#### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1) January 13, 2014		-		181	Name of Build Honeywell  Street Addres  101 Columbia City, State, Zin Morristown, N Name of Cont	ling Owner/	Operator (2)	2014 14	<del>~ ?</del>	0/6/		
Agencies Notified		Notification	Туре		Street Addres	<u>s</u>	<del>్రో</del> స్వ	250	16	<u>`</u>	0	
(X) EPA		(X) Initial N			101 Columbia	Road	æ	170	'n /	1/2.		
() DEP (X) DOL		() Amende () Cancelle		tion	City, State, Zij	o Code		TCE	4.50a	. /	4	
(X) DOH		( ) Cancelle	u		Morristown, N	J 07962		`'	SIA	ROL		
()DCA					Name of Cont Emil Walerko	act		I Tel N	umber	Z		
				FACILITY IN	IFORMATION							
Name of Facility Where Abat	ement is T	aking Place (	3)		Type of Facilit		A CONTRACTOR					
Former Waldron Property					( ) School (K- ( ) Subchapte		nan K-12)					
Street Address					(X) Other (i.e.			gs., hon	nes, etc.			
Foot of 2 <sup>nd</sup> Street					Sq. Feet_		# of Floors					
	ounty (6)		County C									
Highland Park M	iddlesex		(State Us	se Only)	Bldg. Age Current Use (p					_		
Name of Monitoring Firm Hire		Owner (8)	ASCM N	0.	1		Name of Co		(9)			
							Prondonbur	a Indust	rial Can	ioo Con	nany	
Street Address					Street Address	S	Brandenbur	g mausi	nai Serv	rice Corr	рапу	
					2047.0-11							
City, State, Zip Code			****		2217 Spillman City State, Zip							1002
Project Manager for Monitoring	na Firm	Telephone I	Number		Bethlehem Pe Telephone Nu		18015	Licens	e Numb	er		
		TOTO DITTO I	141111111111111111111111111111111111111						0			
Scheduled Start Date (10)		Scheduled (	Completion	Date (11)	610-691-1800 Name of OSH	A Monitor		00721				
		<u>ooncaaica (</u>	Jonipiction	Date (11)	Name of Corn	A MOIIIO						
1/27/14 Occupancy Status During Ab	atement (C	2/14/14 heck only on	۵)		Street Address				-			
(x) Facility Closed/Vacated I () Abatement Performed Out	During Enti	ire Period of A	Abatement		Street Address	2						
Describe Remove concrete	e slab with	n membrane	attached l	between two	City, State, Zip	Code						
slabs. All buildings gone for Other - Describe_Work hours	orm site co	oncrete slab	only									
Source of Work (Check all that	at anniv)											
2 W 20 = 20 20 20	850											
(x) Demolition () Renova () Large Proj. (>160 SF or > () Full Containment with Ne	260 LF AC				60 LF ACM) ( webag Procedure		oj. (<25 SF or	<10 LF	ACM)			
Location of Asbestos-	Is Loca	tion Normally	Used	Description of	ACM (i.e.		Specify SF or	LF)	Abater	ment Ty	<u>oe</u>	
Containing Material (ACM) in Facility (13)	Solely I	by Maint./Cus	todial	thermal system surfacing, VAT								
- domey (10)	YES	NO NO	NA	miscell.)	, or ourer				Rem.	Rep.	Encap	Enclose
Membrane on concrete slab			X	Mastic thermal	barrior	6800 sf						
Wembrane on concrete slab			^	Wastic trieffinal	Darrior	0000 Si						
New Specialists		NIDEDW		D."						1511		
Name of Reg. Waste Hauler		NJDEP Was	ite Hauler I	<u>U#</u>	Cubic Yards of	vvaste		Name	of Reg.	Lanotili		
Brandenburg Industrial Service	e Co.				600 cy's		D: D :	IESI				
City, State							Disp. Date		2	City, Stat	<u>e</u>	
Bethlehem, PA					-		1/29/14		E	Bethlehe	m, PA	
Completed by (Print or Type)		Title			Signature			Date				
Jennifer Strobel	11	Contract Add	ministrator		1	7		Januar	y 13, 20	14		
					11		-					

Mail to: NJDEP-DSHW-BRRTP

401 E. State St., PO 414 Trenton, NJ 08625-0414 Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS 9/18/00

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

								CK#23733	- 45		411.	
Date of Notification (1)			1		Name of Build			•	45, 	30	JA.	6
1/13/2014							Disposal Corp.	(owners rep)		320		-
Agencies Notified	Type Notificati	on			Street Addres	S			•	1/0	<i>O</i> 5 _	P
EPA	☐ Initial			- 1	93 Route 539	)				٠, ر	2	2
□ DEP	Amended	Amen	dment	#	City, State, Zi	p Code					10/	2
□ DOL	Emergen	cy (incl	uding		Allentown, N	J 08501						0
□ DOH	justification				Name of Cont	tact		*	reiep	none	Numbe	.
DCA	☐ Cancellat				Matt Lucas				_			$\dashv$
				F	ACILITY INF	ORMAT	ION					
Name of Facility Where Ab	atement is Tak	ing Pla	ice (3)					Type of Facility (4)				- 1
PRIVATE RESIDENCES								School (K-12)		14 40		
Street Address								Subchapter 8 (O	ther than	K-12,	المستاط	lings)
312 & 314 E. UNION ST.	REET							Other (i.e., priva				
City (5)								Square Feet	# of F	loors	Bldg.	Age
BURLINGTON CITY, N	T 08016											
	00010				County Code	(7) (STA	TE USE ONLY)	Current Use (Prior if	being de	molish	ed)	
County												
BURLINTON Name of Monitoring Firm H	ired by Buildin	a Own	er (8)		ASCM No.	Name of	Abatement Cont	ractor (9)				
Name of Monitoring Firm to	med by buildin	9 0	. (-/			CREAM	I RIDGE ENVI	RONMENTAL INC				
Street Address						Street Ac	ddress					
Street Address						15 BLA	CK FOREST R	OAD				
							te, Zip Code					
						The state of the s	TON, NJ 08691	ı				
- C-Newite	ring Cirm	Telenh	one No			Telephor			Licer	se No		
Project Manager for Monito	oring Film	reichi	ione iv			609-890			0067	6		
01 1 1 1 1 1 (10)		Sched	uled Co	mplet	ion Date (11)		OSHA Monitor			-50%		
Start Date (10)		1/15/2				N/A						
1/14/2014 Qccupancy Status During	Abatement (Cl					Street A	ddress					
Facility Closed/Vacate	nd During Enti	re Peri	nd of Al	nateme	ent					0		
Abatement performed ou	toide of workin	a hours	5PM-	AM		City, Sta	te, Zip Code					
ESSENTIAL PERSONNE		g noun	, 01 111									
Scope of Work (Check all								Full Containmer	nt with Ne	gative	Press	sure
The first transfer and the state of the stat	ulat apply)				☐ Renova	tion		Mini-Enclosure				
≥ 3 sf or ≥ 3 lf					Demolit	ion		☐ Glovebag Proce	dure			
<b>52</b> ≥ 160 sf or ≥ 260 lf								☐ Non-Exempted	(*) & Nor	-Friab	le Pro	cedure
		le	Locati	on					Abat	ement	Type	
			mally L	7000	Descriptio	n of Asbes	stos Containing		. [		E E	Е
Location of Asbestos-	Containing		Solely b	у		CM) (i.e. t	hermal systems	Amount (Specify SF	Remova	Repair	Encapsulate	Enclosure
Material (ACM) TO BE Facility (13)			enance			, surfacing miscellane	, VAT, or other	LF)	VOI	Pair	Sul	)Sur
radiity (15)		dia	Staff?	(12) N/A	1	mscenant	eous)		<u>m</u>		ate	Œ,
		163	/	10/1	<del> </del>							
UNKNOWN			X_	-								
					+					Г		
		-										
	- Haule-	L			NJDEP Waste		Cubic Yards of	Name of Registered	Landfill	-		
Name of Registered Wast	e nauier				Hauler ID No.		Waste				on ==	1001
CURRENT DEMOLITI	ON & DISPO	SAL	CORP		35149		40 YD.	BURLINGTON C	TY RES	OUR	CE RI	ECOV
City, State		A CONTRACTOR					Disposal Date	City, State				
ALLENTOWN, NJ	/_///					Tax :	1/16/2014	FLORENCE, NJ	Date		-	
Completed By		Title				Signatu	re M	C.Capia.	100000000000000000000000000000000000000	, /2014		
DAVID D'ANDREA		PRES	SIDEN	T		1/1/1	vag.	Virales	1/13	2014	-	لسند

