WO gayapaga, may

Date of Notification (1) 01/12/15				Building C amilleri	Owner/Ope	rator (2)		JAN 1	6 20	15	- 1	1
Agencies Notified Type Notif			Street Ac 500 Do	idress Femus A	Ave.	×			Sherrone to	He repeat		. 1	
	nded ndment #			e, Zip Cook, NJ, 0			Ĺ	A60	LICE	NSING	- 1/1	3	
DOH justifi	gency (including cation) ellation		Name of	Contact				Tele	ephone N	lumber			
Name of Facility Where Abatement i	s Taking Place	(3)	FACIL	ITY INFO	RMATION		ype of Facility	(4)		11-			1 2
Sam Camilleri Street Address			1	11			School (K- Subchapte	r 8 (Othe	er than K	-12)			
500 Doremus Ave.							Other (i.e. etc.)						es,
City (5) Newark							quare Feet		Floors		ildg. A	.ge	
County (6) Essex County			County C (STATE U	Code (7) ISE ONLY)		-	Current Use (Pr	ior if bei	ng demo	lished)			=
Name of Monitoring Firm Hired by B	uilding Owner (8	3)	ASCM	No.	502		Abatement Co patement	ntractor	(9)				
Street Address					0 92	Street A	ddress 37th Street S	Suite A	4				
City, State, Zip Code							te, Zip Code Bergen, NJ	07047					
Project Manager for Monitoring Firm			Telephor	ne No.	T	elepho			License 01223			120-2	
Start Date (10) 01/21/15	Schedu 01/31		npletion [Date (11)	1		OSHA Monitor		G LLC				
Occupancy Status During Abatemen						Street A	ddress ROUTE EAS	T SUI	TF 107	<u> </u>			
Facility Closed/Vacated During Abatement Performed Outside Other – Describe:					С	ity, Sta	te, Zip Code N NJ 07083	71 001	12 101				
Scope of Work (Check All That Appl	у)					ONIO	113 07003						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	×	Renova Demolit				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					
7		ls Locati	ion				Non-Exemple	u () an	u Non-Fi	lable F10	Abate	ement pe	t
Location of Asbestos-Containing Material (A	1 .10/1.1	Normal sed Sole laintena	ly by		tos Contain		terial (ACM)	5.50	mount	1.000	1)		
TO BE ABATED In Facility (13)	5000	stodial (12)		(i.e.	thermal sys surfacing other mise	g, VAT,	or		Specify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									ate	Ф
Warehouse				The	rmal Syst	tem Ir	sulation	2	3 LF	X			
No. of Decident Medical Land			LIDEDW		I 0. 1:- V-		I Nome of	D		JEII			
Name of Registered Waste Hauler SAN TON SERVICES			IJDEP W lauler ID 2430		Cubic Ya of Waste		300000000000000000000000000000000000000		ered Land		IISIC	N	
City, State KENILWORTH, NJ					Disposal	Date	City, Sta		J				
Completed by Bryan Parra	Title Pro	ject Ma	anager		Sign	nature				Date 01/12/	15		



Emergency

Date of Notification (1) 1/12/15			11			Building C Atlantic				h Tech (o		tor)	16	Shirt	£		1
Agencies Notified		Notification Initial				acharac						997 (1 P7)			. de		
EPA DEP DOL		Amended Amendment				e, Zip Coo City NJ				il	ASD.	LSTO: ЩСЕ	יייי זעונכע		-:: 0	Ľ.	
DOH DCA	×	Emergency justification) Cancellation	•		Name of Dale Fi					-	Tele	phone N	lumber	Ē.			
Name of Facility Where A	Abater	ment is Takin	g Place (3)		FACIL	ITY INFO	RMATIC	N	1223	of Facility (4)							
Street Address 317 North Indiana A	Aven	ue						7	S	ubchapter 8 other (i.e. privitc.)	(Othe			uildi	ngs,	nome	s,
City (5) Atlantic City NJ 084	101								Square 1000-	e Feet	# of 2	Floors		Blo 35	dg. A	ge	
County (6) Atlantic					County C (STATE U	ode (7) SE ONLY)	a <u>s-co-s-</u>	_	Currer	nt Use (Prior OWN	if bei	ng demo	lished)				
Name of Monitoring Firm N/A	Hired	by Building	Owner (8)		ASCM	No.			of Abate aco In	ement Contr C.	actor	(9)					
Street Address									Address Box 32								
City, State, Zip Code									tate, Zip Berlir	Code NJ 0809	1						
Project Manager for Mor	nitoring	Firm			Telephon	e No.			one No 753-98			License 00727					
Start Date (10) 1/19/15			Schedule 1/27/15		npletion [Date (11)		Name Sam		A Monitor							
Occupancy Status Durin	g Aba	tement (Che	ck Only On	e)				Street	Addres	S	4						
Facility Closed/Vac Abatement Perform Other – Describe:	ned Ou						_	City, S	tate, Zij	p Code							
Scope of Work (Check A	All Tha	t Apply)									1						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			=	enova					Min Glo	Containmer i-Enclosure vebag Proce n-Exempted	edure						
			1-	Locat					1101	FEXCHIPICU	() () (u 1401111	Iddie			ment	
Locatio	n of		1	lorma	lly		Des	cription	of -						Ту	ре	
Asbestos-Containing TO BE AB In Faci (13)	Mate SATED Ility		Ma Cust	d Sole intena odial ((12)	nce/		os Conta	aining N system sing, VA	/laterial s insula .T, or		(8	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
Flat R	oof		Yes	No	X		В	oofing	1		40	000 sf	×				
riatii					^		Wet De					300 01	1				
Name of Registered Wa	ste Ha	auler		- F	NJDEP W Hauler ID		Cubic of Was			Name of R	Registe	ered Lan	dfill				
Earth Tech				1	6429		TBD										
City, State Greenfield NJ							TBD	al Date		City, State 6700 De		Rd. E.	H.T. I	NJ	082	34	
Completed by Anthony T Perna			Title Presi	dent			S	ignetur		and the second second			Date 1/12	/15			

