Contractor (9)							
Shaw Environme	ental, Inc.					Prism Resp	onse, inc.							
Street Address		т.				Street Address	logy Long							
128 S. Tryon Str	eet - Interstat	e 10	wer			102 Techno						_		
City, State, Zip Code						City, State, Zip Co								
Charlotta, NC 28			1= 1			Telephone No.	License No.							
Project Manager for Mor	nitoring Firm			phone N	-3707	724-325-33	30	01121						
Gary Wywra	Coho	dulad C		tion Dat		Name of OSHA N		101121				-		
Start Date (10) 1 / 28 /				_ / _1	Shaw Environmental, Inc.									
Occupancy Status Durin						Street Address	- 0							
Facility Closed/Vacat	ed During Entire Pe	riod of	Abater	ment			Γryon Street,	interstate i	owe					
Abatement Performer	d Outside of Norma	l Facilit	y Hour PM-	s - Desc	AM	City, State, Zip C								
Time of Abatement.				5 15002	000.000	Charlotte, N	10 28202							
Scope of Work (Check a	ill that apply)					Full Con	tainment with Neg	ative Pressure						
☐ >3 sf or ≥3 lf		-	novati			☐ Mini-End	closure							
≥160 sf or ≥260 lf		☐ De	emolitic	on		☐ Gloveba	ig Procedure empted (*) and No	n-Friable Procedu	ire					
		Is	Locat	tion			.,		Ab	atem	ent T	ype		
Location	n of		Norma			Description	of		R	R	m	m		
Asbestos-Containing			ed Sole aintena		Asbe	stos Containing Ma	aterial (ACM)	Amount	emc	epa	ncap	nclo		
TO BE AB IN Faci			todial		(i.e	., thermal systems surfacing, VAT	T, or	(Specify SF or LF)	val	Repair	usu	sure		
(13)			(12)			other miscellane					ate			
		Yes	No	N/A					-					
Throug	hout			×		Floor Tile & N		3800 SF	×			분		
Exterior of S	Structure			x		Caulking & Roo		27 SF	×					
Along Elevated L	oading Docks			x	Exterio	or Expansion J	loint Material	254 LF	×			닏		
											لــا			
Name of Registered Wa	ste Hauler		100	NJDEP National		Cubic Yards of Waste	Name of Regis		:11					
Waste Manage	ement			W1724	J NO.			orth Landf	Ш					
City, State						Disposal Date	City, State	- D ^						
Camden, New	Jersey					2/14/14	Morrisvill		- 1)					
Completed By (Print or		le				Signature	. 0	2	ate					
Jessica Busch		dmir	nistr	ative	Supp	ort Inni	ion Kus	ch. 1	/14/	14				
ASB-41						-	/ *							
MAY 11		* Do no	t use t	his form	for asbes	tos licensure exen	npted activities.							

MAY 11

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

Date of Notification (1)		Name of Building Owner/Operator (2) Victaulic REH, LLC										
Agencies Notified Type Notification		et Address 01 Kessler	sville Road						-			
EPA Initial Amended Amendment		, State, Zip C	Code 8044-0031		JA	N 15 2	2014					
Emergency (infcluding justification) DCA Emergency (infcluding justification) Cancellation	10000	ne of Contac aig Hume	t		Telephone Number							
			FORMATION	-	• • • • •	. 4		, and the second	٠			
Name of Facility Where Abatement is Taking Place (3) Victaulic REH, LLC		1		_	f Facility (4) chool (K-12)							
Street Address 119 Edision Road			s #104	S	ubchapter 8 (other (i.e. privite.)			dings,	home	ıs,		
City (5) Stewartsville					Square Feet # of Floors 25000 1			rs Bldg. Age 100 yrs				
County (6) Warren		unty Code (7			t Use (Prior i arch & De				1.0			
Name of Monitoring Firm Hired by Building Owner (8) NBC Environmental	F	ASCM No.	100000		ement Contra rises Inc.	ctor (9)				,		
Street Address 1554 Paoli' Pike				eet Addres						1		
City, State, Zip Code West Chester Pa 19380	i		Cit	ry, State, Zip Code ammonton NJ 08037								
Project Manager for Monitoring Firm Allen Feinberg	1 (1)	lephone No.	Tel	lephone No. License No. 09-567-1250 01172								
Start Date (10) Schedule		etion Date (1	1) Na	ame of OSHA Monitor IBC Environmental								
1-22-14 4/1	3//4			eet Addres								
Occasion Status During Abatement (Check Only One				554 Paoli	T-040700 000							
Facility Closed/Vacated During Entire Period of A Abatement Performed Outside of Normal Facility Other – Describe: monday- Friday 7am-3;30pm		nt	Cit	y, State, Zi		380						
Scope of Work (Check All That Apply)												
23 sf or ≥3 lf	enovation emolition	5.0		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					e			
					LXCIIIPICG	7 4.54 1 1011 1	114516 1 10	NO. 01 - 01	ement	t		
Lagritor of	Location lormally		Descrip	tion of								
Ashestos-Containing Material (ACM) Use	d Solely i		pestos Containi		(ACM)	_ Amount			·m·			
TO BE ABATED	ntenance odial Sta		i.e. thermal sys		ition,	(Specify SF or LF)	Rer	Re	nca	1 8		
In Facility (13)	(12)		surfacing other misc			SF OI LF)	Remova	Repair	Encapsulate	Enclosure		
Yes	No	N/A							ate	6		
Building #2 Basement		X	TSI Mixed	d with soi		TBR) x	-		-		
						4						
Name of Registered Waste Hauler		DEP Waste	Cubic Yar	ds	Name of Re	egistered La	ndfill	-		-		
Elk Transportation INC	501	uler ID No. 174	of Waste	0		-BFI- Cun	estoya l	_F.				
City, State Reading PA		**	Disposal I	Date	City, State Morganto		(r)					
Completed by Title	M		Sign	ature	Red	_	Date / -//	1_4	4			