ASB-41

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)								'n.			
January 13, 201	4			Name of Building	Owner/Ope Bacor	rator (2) p Building Group	Elly JAN	23	My.	-	
[ ] DEP [ ] Amen [ x ] DOL [ x ] DOH [ x ] Emer justifit	l Notifi nded No ndment	otification # (including		Street Address  City, State, Zip Co	1044 I	rator (2) p Building Group Lacey Road d River, NJ 08731	Telephone Number	AN ONTH	9.	9	
t j cance	Julion			Alan							
Name of Facility Where Abatement is Taking Residence Street Address	Place (	3)	FAC	CILITY INFORM	NOTTAN	Type of Facility (4)	School (k-12) Subchapter 8 (ot				
1 Peg Leg Way						[x]	Other (i.e., priva homes, etc.)	te & co	mmerc	ial buil	dings,
City		ity (6)		County Code (7) (STATE USE ONI	.Y)	Square feet 2000 sf	# of Floors		g. Age	50	
Waretown	Oce		lan .			Current Use (Prior if Resider	nce	)			
Name of Monitoring Firm Hired by Building C N/A	)wner (	(8)		ASCM No.	Name of	Abatement Contractor		T			
Street Address					Street Ad	dress	an Contracting,	inc.		-	
City, State, Zip Code					City. Stat	e, Zip Code	oute 9, Unit 61				
Project Manager for Monitoring Firm		T 1 1 1			- 3	Toms F	liver, New Jers	ey 08	755-1	271	we some -
1 roject Manager for Monitoring Firm		Telephone Nur	mber		732-34	e Number 9-9932	License N 00624	lumber			
Scheduled Start Date (10) 1/13/14		Scheduled Cor 1/14/14	npleti	ion Date (11)		OSHA Monitor	L. Analytical		300		
Occupancy Status During Abatement (Check o  [ X ] Facility Closed/Vacated  [ ] Abatement Performed C	During	Entire Period of			Street Ad	dress 1056 St e, Zip Code	elton Road	y 088	54		
Scope of Work (Check all that apply)			_		[ ]		with Negative Pres				
[ ] >3 sf or ≥3 lf [ x ] ≥160 sf or ≥260 lf			enova emoli		[ ] [ x]	Mini-Enclosure Glovebag Procedu			ıre		
			n					Abat	ement	Туре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)		Is Location Normally used Solely by Intenance/Custo Staff (12) NO N		(i.e	Description bestos-Con Material (A ., thermal sulation, sur VAT, o er miscella	taining CM) ystems facing,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X	-	Asbestos sidir	10		1900 sf	X	_	L	ь
					-6		1700 31	Λ		-	$\vdash$
											$\vdash$
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste H 2022		ID No. Cubic Ya	rds of Waste	Name of Register	ed Landfill				
City, State Toms River, New Jersey		D		al Date	City, Sta	te			-		
Completed by (Print or Type)	Title Proje	ect Manager	113/	Signature	Ja 51	wn; Perinsylvania	1	Date 1/13			

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

ile and a second			- 11.	T CD '14'	O	rator (2)	₹.	11	-	-	
Date of Notification (1)  January 13				Name of Building		rator (2) Environmental	2003	18	7	1	_
Agencies Notified Type of No. [x] EPA []  [ DEP []	otification Initial Notif Amended N			Street Address  City, State, Zip Co		Box 8297	16	3	24	8 <u>-</u>	3
[x] DOL [x]	Amendment Emergency	202		City, State, 21p CC		n, NJ 08650		1	2	Co.	
[x] DOH []	justification Cancellation	)		Name of Contact Rod F	Richardsor		Telephone Number	·	O.		
			FACII	LITY INFORM	MATION						_
Name of Facility Where Abatement is Residence	Taking Place	: (3)				Type of Facility (4)	School (k-12) Subchapter 8 (oth				
Street Address 1314 H Stree	t					[x]	Other (i.e., privat homes, etc.)			al build	ings,
City	Cou	nty (6)		County Code (7) STATE USE ONL	.Y)	Square feet 1300 sf	# of Floors	Bldg	Age 9	1	
Belmar	Mo	nmouth			**	Current Use (Prior i		)			
Name of Monitoring Firm Hired by B	ailding Own	er (8)	1	ASCM No.	Name of	Abatement Contracto		Inc			
N/A Street Address					Street A	idress	Route 9, Unit 61	me.			
City, State, Zip Code					City, Sta	te, Zip Code	River, New Jers	ov 087	55.13	71	
Project Manager for Monitoring Firm		Telephone	Number			ne Number	License N		33-12	.71	
		Scheduled	Completio	on Date (11)		9-9932 OSHA Monitor	00624				
1/14/14	1/14/14 1/21/14				Street A		.L. Analytical				
Occupancy Status During Abatement  [X] Facility Closed/	(Check only Vacated Dur	one) ing Entire Pe	riod of Aba	tement	Suect A		Stelton Road				
[ ] Abatement Perf		de of Normal			City, Sta	nte, Zip Code Piscata	away, New Jerse	y 088	54		
Scope of Work (Check all that apply)				-	[ ]	Full Containme	nt with Negative Pre	essure			
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		r 1	ъ		[ ]	Mini-Enclosure Glovebag Proce	dure				
[ ] >3 sf or ≥3 lf [ x ] ≥160 sf or ≥260	lf	[x]	Renovat Demoliti		[x]		(*) and Non-Friable	Procedu	ıre		
								Abat	ement	Туре	
		Is Locati			Description of the street of t		Amount	R	R	E	E N
Location of Asbestos-Containing Material (A	CM)	Normally backets			Material (A		(Specify SF	E M	E P	N C	C
TO BE ABATED	M	aintenance/C		(i.	e., thermal	systems	or LF)	O	A	A	L
in facility	1	Staff		in	sulation, su			v	I R	PS	O S
(13)	1	(12)		ot	VAT, ther miscel			A	17.5%	U	U
	Y	es no	N/A					L		E E	R E
Exterior		X			ing – hous	se and garage	4500 sf	X			
Interior		X		Floor tile			180sf	X	-		-
			-								
Name of Registered Waste Hauler		NJDEP Wa	aste Hauler	ID No. Cubic	Yards of Wa		stered Landfill				
Guardian Contracting	, Inc.	<u> </u>	20223	al Date	City, S	T.R.R.F.	1				
City, State Toms River, New Jer	sey		1/22/	14		town, Pennsylvar	ija	T =			
Completed by (Print or Type) Nicholas Fernicola	Tit	le oject Mana	ger	Signature	chol	tel		Date 1/1	3/201	4	