Emergency		JAN	NOTE:	Purdum Purdum	nt to MJAC	自己的	ob abate and 12:12	9		. 5	585	} .			
Date of Natification (1) 1/12/15			- (10° 1	Name City	of Suilding Of Atlant	OARI	er/Operalo	r (2)	arth Tec	No. of Concession, Name of Street, or other Designation, or other	STREET, SQUARE,	10	JÀ۱	france.	
) e Notification	Lici	ENUSAN	Sireet	Aderess Bachar	1		- Menanta							
D DEP B DOL	Amendment	#		City, S Allan	itale, Zip C	ode W Q	8401			-		2	2015 L	-	
E DOH	Emergancy (just Messon) Cancellation	(indusir	ing.	Name	of Contact Finish				-	I Al A	is baled of	union.	- AI	t less fad	
Name of Facility Where Abi	tenant is Table	Dinos	/3\	PAI	SULTY IN	QAM	ATKIN		- Lander		- north Edition on S				
Vacant Building	The state of the s	R 4. IRING	(0)	* 1					e of Facility School (K						
Street Address 317 North Indiana Ave	lue		T- MICHAEL	100 St		Manage artises			Subchapt	er a (OI)	er inan K- 4 commen	12) da) his	laka	hann	hau
City (6) Atlantic City NJ 08401			COMPANY OF			Collection and the Collection of the Collection		8qu	etc.)		Floory		Slog /		169,
Gounty (5)				County	Code (7)			CIM	20+ reni Usa (P	rier If be	ing camali		35.	-	and-e-
Marks of Monitoring Firm No	a by Building (Owner ()	,	M No.		Mema	Lari	Known	2					-
N/A Street Addressa				1/			Pern	acq	ing.	and Wash	(0) 22000 —				*
City, State, Ele Comp			an magnetic mention	principal Punkingsia		The horse	POE	jox :	329						
		15							Zip Cade Him NJ 08	091	44.2		-	METALD -	- weath.
Project Mensiger for Monitor) Firm			Teleph	one No.		Teleph 356-				License I 00727	15.	SA-ALCH ENGINE	-	
Start Date (10) 1/18/15		Schaeu 1/27/1	90 Cor 5	ripidition	Date (11)	Marie Marie	Name Same		HA Monto	N HOTEL OF	AMERICA SILVER AND SIL		-		a-cusum unique
Occupancy Status During A				SHEDDAY WASH	The state of the last of the l	AND MAIN	Street	Addn	788	- TOTAL POLICE	e emortos (CCC) e proservo	ingrine inte		AND DESCRIPTION OF THE PERSON	
Abatament Performed Other - Describe:	Dusing Entire P Ledde of Norm	eriod of al Feolia	Abaian y Houn	rent	- OASSIVA	ANGELS.	Chy. S	iale,	Zip Code	March Const. on St. March	The section of the se	an each med		nace the second	Service III
Scope of Work (Check All T	Apply)	-	-	3790				- AND	worked district		- Al-	ome successor		**************************************	ayan
23 f x +3 f 2180 af or 2280 ff			Renova Danoli					64	ull Containn Int-Enclosus lovelung Pro an-Exemple	e Condum	Pariminates II		-	_	
			8 Local			ALC: NO.	Standard State Park	Street,	THE RESIDENCE OF THE PARTY OF T	Manhaul Control	Table 1	reolicaes	Atlan	emeni	
le netlace) Asbestos-Canadas	rial (ACM)	Use	Normal ad Sole Moteone	ly by	Auber	ios Co	resortation Intaining M	Ales la	LACM	Δ.	mount	-	T !	pe	
IO RE AGAIL IN FEELIN (13)		Cus	Rodiol S (12)		(i.e.	iherm sur	ei systeme fecing. VAT Miscellani	intu	ation,	(3	padly or LF)	Pendalism	Repair	Cricagoustate	Endaure
Flat Roof		Yes	No	N/A		Department of the last of					THE RESIDENCE OF THE PERSON NAMED IN			ris .	
Plat Poort		Proven	-	K		Alter .	Rooting		.4	40	00 st	R		200 Ballows	
	-		-			A A BALL	Demo of	HOC	Y	-	muran(RZAdhim	-		Digital Control	MARKET
			-		-	Company of the last	- Charles	un son dese				-			\dashv
Name of Registered Waste I	uler .			DEPW			4 Yards		Name of	Rogale	ed Landill	Joseph .			CZ LAMOS CO
Earth Tech)		A29	NO.	TBC			AGUA	(C)					
Oily, State Greenfield NJ						Disp TBD	ssal Jote		6700 D		9d. E.H.1	. NJ	082:	14	CONNECTOR
Completed by Anthony T Perns		THE Pres	den!				Separtie	<u>_</u>			Da				*III.Offitana

ASB-41 (A-28-08)

^{*} Do not use this form for embestoc licensure exampled activities.