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)  January 13, 20	014			Name of Bu	ilding Own	er/Opera	ator (2)	PECA.	30	1.0		
Agencies Notified  [X] EPA  [] DEP  [X] DOL  [X] DOH  Type of Notified  [] Ini  [] An  [X] Em  jus	ication tial Noti nended I nendmer	Notification  nt #  (including		Street Addre	ss Cip Code T	PO E	Box 8297:	VAN 16 AM	9:00	8		
1 7 2011			FΔ	CILITY INFO								
Name of Facility Where Abatement is Taking Residence	ing Plac	e (3)	IA	CILITI INFO	JKWATI		Type of Facility (4					
Street Address 1312 H Street						1	[ ] [x]	School (k-12) Subchapter 8 ( Other (i.e., prin homes, etc.)				uildings
City		nty (6)		County Code (STATE USE			Square feet 1300 sf Current Use (Prior i	# of Floors 2 f being demolishe		dg. Ag	91	
Name of Monitoring Firm Hired by Buildin N/A Street Address	g Owne	r (8)		ASCM No.			Reside batement Contracto Guardi	nce r (9) an Contracting	, Inc.			
City, State, Zip Code						et Addr	1889 R	oute 9, Unit 6	1			
Project Manager for Monitoring Firm		Telephone	Number		Tele	ephone l	Zip Code Toms I Number	River, New Jer	sey 0	8755- er	1271	
Scheduled Start Date (10) 1/14/14	Scheduled 1/21/		ion Date (11)		2-349-9 ne of OS	9932 SHA Monitor	00624					
Occupancy Status During Abatement (Chec  [ x ] Facility Closed/Vacat  [ ] Abatement Performed  [ ] Other – Describe	ed Duri	ng Entire Per	riod of Ab Facility H	oatement Iours		, State,	ess 1056 St Zip Code	L. Analytical telton Road way, New Jers	ey 08	854		
Scope of Work (Check all that apply) $[ ] >3 \text{ sf or } \ge 3 \text{ lf}$ $[ X ] \ge 160 \text{ sf or } \ge 260 \text{ lf}$		[ ] [x]	Renova Demoli		] ] [	] ] x ]	Full Containment Mini-Enclosure Glovebag Procedo Non-Exempted (*	ure		lure		
									Aba	tement	Туре	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)		Is Locatio Normally us Solely by stenance/Cu Staff (12) NO	sed		Asbestos- Materia (i.e., thern insulation	nal (ACN mal syst s, surfac T, or	ning  A) tems ing,	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 si	ding			3000 sf	X			-
Interior		X		Floor tile				180sf	X			
Interior		X		Transite pa	nels			4	X			
Name of Registered Waste Hauler Guardian Contracting, Inc. City, State	1	NJDEP Waste	e Hauler I 0223 Disposa	3	Yards of V		Name of Register T.R.R.F.	ed Landfill				
Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola	Title Proje	ct Manage	1/22/1			, State lytown	n, Pennsylvania	2	Date 1/13	3/2014		

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

Date of Notification (1)					_	Owner/Operator (2	2) 4	AA.	· Cor	~		
01 / 09	/14	_		Merc	k Sharp	and Dohme Co	rporation	OES 16	•	0		
Agencies Notified Typ	e Notification			Street A	ddress			1,00	9Ay			
9	nitial			2000	Gallopin	ng Hill Road		Cr. Ca	ي بي	1		
	Amended		+	City, Sta	ate, Zip Co	ode		SIN	>, "	۲,		
E DI 100	Amendment #			Keni	lworth, N	J 07033		146	40,			
	Emergency (inclustification)	luding	ŀ	Name o	f Contact			Telephono Ni	h			
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Cancellation			Mike	Latronio	a						
				FAC	ILITY INF	ORMATION					7	39.4
Name of Facility Where Abate	ment is Taking	Place (	3)				Type of Facility (4	4)				
Building 5	<del>-</del>		850				School (K-12)					
Street Address							<ul><li>☐ Subchapter 8</li><li>☑ Other (i.e., pri</li></ul>	(Other than K-12)	2) rcial buil	dinas	600 1600	
2000 Galloping Hill Roa	ıd						homes, etc.)	vate and comme				
City (5)							Square Feet	# of Floors		g. Ag	Э	
Kenilworth							115000	4		2		
County (6)				Count	y Code (7)	(STATE USE ONLY)	Current Use (Price	or if being demoli	shed)			
Union							Vacant					
Name of Monitoring Firm Hire	d by Building O	wner (8	) [	ASCM N	lo.	Name of Abateme	ent Contractor (9)					
Atlantic Environmental	, Inc					USA Environ	mental Manage	ement, Inc.				
Street Address						Street Address						
2 E. Blackwell Street					4	8436 Enterpr	ise Avenue					
City, State, Zip Code						City, State, Zip Co						
Dover, NJ 07801						Philadelphia,	, PA 19153					
Project Manager for Monitorin	g Firm		Tele	phone N	10.	Telephone No.		License No.				
Ray Pirnat			97	73-366-	4660	215-365-5810	)	1156				
Start Date (10)	Sched	uled Co	mple	tion Dat	e (11)	Name of OSHA M		1124				
_1 / _27 / _1	4_   _2	/	28	_ / _	14	USA Environ	mental Manage	ement, Inc				
Occupancy Status During Ab	atement (Check	only or	ne)			Street Address						
☑ Facility Closed/Vacated D					25	8436 Enterpr	ise Avenue					
Abatement Performed Out					cribe	City, State, Zip C	ode					
Time of Abatement: 7:00	AIVI- <u>3:30</u> PIVI/_	P	VI	AIVI		Philadelphia	, PA 19153					
Scope of Work (Check all tha	t apply)					⊠ Full Con	tainment with Neg	native Pressure				
⊠ >3 sf or >3 lf		⊠ Rer	ovat	ion		Mini-End	closure	,				
≥160 sf or ≥260 lf		☐ Der	noliti	on		☐ Gloveba	ng Procedure empted (*) and No	n-Friable Proced	ure			
		1 1-		Alam		MOII-EXE	empled ( ) and No	II-I Hable I Tocca		atem	ent Ty	vne
1		100000000000000000000000000000000000000	Loca			Description	of				- 1	
Location of Asbestos-Containing Mat	erial (ACM)	Use	d Sol	ely by		stos Containing Ma	aterial (ACM)	Amount	Removal	Repair	nce	Enclosure
TO BE ABATEI		100000000000000000000000000000000000000		ance/ Staff?	(i.e	., thermal systems		(Specify SF or LF)	ova	¥.	psu	nso
IN Facility (13)		Oust	(12)			surfacing, VAT other miscelland	eous)	Si di Li j	-		Encapsulate	œ.
(10)		Yes	No	N/A		-23411.5743-5745.00.000					-	
MER Room				$\boxtimes$	Pipe Ft	tings		100 LF	$\boxtimes$			
MER Room					Breech	ing		400 SF				
1 <sup>st</sup> , 2 <sup>nd</sup> and 3 <sup>rd</sup> Fir (Elec	Rom,				Floor T	ile and Mastic		2500 SF				
Stainwell landings)												
Name of Registered Waste H	Hauler			NJDEP	Waste	Cubic Yards of	Name of Regi	stered Landfill				
Freehold Cartage Inc.				Hauler II		Waste 40	Lycoming	County RMS				
City, State				1033		Disposal Date	City, State				01-02-	
Freehold, NJ						2/28/2014	Montgom	ery, PA				
Completed By (Print or Type	) Titi	e	•			Signature/	11172		Date	76		
Dilip Kumar	/s		m M	anager		Vall.	liphic	an	1-9	-1	4	
	·	J. J.				1/4/16/	- Justice		, ,			

Date of Notification (1) 12-17-2013		N	ame of Build	ding Owner	Operato	r (2)	9—	*				
EPA Init DEP Am Am Am Am DOH EM Init Init Init Init Init Init Init Init	ended endment # ergency (including ification)		treet Addres 2.O. Box 1 ity, State, Zip Doylestowr	Code n, PA 189	BEST & LI	OS CONTRO CENSING	DL .	Nanh	M			
	ncellation		ames Max	well			Te	lephone I	Vumbe	r		
Name of Facility Where Abatemen Residential Street Address	t is Taking Place (3)		FACILITY	NFORMAT	TION	Type of Facility  School (K-	12)					
57 Bridge Street						Subchapte Other (i.e. etc.) Square Feet	private	& comme	rcial b			mes,
Lambertville, NJ 08530 County (6) Hunterdon		Co	ounty Code (	7)		10,018 Current Use (Pri	2		linhod)	140	Age +	
Name of Monitoring Firm Hired by 8	Building Owner (8)		ASCM NO	ILY)					iisi leu)			
Street Address	owner (b)		ASCM No.		Gree	of Abatement Cor n Environmen	ntractor tal Se	(9) rvices,L	.LC			
City, State, Zip Code						Address Virginia Avenu	e					
Project Manager for Monitoring Firm						tate, Zip Code by city, NJ 073	04					
			ephone No.			one No. 333-8855		License 01174	No.			
Start Date (10) 12-18-2013	12-18-20	13.	etion Date (1	1)		of OSHA Monitor as above						
Occupancy Status During Abatemer  Facility Closed/Vacated During Abatement Performed Outside	Entire Period of Aba					Address						
Other – Describe:	of Normal Facility Ho	ours			City, St	ate, Zip Code						
Scope of Work (Check All That Appl ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	⋉ Ren	ovation nolition		l	×	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure					
Location of Asbestos-Containing Material (Al	Non	cation mally		Des	cription o	of	( ) and	TNOII-FIIA	Die Pro	Abat	re emen /pe	it
TO BE ABATED In Facility (13)	Custodi	nance/	Asbe	stos Conta e. thermal s surfac	aining Ma	iterial (ACM) insulation, . or	(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Personal	Yes N	lo N	/A						/al	=	ulate	ure
Basement	×	(		Pipe i	insulati	on	12	0LF	×	-		
Boiler room	×		-	Asbes	tos deb	oris	20	SF	x			
Name of Registered Waste Hauler												
Waste Management			P Waste ID No. 389	Cubic Y of Wast 2		Name of Re G.R.O.W						
City, State Coraopolis, PA				Disposa 12-18-		City, State Morrisvill		+				_
Completed by illiana Serrano	Title Office M	anage	er	1	inature	· Select		Da	ite 2-17-2	2013		

1			
0	Acres 6	Form	
-	15 11	T () (II)	

								14	IMA	700	Ibok	W		
Date of Notification (1)			Namo	of Building	Owner/0	Operator	Ke	5 ,	\$ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	6	AL	C.	2	
Agencies Notified Type Notification			Street A	Address 1	Rein	me-	2-	† ·	TE	500	9.	eso.		
DEP Amended Amended Amendmen	1#			ate, Zip Co	ide			_		NE	RO			
Emergency justification	(including	_  -		of Contact	40,	116	·N	· )	·     <del> </del>   ·		7			
DCA Cancellation		(		CIS					İ					
Name of Facility Winere Abatement is Taking	no Place (3)		FAC	ILITY INF	ORMAT	ION	Tune	of Facility	(4)					
Adickes Reside						3	_	School (K-	0.000					
Street Address 105 Remer 5	-	8						ubchapte	r 8 (Othe private &	than K- commen	12) cial bui	ldings	, hom	es,
Somerville			10,0				Square		# of	ioors		3!dg.		
County (6)	2			Code (7)	,			t Use (Pr	ior if beln	g demoli	shed)	<u> </u>	<u> </u>	
Name of Monitoring Firm Hired by Building	Owner (8)	L	,	M No.		Name	of Abat	S · Co	ntractor (	9)				
	******					Ace	Insula	tion Co	., Inc.	J)				
Street Address						1	Addres	s se Roa	d					
City, State, Zip Code					-	City, S	tate, Zip	Code				-		
Project Manager for Monitoring Firm		<del>- 1 -</del>				-		, N.J. 0	7722					
1 Tojour Managor for Managoring 1 mm		-   '	elepho	ne No.			one No 294-17			License	No.			
Start Date (10)	Scheduled	Com	pletion	Date (11)		Company of the Control of the Contro		A Monitor						
Occupancy Status During Abatement (Cher	k Only One	7-	14			Ctrant	Address							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	Period of Ab	atom	ent				tate, Zip	<b>5</b> 0						
Scope of Work (Check All That Apply)	, p.									~				
≥3 sf or ≥3 if ≥160 sf or ≥260 if	Indiana.	novati molitic	7000				i√ini- Glov	Enclosure ebag Pro	ent with Ne e cedure d (*) and					
		ocatio				1	11011	CACITIFIC	u ( ) and	VUII-FIIA	Die LIO	200000	ement	
Location of Asbestos-Containing Material (ACM)	Used		by	Asbest	Des	scription aining M	of	ACM	^		}	T >	pe	_
TO BE ABATED in Facility (13)	Custo	tenani dial St (12)		(i.e.	thermal surfac	systems ling, VA liscellan	insulati T, or	on,	(Sp	ount ecify or LF)	Removal	Repair	Encapsulato	Enclosure
	Yes	No	N/A								0		ato	ire
isouse Kitchen		$\downarrow$	8	(d)	Hil	Q.			130	D	Ø			
		-												
		-											- 1	_
Name of Registered Waste Hauler		288350	DEP Wi	C1000000000000000000000000000000000000	Cubic of Was		,	Name of	Registere	d Landfil	1			_
Ace Insulation Co., Inc.			086		J. 7703	2		Grows						
City, State Colts Neck, New Jersey					Dispos	al Date	1	City, State Tullytov						=
Completed by	Title				Si	gnature				, Da	ote		<u> </u>	_
George Wuest	Preside	ent			$\perp$		Gli	8-3	eleg	11	113	110	ĺ	1