NOTHMATION D9 10f2

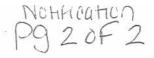
Date of Notification (1)

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

Name of Building Owner/Operator (2)

	E G	E		E	1
\(\frac{1}{2}\)	JAŅ	1 6	2015	1	1
	ASBEST(DS ()(DENS	JATRO ING	L &	

01/	12 /	15		Vine	land Cor	nstruction Comp	oany	.IΔN	16	2015		
Agencies Notified	Type Notificat	tion		Street A	Address			₩ ¥Mil	1 0	-010	Ni .	1
	☐ Initial			71 W	/ Park A	venue				es -2003an		
I State Stat				City, St	ate, Zip C	ode		ASBESTO	8 007	TRO	1.8	
□ DCA (NJAC 5:16) □ DHSS □ I	Amendme Emergence			Vine	land, NJ	08360	L	LICE	ENSIN	G		
□ DCA	justificatio	n)	Γ	Name o	of Contact			Telephone Numb	er			
(NJAC 5:23-8)	☐ Cancellati	on		Tim	France							
				FAC	ILITY IN	FORMATION					-	
Name of Facility Where Ab	patement is Ta	aking Place	(3)				Type of Facility	(4)				
Victory Refrigeration	1						School (K-12	t) 3 (Other than K-12)				
Street Address							Other (i.e., p	rivate & commercia	l buildi	ngs,		
110 Woodcrest Road	d						homes, etc.)		Dia	- A-		_
City (5)						51	Square Feet	# of Floors		ig. Ag i0+	е	
Cherry Hill					C-d- /7	VOTATE LISE ONLY	233,000	ior if being demolis				
County (6)				Count	y Code (7)(STATE USE ONLY)	Warehouse		ileu)			
Camden Name of Monitoring Firm F	lised by Duild	ina Owner /	0\	ASCM N	ulo.	Name of Abateme						\dashv
West Chester Enviro		-	0) '	0268		Control of the Contro		uction Corporat	ion			
Street Address	Jillielitai Li			0200		Street Address	TEDUOTI COTICE					
307 N Walnut Street						500 East Luz	erne Street					
City, State, Zip Code						City, State, Zip Co	ode					
West Chester, PA 1	9380					Philadelphia,	PA 19124			-		
Project Manager for Monit	oring Firm		Tele	phone N	No.	Telephone No.		License No.				
Matt Abraham			61	0.431.	7545	215-739-8166	5	00646				
Start Date (10)	S	cheduled C	omplet	ion Dat	e (11)	Name of OSHA M	Monitor					
01 /13 / _	15	03 /	31	_ / _	15	SAME AS AE	BOVE					
Occupancy Status During	Abatement (0	Check only o	ne)			Street Address						
☐ Facility Closed/Vacated					0.000							
Abatement Performed Time of Abatement: 7A				s - Des	cribe	City, State, Zip Co	ode					
Scope of Work (Check all	that apply)					☐ Full Con	tainment with Ne	gative Pressure				
≥3 sf or ≥3 lf			novati			☐ Mini-End	closure					
≥160 sf or ≥260 lf		⊠ De	molitic	n			g Procedure empted (*) and No	on-Friable Procedu	e			
		17.75	Locat							ateme	ent Ty	/pe
Location		Lloc	Norma d Sole			Description of		Amount	D	R	П	Ш
Asbestos-Containing N TO BE ABA		Ma Ma	intena	nce/		stos Containing Ma rmal systems insul		Amount (Specify	Remova	Repair	nca	nclo
IN Facility		Cus	todial ((12)	Staff?		VAT, or		SF or LF)	oval	=	Encapsulate	Enclosure
(13)		Yes	No	N/A		other miscellane	eous)				ate	U
Manufacturing Sectio	n				2" Pipe	Insulation		450 If				
Manufacturing Section	n				4" Pipe	Insulation		265 If				
Entire 2 nd FIr & Restro	ooms		\boxtimes		Grey Fl	oor Tile & Black	Mastic	5,000 sf	\boxtimes			
Various Throughout B	Building				Red Fir	e Door		4 ea				
Name of Registered Wast			N	JDEP \	Vaste	Cubic Yards of	Name of Regi	stered Landfill				
Diamond Huntbach	or Service	Transport	H	auler II	No. 1/20990	Waste 100	Minerva	and	GR	OWS		
City, State						Disposal Date	City, State		(p) (p)		100	
Philadelphia, PA 19	124 / New C	astle, DE					Waynesbu	urg, OH / Mo	rrisvil	le, P	Α	
Completed By (Print or Ty	rpe)	Title				Signature		Da	ate	1	_	
Wayne Huntbach		Project	Man	ager		Wan			i 12	115		
AOD 44		-				1			1			