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

Date of Notification (1) JAN. 14, 2014			Name of CHES	f Building STER CA	Owner/O ARMAN	perator I PRO	PERTY 2014	Ja.	COL	• 2			
Agencies Notified	Type Notification		Street A 568 E	ddress AST RC	DAD		PERTY PERTY PROPERTY	1/6	A	50			
DEP DOL	Amended Amendment			ate, Zip Co ORD, N		8	ELIC	05.00	9.	· o			
DOH DCA	instification)  Cancellation			f Contact COUL	SON			D)	hhome NI.				
			FACI	LITY INFO	ORMATI	ON							
Name of Facility Where CHESTER CARM							Type of Facility  School (K-				8.		
Street Address 568 E. ROAD							Subchapte Other (i.e. etc.)				dings,	home	es,
City (5) BELFORD			HESSELLIN	IN I			Square Feet 3500	# of 2	Floors		3ldg. A 100 +		S
County (6) MONMOUTH				Code (7) USE ONLY	)		Current Use (Pr RESIDENC	rior if bei	ng demolis	shed)			
Name of Monitoring Fir N/A	m Hired by Building	Owner (8)	ASCN	/I No.			of Abatement Co shing Touch A			nent (	Corp.	, Inc	:.
Street Address							Address Broadway, Ur	nit A					
City, State, Zip Code						City, S Long	state, Zip Code g Branch, NJ	07740			8		
Project Manager for Mo N/A	onitoring Firm		Telepho	ne No.			none No. 222.8372		License I	No.			
Start Date (10) 1/23/13		Scheduled C 1/23/13	ompletion	Date (11)		Name	of OSHA Monito	r					
Occupancy Status Duri	ng Abatement (Che	ck Only One)				Street	Address						
Facility Closed/Va Abatement Perform Other – Describe:	cated During Entire med Outside of Norr	Period of Abat nal Facility Ho	ement urs			City, S	itate, Zip Code						
Scope of Work (Check		NEW WEST				-							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	, iii mac , ppiy)		vation olition	٨.		×	Full Containn Mini-Enclosu Glovebag Pro	re	Negative	Pressu	ire		
							Non-Exempte	ed (*) and	d Non-Fria	ble Pro	00000 - m0.0	en koronizata	
Locatio	on of	Is Loc	nally		Des	scription	of				Abate Ty	emen pe	t
Asbestos-Containin TO BE Al In Fac	BATED	Used So Maintel Custodia	nance/ al Staff?		thermal		Material (ACM) s insulation, .T, or	(S	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
(13	3)	Yes N		-		niscellar			13	oval	air	sulate	sure
BASEN	MENT		X			TSI		7	0 LF	Х			
					_				-	+			
Name of Registered Wa	acta Haular		NJDEP W	Vacto	Cubic	Varde	Name o	f Pegisto	red Landfi	11			
Finishing Touch As		ent Corp.,Ir	Hauler ID 12058		of Was				RTH LA		LL		
City, State LONG BRANCH, N	NJ 07740			1000	Dispos 1/24/	al Date	City, Sta MORF	ite RISVIL	LE, PA				
Completed by JOSEPH P. MILLE	R	Title PRESID	ENT		S	ignature	pli PM	2		ate 1/14/1	3		
	v-				U	/		(V 882	»		0.1	11 1	

C 11 ECTC #)

. /	3173)	(Pursuant to NJAC 8:	60 and 13:130)	•	
	1 1				SER VIDE
לון חסווגטלויניא וב פינה	13/14	AMER	1 1 100	IN TO TO TO SEE	-
Agencies Noutico	Type Nouhcason	Sueel Address 254	7 15.05	RODD - YNSF	E1.0
	(2) PAUSI	2000	7 1700	QC	0
(A) 20 (A)	Amended	Cay. State- Zip Cox	HARRO	a Tup. MAG	08239
	The mercency (uncluding	Nante of Contact		Teles.	POR NORDEL
절 : ::-	Justification)   Cancellation	Down	v A		
I 334		FACILITY INFO	RHATION		RO
				Type of Facility (4)	<u>.</u>
. 3 - 6 OI Faching Where	Abatement is Taking Place	e (3)		School (K-12)	ner man K-17)
(LE	SIDENCE			RO One (18 , payale	9 countains beining;
- Capress		N. DVO		harmed all l	OF FLOORS 8100 A QU
7.V.	TEFFERSON			10009	2 40T
· · · · · · · · · · · · · · · · · · ·	. 146	County Code (7	TISTATE	Curent Use (Phor II	peing demotified)
1 11	(p. M.)	USE ONLY	7 (0	VACA	D N T
ATLAN	TIC		Hame of Abate	Ameni Conii acioi (9)	
The state of the state of the	חק אוופס טץ מיוטות סייחס	, , , , , , , , , , , , , , , , , , , ,	Sueer Addres	5	1.
·	N/A		369	S. Spacing	Non
1 10 000.635	•		Cay. State. 21	Code	N'TOSE12 -
	-		11.50	F SHOPE	CKENSE NO
- 5 6 € 2.0 C∞e		NO	1		(10.1-1-1
E SC. Industria	Monitaring Filit	I stebrone Ho	856.7	74-0472.	
to Note the market in		ed Completion Date [11]	Name DI.OS	HA HOURON	M
The Carepia	Scheou	130/14	Sugel Addi	EPI KLEM	11.5
1/23/14	- Taol ICheck	only one)	369	"S. SP301-	FAVO
canti Starus	During Abatement (Check Vacated During Entre Pend	co of Addisment	Cay. State.	Zo C∞e	4:5 15 - 2
X 13:17 CIOSCON	vacaled During Engle Personal F	Facility Hours	Ly.	V1 2 7119 DE	<u> </u>
- Car Descho			7:	I Containnuint with Nec	Panne Bressmir
	DUCK BILLINGS STANA)			E ACIOSUIS	
<i>F</i>		Renovation		NV-Exempled I, I and MC losecoad bioceanie	A FIRM PIOSTON
E 12 1 276	) II				1
7-		Noway	Desch	peon of	Amoun'
(A-1-1-1)	50	LISER SOLEN DY		pron of Material (ACM)	SFOUR
	ising Materal (ACM)	Cusiodal	116 Macural al	0 VAT. 01	
101	SE ABATED	Sian7 (17)	وشاءه ساء	Cellaneous)	
*	11.17	111/2			1500中 ×
3		1 1/1	100	NI) TE	- 12:3: 32
		X  =			-
<u> </u>	DING				- 3
<u></u>					
			T CUUK	Yaros Name of F	Recustored Care Pail
	Court Waste Mauler	N AJOEP W	191	sie.	
	Tue	17 9 C	000	CITY SIDIL	O SAMTYILLE N. D
<u> </u>	21112				The state of the s
	= SILAPE	, N. S.		Sibraine K	1/13/1
"VJ <u>V</u>	==	Tion 1/0		June 18	
7	n. Krenn	<u></u>		Ushie esembica activi	ne \$
. <u></u>	:	. Do not use this form	101 9 206 210 2 116 6	Užnie stembica scjial	

	1/2	2	
47	18	50	~
ý,	N. A.	2	
go (	က်. <i>်</i>	6	1

	1 4	(10)		C 8:60 and 11:11	*	5 6	-
ן מסווה אורפאיני מיני /	/13/94		Name of Build	ing Owner 10 persion	ONTRICT	Sas Sch	61 CE E
Proces Antipo	Type Holikcatori	-	Sueel Addies	\$	RODD -1	11100	<i>i</i> -
[설명 문사 영화 [설명 대]	☐ .villeuceq		Cay, State+ Lip		72047	000	<u></u>
	Emergency (vic	luding .	60	- 6 Idan ac	or Tup. A		ч .
	Carcelaton)		Hanse of Con	wn a		Telephone N. mrs.	,
	· · · ·	Dines (3)	FACILITY	HFORMATION .	Type of Facility	(4)	
	SIDENCE	PBCE (3)			School (K-17	)	ū.
37.9653	5 WINCH	= 5751	2 Avr.		Subchapier ( Subch	(Other than K-15)	oweings
4.30.	3. 0.110 11	-			Square Perl	1 to all lows	\$100 ADD 40 T
Man	GATE			DI /eyayE	Current Use (Pr	or il being demoisin	
(7.00) : 6.A			USE ONLY	(1) (31×16		CANT	
ATLAM	INT HILES BY BUILDING O	wnei	ASCM NO		meni Coniiacioi 19		
. The sear of the sound in	N/A			Suger Address	14.	<del>. , ,</del>	<del></del>
: . A ADD 855					5. SMAU	1.5 / Vir.	
				Cay. Siate. Up		- 41.50	50:12
. 5 at 2.0 C∞c				- M1.5.00	GONG &	License NO	
P AC Manager to h	Mornially Firm	le	lephone No	Telephone No	74-0472		<u>-1</u>
			(11) sie Ondisk	Hame DI.OSH	4 Hanka		
1/23/14		1/30	2/14	.) 0 % 5		700	
5	Wing Abstement (Che	ck only one	)	Sueel Address	5. 5 P.O.V	LE AVE	
JP	THE PINCE PRICE PARTY	LUCY AL VA		Cay, State, Ly	Cool		
The Describe	men Outside of Norma	. , , , , , , , , , , ,		10 m	5 5,1.4 DE	· V. 2 : 3.	
A me a distriction	יני אוו ונשו פוצווץ)			□ FUE	Containnating with A	legaure Piesson	
		Reno	ration		ENCLOSUIS	E. suis Pinandi	.1 i:
2 : 1 : 1 : 2 : 263	ıı e	₩ Oemo	100	লৈ মতা	Exempled I'l and	Non-Field Ploors	A
		IS LOC					\-\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
. 003	uon ol	Marules Osed S	olely by	Described	Malenal (ACM)	(Specific	F = .
L. Seras Contain	ABATED	Cust	00 al	114 . NOW WALL ELEIS	MS SISUATION	SFOLF	4
- 145	۲.۱۱ ۱.۱۱		7)	OEUSI WAS CON	9740V)		1 .
		140	HO HIV			1500中	-,
			X -	TRANIS	176	- 1200.11-	<del></del>
517		+					-
		-				. 6	
		7		C CUUK Y 810	Rame of	Registored Careen	
. 51-5-1-1-1	N Waste Maules		או מו שניפא		A	LU.A	
ر میں کر	· ING.		1790	016000	are City Sian		· NJ
. 1		W5	,			DANTY LU	
1111-E	511175	risc .	1-	Signa	iue K	٠	1/13/84
7	, Kienn		v' / / /	l_ <u>\</u>	استخت ۲۶		
<u> </u>	<u></u>	1.00.00	ce this form for	a soe sios licensur	s stempted schail	103	
		- Do you o					

Type Hollacator

Emergency (uncluding

B ma

" are of Facility Where Abatement is Taking Place (3)

ESIDENC

DNTIC

or thorounny First Huge by Building Owner

Lucant, Status During Abatement (Check only one)

Z Faces Crostary acated During Entre Period of Abatement

Acaretican Penamen Outside of Normal Facility Hours

-Amenced Amendment #

Caucarasou)

וון חסווו שלויניא יב זיב ...

Agencies Monlies

, A ADD-035

123/14

. Orsel Describe

₹ . 4. 1 % 2760 m

5.4.4 2.0 Coc

F ACT Manager to Montoring Firm

" A . . . . . . (" DUCK SII ILDI BIXINA)

Location of

TO BE ABATED

Y F DUNY

11.11

COUNT WASIC MAURA

13072073 13072073 13072073

**国 327** 

#### State of New Jersey HOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:121)

DOWNA FACILITY INFORMATION

County Code (1) ISTATE

USE ONLY

ASCH NO

REPROPOR NO

Scheduled Completion Date (11)

Renovation

15 60001100 NOTTEN

Used Solen by

Hamonancel

Cusical

Siant

(17)

14.

NO

1417.

NJOEP WOSE

17901/

₩ Demanou

30/14

Sueel Address 2547

Cay, State- Lip Code

Nanve of Contact

Name of Building Owner Operator (7) AMERICAN C

GOG HARROR

		A	
		20	
Hew Jersey		119	78
ASBESTOS ABATEL	KENT	A. VAD.	Sel.
JAC 8:60 and 12:12	1) .	000 1/2	5
		Color	
FRICAR C	ONTRIAC	411 AN 16 - 10 16 S S S S S S S S S S S S S S S S S S	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
547 FIRE	ROOD -	TONY.	9
Zip Code			~/
cra HARRO	a Tup.		<u> </u>
oniaci Own A		Yeleanne-N-m	
'INFORMATION			
	Type of Facili	D. C.	
	School (K	-17) 81 8 (Other than K-17)	± €.00
_		Parale & Converce	puiqing i
15 T	homes, et	(c.)	BIOG AGE
	10000		407
de (1) (STATE	Cureni Use (	Phot i being demolish	601
η		BUDNT	
Hame of Abaien	en Conviscion	(9)	
Suggi Addiess	16.0		
369	5. SMA	U1.5 /3 UF	
Cay. State. 200		11.7.6	50.12
- M1.0.0c	= 2HD	DE', N.J.	31.14
Telephone No	74-047	The second secon	<b>-</b> /
		4.4.1	
Hamed.OSHA		řm <del>ma</del>	2 / 2 / 2 / 2
Sugel Addiess		- 1 .=	<del></del>
369	5. 500	V 1-8 AV	
Cay, State, Up	C801 5	WALL WA	2-
- 1211	y 5,1.00	70.0.00	
C FUE C	DUISIUURIU MILI	Megatre Piessin	
	velornis		
KY NOV. E	Temored I,1 su	ס אסר דופווצי פוסטיח.	****
			1.6.
Description Aspessos Confisioned H	(atenal (ACM)	Amoun.	1-1 -
IL & IN OF THE SYSTEM	s windia.	SF or LF.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
SUNSCHIS	1,01 2011		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	7 5	1500 \$	: ×
TRANI)			
		- 3	
	7.1	I Repsjoico Carana	<u>'</u>
SC CUUK Yards	Name o	C 1/A	
~//	e Ciry Si	O /	
160 INONO	و ا دام ع	ED SANTY LL	= N.J
Signalu	10 1	Cate	1/1-/01
	1º	Se	1-1.51 03