										100		2.4
Date of Notification (1)	1	15			Name of Bu	ilding Owner/Opera	tor (2)		1	- Contract Co.	The second	
Agencies Notified Type No	otifica	tion					ompany			AN	16	20
⊠ EPA ☐ Initia	1			1	Street Addr	ess rk Avenue			İ	7111	, 0	40
M DOA WILLS	nded	#			City, State,			1	1000			
☐ DCA ☐ Emer	genc	nt #_1 y (incli	uding		Vineland	l, NJ 08360			AODE	LIC	ENS!	NG
(NJAC 5:23-8)	cation	n) on		N	lame of Co	ntact		Telephone	n Niconale a			
	- matric				Tim Fran	ice		relephone	= Numbe	er		
Name of E- 111					FACILITY	/ INFORMATION						
Name of Facility Where Abatement	is Ta	king P	lace (3	3)			Type of Fee	101 (4)				
Victory Refrigeration Street Address							Type of Fac					
							School (I	K-12) ter 8 (Other than	K (0)			
110 Woodcrest Road							Other (i.e	e., private & com	n K-12) mercial l	huildi	nae	
City (5)							nomes, e	etc.)		ounui	ngs,	
Cherry Hill							Square Feet		s	Bld	g. Age	9
County (6)				To	County Code	e (7)(STATE USE ONL)	233,000	1			0+	
Camden					Oou	VINDIATE USE ONLY		(Prior if being de	emolishe	d)		
Name of Monitoring Firm Hired by B	uildin	g Own	er (8)	AS	CM No.	Nome	Warehou					
west Chester Environmenta	LLC	;	1.57		268	Name of Abater	ment Contractor	(9)				
Street Address			_	0	_00	Diamond H	untbach Cons	struction Corp	oration	n		
307 N Walnut Street						Street Address						
City, State, Zip Code				_			zerne Street					
West Chester, PA 19380						City, State, Zip (
Project Manager for Monitoring Firm			T	alanh -		Philadelphia	a, PA 19124					
Matt Abraham					ne No.	Telephone No.		License No	٥.			
Start Date (10)				010.4	31.7545	215 720 040	•					
otalt Date (10)	Sche	adulad	Com	1-0	_	215-739-816		00646				
01 / 13 / 15 Occupancy Status During Abatement Facility Closed/Vacated During Facility	(Che	03 ck only	Comp / _; / one)	letion 31	Date (11) /15	Name of OSHA I SAME AS AB Street Address	Monitor	00646				
	(Che	03 ck only eriod o	Comp /; / one) of Abat	31 ement	Date (11) /15	Name of OSHA I	Monitor BOVE	00646				
	(Che	03 ck only eriod o	Comp /; / one) of Abat	31 ement	Date (11) /15	Name of OSHA I SAME AS AB Street Address	Monitor BOVE	00646				
	(Che	ck only eriod c	Comp /; / one) of Abat	ement urs - D	Date (11) /15	Name of OSHA I SAME AS AB Street Address City, State, Zip C	Monitor BOVE ode tainment with Ne	egative Pressure				
Occupancy Status During Abatement Facility Closed/Vacated During Enterprise Abatement Performed Outside of National Time of Abatement: 7AM-4PM/ Cope of Work (Check all that apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If	(Che	ck only eriod cal Facilities MR	Comp / () / one) of Abat lity HorAN enova emoliti s Loca	ement urs - D	Date (11) /15	Name of OSHA I SAME AS AB Street Address City, State, Zip C	Monitor BOVE ode tainment with Ne					
O1 / 13 / 15 Decupancy Status During Abatement Facility Closed/Vacated During Entransis Abatement Performed Outside of National Time of Abatement: 7AM-4PM/ cope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	(Chec	ck only eriod c	Comp / (ne) / one) of Abati ity Hor _AN enova emoliti s Loca Norma	ement urs - D tion ion	Date (11) /15	Name of OSHA I SAME AS AB Street Address City, State, Zip C Full Cont Mini-Enc Glovebag Non-Exe	Monitor BOVE ode tainment with Nellosure g Procedure mpted (*) and Ne	egative Pressure	dure	baten	nent 1	Гуре
O1 / 13 / 15 Occupancy Status During Abatement Facility Closed/Vacated During Entransis Abatement Performed Outside of National Time of Abatement: 7AM-4PM/ Cope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM TO BE ABATED	(Chec	Ck only eriod of all Facilities PM	comp / one) of Abat ity Hor All enova emoliti s Loca Norma ed Sol aintena	ement urs - D tion ion ally ely by ance/	Date (11) /15 escribe Asbe	Name of OSHA I SAME AS AB Street Address City, State, Zip C Full Cont Mini-Enc Glovebag Non-Exe	Monitor BOVE ode tainment with Nellosure g Procedure mpted (*) and Nellosial (ACM)	egative Pressure on-Friable Proce	dure	T		T -
O1 / 13 / 15 Occupancy Status During Abatement Facility Closed/Vacated During Entransis Abatement Performed Outside of National Time of Abatement: 7AM-4PM/ Cope of Work (Check all that apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility	(Chec	Ck only eriod of all Facilities PM	comp /	ementurs - D tion ally ely by ance/ Staff?	Date (11) /15 escribe Asbe	Name of OSHA I SAME AS AB Street Address City, State, Zip C Full Cont Mini-Enc Glovebag Non-Exe	Monitor BOVE ode tainment with Nellosure g Procedure mpted (*) and Nellosial (ACM)	egative Pressure on-Friable Proce Amount (Specify	dure	T		T -