Diane Aloia

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

(Pursuant to NJAC 8:60 and 12:120) Check # 9354 Name of Building Owner / Operator Date of Notification (1) January 13, 2014 January 9, 2014 Caldwell Board of Education Agencies Notified Type Notification Street Address 2014 JAN 16 AM 9: 18 Emergency EPA 104 Gray Street DEP MDOL City, State & Zip Code Initial Amended West Caldwell, NJ 07006 **⊠**DOH Amendment # 1 DCA Cancellation Name of Contact Telephone Number Frank Ennis **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Grover Cleveland Middle School School (K-12) Street Address Subchapter 8 (Other than K-12) 36 Academy Road Other (i.e., private & commercial buildings, home, etc.) # of Floors Square Feet Bldg. Age City (5) 100.000 50 Caldwell Current Use (Prior if being demolished) School County (6) County Code (7) Essex USE ONLY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Hillman Consulting Synatech, Inc. Street Address Street Address 1600 Route 22 East, Ste. 107 829 Radio Road City, State & Zip Code City, State & Zip Code Union, NJ 07083 Little Egg Harbor, NJ 08087 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **Brian Nemetz** 908-686-2636 609-296-6916 00817 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor January 11, 2014 January 20, 2014 Synatech, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement  $\boxtimes$ 829 Radio Road Abatement Performed Outside of Normal Hours City, State & Zip Code Other - Describe: Little Egg Harbor, NJ 08087 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure  $\ge 3$  sf or  $\ge 1$ f Renovation Mini-Enclosure ≥160 sf or >260 lf Demolition Glovebag Procedure Non-Exempted(\*) and Non-Friable Procedure Location of Is Location Normally Used Description of Abatement Type Asbestos-Containing Material (ACM) Solely by Maintenance or Asbestos-Containing Amount (Specify TO BE ABATED Custodial Staff? (12) Material (ACM) SF or LF) IN Facility (i.e., thermal systems Encapsulate (13)insulation, surfacing, VAT Enclosure Remova Repair or other miscellaneous) N/A Yes No Rooms 104 and 204 X Wall Plaster 2 - 5 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill Hauler ID No. Synatech, Inc. 27429 < 1 Grows Landfill City, State Disposal Date City, State Little Egg Harbor, NJ 08087 Morrisville, PA January 21, 2014 Completed By Title Signature Date

And

Exec. Administrator

January 13, 2014

January 9, 2014



23	NOTII	Pursu	ION OF ant to N.	f New Jersey ASBESTOS JAC 8:60 and	ABATEM ( 12:120)	ENT 20	RE(	AM 9: 16				7				
ate of Notification (1)			ne of Buil comber	ding Owner/C g LP	perator (	2)	JAN 16	AM 9: 16 NG ROL Methone Numb	9							
1/07/2014 Type Notification			et Addre			758	20.	AM O.								
			1 Ridge			æ.	7/05	1.16				_				
EPA Initial Amended			, State, Z				-ICENS	DATA								
Amendment #_				J 08810			.0/	NG TUI	or	_	_	-				
Ellieigency (mor	uding		me of Co				16	elephone Mullib	51							
DOH justification) DCA Cancellation				ennedy	ii a M						- 1	$\neg$				
	200 (3)		FACILIT	Y INFORMAT	ION	Type of Fa	acility (4)	E)								
lame of Facility Where Abatement is Taking P	ace (5)					☐ Scho	ol (K-12)									
Office (former)						Subo	hantar 8 (Ot	her than K-12) & commercial	huilding	as, ho	mes.					
Street Address 431 Ridge Road						Othe etc.)	er (i.e. private	a commercial								
						Square F		of Floors	1 13	. Age						
City (5) Dayton						75,000	3		45			_				
County (6)			ounty Coo			1000-10	Ise (Prior if b	eing demolishe	a)							
Middlesex		(\$	TATE USE	ONLY)		vacant	1 Contract	or (0)				-				
Name of Monitoring Firm Hired by Building Ow	ner (8)		ASCM N	lo.			ent Contract ronmenta									
Indoor Environmental Concept						t Address	TOTITION			272						
Street Address							ddress Ienwood Drive									
286 Sunset Road			_	250,000	City, State, Zip Code											
City, State, Zip Code				Wa	Washington Crossing, PA 18977											
Barrington, NJ 08007		T	elephone	No.		Telephone No. License No.										
Project Manager for Monitoring Firm Michael Menz		356-628		200	267-240-6356 01225hgh											
Start Date (10)	Scheduled	Com	pletion Da	ate (11)	1	Name of OSHA Monitor										
Start Date (10)	02/10/20	)14				Same Street Address										
Occupancy Status During Abatement (Check	Only One	)	- 1	1. *	Stre	et Address			14							
	pated During Entire Period of Abatement					, State, Zip	Zip Code									
Scope of Work (Check All That Apply)																
	☐ Re	enovat	tion			Full	Containment	with Negative f	ressur	е						
≥3 st or ≥3 if  x   ≥160 sf or ≥260 lf	31012011					Glov	Enclosure ebag Proced	lure								
						× Non-	Exempted (*	) and Non-Frial	Abatement							
E.	Is	Locati	on		Non-Exempted (*) and Non-Friable Pr						Туре					
Location of		lormal d Sole			Description of Containing Material (ACM) Amount						m					
Asbestos-Containing Material (ACM)	Mai	ntena	nce/	(i.e. the	rmal syste	ems insulat	ion,	(Specify	unt m							
TO BE ABATED In Facility	Cust	odial 9 (12)	Staff?		Description of s Containing Material (ACM) ermal systems insulation, surfacing, VAT, or SF or LF)  Other miscellaneous)  Amount (Specify SF or LF)					surfacing, VAT, or SF or LF)					psul	Enclosure
(13)		(12)		ot	nei misce	maneous)			<u>a</u>	20140	ate	œ.				
	Yes	No	N/A					0.10.05	-	-	+-	+				
North Roof			X		Roof Fl			640 SF 160 SF	Х	-	-	+				
Penthouse Roof			X		Roof FI			x		1	+					
Penthouse Roof Vent			х	В	lack Ta	r Mastic		80 SF	Α.	-	-	+				
CONTINUED					)la.! - \/-	do	Name of P	egistered Land	fill	1		1				
Name of Registered Waste Hauler		117	NJDEP V Hauler ID	vuoto .	Cubic Yar of Waste	us	1	Enterprises	4990							
Service Transport Group, Inc	NI S	100	SW211	7	50	Dete	City, State					-				
City, State New Castle, DE 197'20		LE T 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Disposal I TBD	Date		burg, OH								
Completed by	Title				Sign	ature /	11			1204	1					
									Date 01/07/2014							

# continued:

continued:		Sheet1		A S	1,700 1,500	AM JAN 16 AM 9: 16	o, 0,
Location of	Is Location	Description of	Amount			104 9NIC.	
Asbestos-Containing Material (ACM)	Normally	Asbestos Containing Material (ACM)			Abater	nent Type	.,
TO BE ABATED	Used Solely by	(i.e. thermal systems insulation,	_	Removal	Repair	Encapsulate	Enclosure
In Facility	Maintenance/	surfacing, VAT, or					
(13)	Custodial Staff?	other miscellaneous)					
South roof	×	seam flashing mastic	465 LF	×			
Exterior walls	×	caulking	348 LF	×			
Floor tile/mastic	×	1 <sup>st</sup> Floor South Wing entry	640 SF	×			60
Residual carpet mastic	×	1 <sup>st</sup> Floor South Wing	12,320 SF	×			
Mastic	×	1 <sup>st</sup> Floor South Wing entry (top layer)	810 SF	×			
Mastic	×	Electric Room (1 <sup>st</sup> FI, East Wing)	30 SF	×			
Residual floor mastic	×	1 <sup>st</sup> FI, South Wing hall and offices	7,376 SF	×			
Mastic	×	1 <sup>st</sup> Floor, North Wing	600 SF	×			
Residual floor mastic	×	1 <sup>st</sup> Floor, North Wing	1090 SF	×			
Floor tile	×	Stair Landings (1&2 Fl, North Wing)	220 SF	×			
Mastic	×	Telephone Room ( 2 <sup>nd</sup> Fl, North Wing)	500 SF	×			
Nontio .	×	Kitchen (2 <sup>nd</sup> Fl, North Wing)	360 SF	×			

NOT	(Pursua	ON OF nt to N	10/10	00 and 12:120)	2014	JAN	VEN		-				
4	(, 0.000	- 75	ilding O	wner/Operator (2	Ac.	1/6	4.			1			
	Nam	e of Bu	muning of	NY & NJ	SOF	2	AH 9.						
of Notification (1)	Port	Name of Building Owner/Operator (2) Port Authority of NY & NJ Street Address 1160 Expressport Plaza, Ste 7 City, State, Zip, Code Port Elizabeth, NJ 07201  Name of Contact  Telephone Number											
January 13, 2014  Type Notification	Stre	et Addi	1622	rt Plaza, Ste	7	CENSE	MIN						
encies Notified	1160	) Exp	resspo	ie iazu,		1.69/V	10 401			1			
EPA Initial Amended	City	State	, Zip.Co	NI 07201		Toloph	one Number						
DEP	- Por	Eliza	Contact	NJ 07201		Leichi	One			4			
DOL Amendment in Emergency (including justification)	Na	meon	- Engin	eer						-			
DOH Cancellation	Res	siden	t Engin	ORMATION	Type of Facility	(4)							
DCA		FACIL			1								
ame of Facility Where Abatement is Taking Place (3	7		22		School	(-12) ter 8 (Other	than K-12) commercial bu	ildings, h	omes.	1			
SSEX CEMENT/TITAN AMERICA					Other (i.e	e. private &	commercial			-			
treet Address					Square Feet	# of F	loors	Bldg. Ag	е				
78 &179 MARSH ST.						11				$\dashv$			
City (5)			8		Current Use	(Prior if bein	g demolished			1			
PORT NEWARK, NJ		County	Code (7	)	85	В	ullaings						
County (6)		(STATE	USE ON	L1)	me of Abatement	Contractor	(9)			1	ĺ		
	8)	ASC	M No.	Na	MACK Grou	n. LLC.			-				
SSEX Name of Monitoring Firm Hired by Building Owner (	.01		25	04	ant Address								
AET				St	500 Kings HWY N, STE 209						1		
Street Address				15	ity, State, Zip Co								
907 Doolittle Drive				0	nerry Hill, NJ (	08034					1		
City, State, Zip Code					elephone No.		License No	•					
1 NII 0880/		Telep	phone N		73) 759 - 500	0	00781		-		7		
Section Manager for Mullitoring		(908)	) 218-1	100	Name of OSHA M	Ionitor							
Eric Houseknecht Sch	eduled C	omplet	ion Date	(11)	he MACK Gro	oup, LLC.					7		
Start Date (10)		2/3	3/15		Otrest Address								
2/3/14 Check Or	ly One)			1	1500 Kings HWY N, STE 209								
2/3/14 Occupancy Status During Abatement (Check Or	nd of Aba	tement	t										
Occupancy Status During Abatement Perior Perior Abatement Performed Outside of Normal F	acility Ho	ours			Cherry Hill, N.	J 08034							
Abatement Performed Outside of Other - Describe:								Droceure					
Other Section All That Apply)					X Full C	Containment	with Negative	Piessuio					
Scope of Work (Check All That Apply)		novatio	n		IVI Mini-								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	De De	molitio	n		Non-	and Non-Friat	Abatement						
≥160 sf or ≥260 lf								Ту					
	ls l	ocatio	on .		escription of					m			
	N	ormally	y \		Material	(ACM)	Amount (Specify	R	D	Encapsulate	Enclosure		
Location of Asbestos-Containing Material (ACM)	Mai	Solel ntenan	ice/			tion,	SF or LF)	Removal	Repair	lusq	nusc		
III BE ADATE	Cust	odial S	staff?		facing, VAT, or miscellaneous)			val.	1=	ate	0		
In Facility		(12)		0,,,,					1	+-	+		
(13)	Ves No		N/A_				1,060 s	i_X	1	+	+		
	Yes	140	1		ireproofing			$\rightarrow$			1		
6 designated locations	1	-	+-	therma	system insul	ation	70 lf	15	1				
0 designates	X	ther			ent board par	280 sf		*	1	1			
2 locations	X			cem			750 s	750 sf					
maintenance shop	1				roof caulk	Name o	f Registered L	andfill					
corrugated metal roof		J	NJ DEP	Waste.	ubic Yards Waste								
Name of Registered Waste Hauler		1	Hauler	1500	21.6	IESI Be	ethlehem						
Ad				1509 D	isposal Date	City, St	ate DA						
Newark Carting					2/3/15	Bethle	hem, PA	Date					
City, State					Signature	1/1		1/13	/14				
1. NII	Tit	e			Mell	///	/						
Newark, NJ Completed by	1	esider	4.0		P -		for asbestos			THE THE P.			

Date of Notification (1) 1/13/14					g Owner/Op	erato	(2)	100 CC		6		- Long	7		
Agencies Notified Type Notification	2			ine Shu	ıtt			4/0/	2		Re	*	0		
			100 00 00 00 00 00 00 00 00 00 00 00 00	Address /alley B	rook Aver	nue	*	10	200	G.	ر '	3			
DEP Amended			City, S	tate, Zip C	Code		9		T.	17	)	0			
DOL Amendmer Emergency		g		12.000	J 07071-	1809									
DOH justification Cancellatio	)		Lorra	of Contac ine Shu	tt		Telephone Number								
Name of Facility Where Abatement is Taki	ng Place	(3)	FAC	CILITY IN	FORMATIO	N	Type of Facility	(4)							
House							School (K	district the second							
Street Address 344 Valley Brook Avene							Subchapt	er 8 (Othe	r thar	K-12	)		c •		
City (5)							Other (i.e. etc.)							ies,	
Lyndhurst							Square Feet 2200	# of	Floor	S	1100	3ldg. 50	Age		
County (6)		$\neg \neg$		Code (7)			Current Use (P		g den	nolishe					
Bergen				USE ONL		-									
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASC	M No.			of Abatement Co Environment	Contractor (9) ntal Services, LLC							
Street Address					1 3		Address Sox 483, 4 E (	Gate Dri	ve	· · · · · · · · · · · · · · · · · · ·					
City, State, Zip Code				City, S	tate, Zip Code							-			
Project Manager for Monitoring Firm							wood, NJ 07	418							
Project Manager for Monitoring Firm				one No.	1		one No. 583-8500		Licen 703	ense No. 3					
Start Date (10)			mpletion	Date (11)		Second reservoir	of OSHA Monito								
1/21/13	1/28/1														
Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Hour Other – Describe:				25-50		Address ate, Zip Code			- 20						
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	perconnect	Renova Demolit				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					۵			
	on				Then Exempted ( ) and Not			Abatement							
Location of Asbestos-Containing Material (ACM)	Normal ed Sole		A.h	Descri					-		Туре				
TO BE ABATED In Facility (13)	intenar todial S (12)	nce/		thermal system surfacing other misc	stems g, VAT	, or	Amount (Specify SF or LF)			Removal	Repair	Encapsulate	Enclosure		
	Yes No N/A												te	Ф	
Basement			х		pipe ins		ion 50 LF			2	ζ				
Basement			х		floor	r tile		20 SF			2				
	-														
Name of Registered Waste Hauler		I N	JDEP W	laste	Cubic Yar	rde	Name of	Dogistara	d I au	4511					
Freehold Cartage		Н	auler ID 5939		of Waste	us	GROW	Registere S	u Lan	Idiili					
City, State Freehold NJ					Disposal D TBD	Date	City, Stat							$\neg$	
Completed by Andrew Scott Higgins	Title Presi	dent	1		Signa	ature		$\overline{}$	T	Date	/14				