O1 / 13 / 15 Occupancy Status During Abatement Facility Closed/Vacated During Entransis Abatement Performed Outside of National Time of Abatement: 7AM-4PM/ Cope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM TO BE ABATED	(Chec	ck only eriod cal FaciliM-	comp / one) of Abate ity Hora All enova emoliti s Loca Norma ed Sol aintena itodial (12)	ement urs - D tion ion ally ely by ance/ Staff?	Date (11) /15 escribe Asbe (i.e., the	Name of OSHA I SAME AS AB Street Address City, State, Zip C Full Cont Mini-Enc Glovebag Non-Exertion or estos Containing Maternal systems insular var, or	Monitor BOVE alinment with Nellosure g Procedure mpted (*) and Nellosure ferial (ACM) tion, surfacing,	egative Pressure on-Friable Proce	dure	baten Repair		T -
Occupancy Status During Abatement Facility Closed/Vacated During Em Abatement Performed Outside of N Time of Abatement: 7AM-4PM/ cope of Work (Check all that apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13)	(Chec	Ck only eriod of all Facilities PM	one) of Abate ity Hora enova emoliti s Loca Norma ed Sola intena itodial (12) No	ementurs - D tion ally ely by ance/ Staff?	Date (11) /	Name of OSHA I SAME AS AB Street Address City, State, Zip C Full Cont Mini-Enc Glovebag Non-Exel Description of the state of the sta	Monitor BOVE alinment with Nellosure g Procedure mpted (*) and Nellosure ferial (ACM) tion, surfacing,	egative Pressure on-Friable Proce Amount (Specify	dure	T	nent T Encapsulate	- Type Enclosure
On	(Chec	ck only eriod cal FaciliM-	comp / one) of Abate ity Hora Alv enova emoliti s Loca Norma ed Sola intena itodial (12) No	tion ally ey by ance/ Staff?	Date (11) /15 escribe Asbe (i.e., the	Name of OSHA I SAME AS AB Street Address City, State, Zip C Full Cont Mini-Enc Glovebag Non-Exer Description or estos Containing Matermal systems insular VAT, or other miscellaneous	Monitor BOVE alinment with Nellosure g Procedure mpted (*) and Nellosure ferial (ACM) tion, surfacing,	egative Pressure on-Friable Proce Amount (Specify	dure	T		T -
O1 / 13 / 15 Occupancy Status During Abatement Facility Closed/Vacated During Em Abatement Performed Outside of N Time of Abatement: 7AM-4PM/ cope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACN TO BE ABATED IN Facility (13)	(Chec	ck only eriod cal FaciliM-	comp / one) of Abate iity Hora Alv enova emoliti s Loca Norma ed Sola intena itodial (12) No	ementurs - D tion ally ely by ance/ Staff?	Asbe (i.e., the	Name of OSHA I SAME AS AB Street Address City, State, Zip C Full Cont Mini-Enc Glovebag Non-Exer Description or estos Containing Maternal systems insular VAT, or other miscellaneous containing Maternal Systems in the containing Maternal Systems	Monitor BOVE alinment with Nellosure g Procedure mpted (*) and Nellosure ferial (ACM) tion, surfacing,	egative Pressure on-Friable Proce Amount (Specify SF or LF)	A Removal	T		T -
O1 / 13 / 15 Decupancy Status During Abatement Facility Closed/Vacated During Em Abatement Performed Outside of N Time of Abatement: 7AM-4PM/ cope of Work (Check all that apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13) cterior poftop cofing - Area C	(Chec	ck only eriod cal FaciliM-	comp / one) of Abate ity Hora Alv enova emoliti s Loca Norma ed Sola intena itodial (12) No	tion ally ey by ance/ Staff?	Asbe (i.e., the	Name of OSHA I SAME AS AB Street Address City, State, Zip C Full Cont Mini-Enc Glovebag Non-Exer Description or estos Containing Matermal systems insular VAT, or other miscellaneous	Monitor BOVE alinment with Nellosure g Procedure mpted (*) and Nellosure ferial (ACM) tion, surfacing,	egative Pressure on-Friable Proce Amount (Specify SF or LF)	A Removal	T		T -
O1 / 13 / 15 Decupancy Status During Abatement Facility Closed/Vacated During Em Abatement Performed Outside of N Time of Abatement: 7AM-4PM/ cope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACN TO BE ABATED IN Facility (13) cterior coftop ofing - Area C	(Checker (Checker))	Ck only eriod cal Facility D	comp / one) of Abate iity Hora All enova emoliti ss Loca Norma ed Soliaintena itodial (12) No	sement urs - D tion ally ely by ance/ Staff?	Date (11) /	Name of OSHA I SAME AS AB Street Address City, State, Zip C Full Cont Mini-Enc Glovebag Non-Exer Description or estos Containing Maternal systems insular VAT, or other miscellaned of the containing Maternal Systems in the containing Maternal Sy	Monitor BOVE adaptive trainment with New Monitor adaptive trainment with New Monito	Amount (Specify SF or LF) 366 ea 3500 If 25,900 sf	A Removal	T		T -
O1 / 13 / 15 Decupancy Status During Abatement Facility Closed/Vacated During Em Abatement Performed Outside of N Time of Abatement: 7AM-4PM/ cope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13) Atterior Coftop Coftop Tofting - Area C The of Registered Waste Hauler Diamond Huntbach or Service Telepians	(Checker (Checker))	Ck only eriod cal Facility D	one) of Abate iity Hora enova emoliti ss Loca Norma ed Sol aintena itodial (12) No	sement urs - D tion ally ely by ance/ Staff? N/A	Asbe (i.e., the 366 Wir Black R Layered Naste No.	Name of OSHA I SAME AS AB Street Address City, State, Zip C Full Cont Mini-Enc Glovebag Non-Exel Description or other miscellaned of Flashing Roofing Cubic Yards of Waste	Monitor BOVE adding the state of the state of the state of Register of State of Register of State of Register of	Amount (Specify SF or LF) 366 ea 3500 If 25,900 sf	A Removal	T		T -
O1 / 13 / 15 Decupancy Status During Abatement Facility Closed/Vacated During Em Abatement Performed Outside of N Time of Abatement: 7AM-4PM/ cope of Work (Check all that apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13) In Facility (13) Asterior Profitop Tofftop (Checkettire Personal	Ck only eriod cal FaciliM-	one) of Abate iity Hora enova emoliti ss Loca Norma ed Sol aintena itodial (12) No	sement urs - D tion ally ely by ance/ Staff? N/A	Asbe (i.e., the Naste No. //20990	Name of OSHA I SAME AS AB Street Address City, State, Zip C Full Cont Mini-Enc Glovebag Non-Exe Description or estos Containing Mat rmal systems insula VAT, or other miscellaned Indows Caulk oof Flashing Roofing Cubic Yards of	Monitor BOVE adaptive trainment with New Monitor adaptive trainment with New Monito	Amount (Specify SF or LF) 366 ea 3500 If 25,900 sf	Removal	T	Encapsulate	T -	
O1 / 13 / 15 Occupancy Status During Abatement Facility Closed/Vacated During En Abatement Performed Outside of N Time of Abatement: 7AM-4PM/ cope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACN TO BE ABATED IN Facility (13) cterior coftop coftop cofting - Area C me of Registered Waste Hauler cliamond Huntbach or Service T is State hiladelphia, PA 19124 / New Care	(Checkettire Personal	Ck only eriod cal FaciliM-	one) of Abate iity Hora enova emoliti ss Loca Norma ed Sol aintena itodial (12) No	sement urs - D tion ally ely by ance/ Staff? N/A	Asbe (i.e., the Naste No. //20990	Name of OSHA I SAME AS AB Street Address City, State, Zip C Full Cont Mini-Enc Glovebag Non-Exel Description of estos Containing Maternal systems insula VAT, or other miscellaned of the containing Maternal Systems in the co	Monitor BOVE alianment with Nellosure g Procedure mpted (*) and Nellosure graceial (ACM) tion, surfacing, bus) Name of Regist Minerva City, State	Amount (Specify SF or LF) 366 ea 3500 If 25,900 sf tered Landfill and	Removal S	Repair	Encapsulate	T -
O1 / 13 / 15 Decupancy Status During Abatement Facility Closed/Vacated During Em Abatement Performed Outside of N Time of Abatement: 7AM-4PM/ Goope of Work (Check all that apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If Location of Asbestos-Containing Material (ACN TO BE ABATED IN Facility (13) Atterior Doftop Doftop Toftop Tofto	(Checketire Personal Community of the Co	Ck only eriod cal Facility D	enova emoliti s Loca Norma et doi aintena et doi ai	detion 31 sement urs - D fill tion ally ely by ance/ Staff?	Asbe (i.e., the Naste No. //20990	Name of OSHA I SAME AS AB Street Address City, State, Zip C Full Cont Mini-Enc Glovebag Non-Exel Description of estos Containing Maternal systems insula VAT, or other miscellaned of the containing Maternal Systems in the co	Monitor BOVE adaptive trainment with New Monitor adaptive trainment with New Monito	Amount (Specify SF or LF) 366 ea 3500 If 25,900 sf tered Landfill and	Removal GRO	Repair	Encapsulate	T -
O1 / 13 / 15 Occupancy Status During Abatement Facility Closed/Vacated During Em Abatement Performed Outside of N Time of Abatement: 7AM-4PM/ cope of Work (Check all that apply) 3 sf or ≥3 If ≥160 sf or ≥260 If Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13) cterior coftop	(Checketire Personal Community of the Co	Ck only eriod cal FaciliM-	enova emoliti s Loca Norma et doi aintena et doi ai	detion 31 sement urs - D fill tion ally ely by ance/ Staff?	Asbe (i.e., the Naste No. //20990	Name of OSHA I SAME AS AI Street Address City, State, Zip C Full Cont Mini-Enc Glovebag Non-Exer Description or estos Containing Mat rmal systems insula VAT, or other miscellaned I Roofing Cubic Yards of Waste 100 Disposal Date	Monitor BOVE alianment with Nellosure g Procedure mpted (*) and Nellosure graceial (ACM) tion, surfacing, bus) Name of Regist Minerva City, State	Amount (Specify SF or LF) 366 ea 3500 If 25,900 sf tered Landfill and	Removal S	Repair	Encapsulate	T -

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

ASE-41

MAY 11

State of New Jersey

	NO		MOITA	te of New J OF ASBES o NJAC 8:6	TOS A			Cle	CLE	-63	35	5	3	on a
Date of Notification (1) 1/13/15				Building Ow Realty	ner/Op	perator	(2)			JAN	1 6	20	15	-
Agencies Notified Type Notification	ľ	Sti	reet Ad	Idress					1. 1140.					
X EPA X Initial DEP Amended X DOL Amendmen		Cit	ty, Stat	e, Zip Code			1170	Same result	AS	FI	OS C	SING	HOL	&
■ Emergency justification DCA Cancellatio)	1,000	ame of laa Sh	Contact naker					Telepho	ne Num	ber			
Name of Facility Where Abatement is Taki	ng Place (2)		FACIL	ITY INFOR	MATIC	N	Type	f Facility (4)					N. T.	
Name of Facility Where Abatement is Taki	ing Flace (5)							chool (K-12)						
Street Address 15 First Street							S X	ubchapter 8 ther (i.e. pri	(Other tha			ings,	home	s,
City (5) Little Falls							Square 2000		# of Floo	ors	53 53	dg. A 3	ge	
County (6) Passaic				Code (7)			Curren	it Use (Prior	if being d	emolish	ed)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.				ement Contr onmental		s, LLC				
Street Address							Address Box 48	s 3, 4 E Ga	te Drive					
City, State, Zip Code							tate, Zip wood,	Code NJ 0741	8					
Project Manager for Monitoring Firm		Те	elephon	ne No.		- 20000000	none No 583-85		Lic 70	ense No 3	0.			
Start Date (10) 1/28/15	Scheduled 2/19/15	Comp	letion D	Date (11)		Name	of OSH	A Monitor		-				
Occupancy Status During Abatement (Che	eck Only One))				Street	Address	S						
Facility Closed/Vacated During Entire Abatement Performed Outside of Not Other – Describe:	Period of Ab mal Facility F	atemer Hours	nt	D)		City, S	state, Zip	Code				-		
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	novatio molition	200			×	Mini Glov	Containmer -Enclosure vebag Proce	edure	504.5			9	
	ls L	ocation	1		70.00							Abate	ment pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	ormally Solely tenanc dial Sta (12)	by e/		s Conta ermal surfac		Material s insulat T, or		Amou (Spec SF or	ify	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A							, = ,			e	
basement			X			insula			75 L		x			
basement			×		ceilin	g mat	erial		10 S	F	х			
		LNI	05011		0	VI-	-	Name of 5	Va adata an al	1 4611				
Name of Registered Waste Hauler Freehold Cartage		Нац	DEP W uler ID 939	No.	Cubic of Was TBD			Name of R	tegistered	Lanum				
City, State Freehold, NJ				111/2	Dispos TBD	al Date		City, State						
Completed by A. Scott Higgins	Title Presid	ent			S	ignatur	a de la companya della companya della companya de la companya della companya dell		· ·	Da 1/	te 13/15	5	22	

Date of Notification (1) 1/13/15						Building O		Operator	(2)		JAI	V 16	5 2015)		
Agencies Notified	Type Noti			11.0	Street Ad 330 Lin	idress ncoln Bou	ıleva	rd		L	SBEST	08 ra	TAT TAT	1 8		otalicano, and
EPA DEP DOL	Ame Ame	nded ndment #				te, Zip Cod sex, NJ		6		Ē		CENS	ING]
DOH DCA	justif	rgency (i ication) cellation	ncluding	4.5	Name of Phil Sa					3	Telep	none N	umber			
					FACIL	LITY INFO	RMAT	ION								
Name of Facility Where	Abatement	is Taking	Place (3)						_	of Facility (4) School (K-12)						
Street Address 5-8 Howard Boulev	ard							=	×	Subchapter 8 Other (i.e. pri etc.)				dings,	home	s,
City (5) Mt. Arlington										re Feet	# of F	loors	1000	ildg. A	ge	
County (6) Morris					County C	Code (7) ISE ONLY)			Curre	ent Use (Prior	if being	demoli	shed)			
Name of Monitoring Firm	Hired by B	luilding C	Owner (8)		ASCM	l No.				atement Contr		Samuel agreement	C			
Street Address								Street PO B		ess 83, 4 E Ga	te Driv	'e				
City, State, Zip Code										Zip Code d, NJ 0741	8					
Project Manager for Mor	nitoring Firm	1		1	Telephor	ne No.		Teleph 973-5	one N	lo.	L	icense	No.			
Start Date (10) 1/22/15			Scheduled 2/22/15	Com	pletion [Date (11)		Name	of OS	HA Monitor						
Occupancy Status Durin	g Abatemer	nt (Check	c Only One)				Street	Addre	ess.						-
Facility Closed/Vac Abatement Perform Other – Describe:	ated During ned Outside	Entire F of Norm	eriod of Ab	atem			_	City, S	tate, Z	Zip Code						
Scope of Work (Check A	II That Ann	(v)							-							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	(nat / pp	-37	***************************************	nova: moliti				×	Mi Gl	III Containmer	dure					
			T		3				1 1/4	on-Exempted	() and i	NOII-FIII	able PIC		e ement	
Location		011		ocati rmall Sole	y			escription							/pe	
Asbestos-Containing TO BE AB In Faci (13)	ATED lity	(CIVI)	Main Custo	tenar	nce/		herma surfa	taining N I systems acing, VA miscellar	s insul T, or	lation,	(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
basem	ent		Tes	INO	X		pipe	insula	tion		20	LF	x			
exteri	or				Х			siding			2,20	0 SF	×			
Name of Registered Was	ste Hauler			6239	JDEP W	50000		Yards		Name of R	egistere	d Land	fill			
Freehold Cartage				1 2 2	auler ID 5939	No.	of Wa			TBD	220					
City, State Freehold, NJ							Dispo TBD	sal Date		City, State						
Completed by A. Scott Higgins			Title Presid	ent			,	Signature	1	_	_		Date 1/13/1	5		

Date of Notification (1) 1/13/15					1	Name of CRA C	Building Ov onstruction	vner/Opera	ator (2 ne E		LC	JAN	T6)15		U
Agencies Notified	Тур	e Notifi	cation		1.72	Street Ad 3430 S	ldress unset Av	enue, Su	uite 5		AS	BESTO	S CO			. &	
EPA DEP DOL		Amen Amen	dment				te, Zip Code , NJ 077			_		210	LIVOII	ų Ci			
DOH DCA		justific	gency (cation) ellation	including	1 3	Name of Steve F	Contact Pisano				Tel	ephone N	lumber				
						FACIL	ITY INFOR	MATION									
Name of Facility Where	Abate	ment is	s Takin	g Place (3)						Type of Facilit	(-12)	as than I/	10\				
Street Address 108 West Cormora	nt W	ay						_		Subchap Other (i.e etc.)	. private	& comme			-		S,
City (5) Lavallette										Square Feet 2100	2	f Floors		65	lg. A	ge	
County (6) Ocean						County C (STATE L	Code (7) ISE ONLY)			Current Use (F	Prior if be	ing demo	lished)				
Name of Monitoring Firm	n Hire	d by Bu	uilding	Owner (8)		ASCM	No.			f Abatement C Environmen			_C				
Street Address	000ec									ddress ox 483, 4 E	Gate D	rive					
City, State, Zip Code										ate, Zip Code rood, NJ 0	7418						
Project Manager for Mor	nitorin	g Firm	8			Telephor	ne No.	1 2000		ne No. 83-8500		License 703	e No.				
Start Date (10) 1/28/15				Schedule 2/19/15		pletion [Date (11)	Na	ame o	f OSHA Monit	or						
Occupancy Status Durin	ng Aba	temen	it (Ched	ck Only On	e)			Str	reet A	ddress							
Facility Closed/Vac Abatement Perform Other – Describe:	ated oned O	During	Entire	Period of A	batem			Cit	ty, Sta	ate, Zip Code							
Scope of Work (Check A	All Tha	at Apply	v)									77-					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			,,	(constraint)	enova emolit				×	Full Contain Mini-Enclos Glovebag F Non-Exemp	ure rocedure					a	
	0.33			Т.		w.c.u				14011 EXCIT	1	10 110111	100.0			ment	
Lastin				100	Locati Iormal			Descrip	otion	of					Ту	ре	
Locatio Asbestos-Containing TO BE AB In Fac (13)	g Mate BATED ility		CM)	Mai	d Sole ntenar odial S (12)	nce/	(i.e. th	s Containi	ng Ma stems I, VAT	aterial (ACM) insulation, , or	(Amount Specify F or LF)	Sellioval	Domousi	Repair	Encapsulate	Enclosure
exter	ior			165	INO	X		sid	ing		6	00 SF	X				
interior perim	neter	walls				х	f	loor tile r	remr	ants		30 LF	x				
														+			
Name of Registered Wa	ste H	auler	1111		707	JDEP W	95000	Cubic Yar	rds	Name	of Regist	tered Lan	dfill	_			
Freehold Cartage					1000	lauler ID 5939		of Waste TBD		TBD							
City, State Freehold, NJ		9						Disposal [TBD		City, S	State						
Completed by A. Scott Higgins				Title Presi	dent			Sign	ature	Ac			Date 1/13/	15			

Print Form



Date of Notification (1)						Building O	wner/Opera	tor (2)	<u></u>						
1/13/15		14			FGS					111	JAN	1 6	201	-	111
Agencies Notified EPA	Type Notif					st 32nd			**						-
DEP X DOL	× Amer	nded ndment i			1010-60-000	e, Zip Cod on, NJ C				A	SBEST	OS OL GENSI		OL 8	-1
DOH DCA	justifi	rgency (i cation) cellation	including	1	Name of Frank (Telep	phone Nu	mber			
		ond to th			FACIL	ITY INFO	RMATION			-				-	
Name of Facility Where	Abatement i	s Taking	Place (3)					Тур	oe of Facility (4)					
Street Address 20-21 Wagaraw Ro	oad								School (K-12 Subchapter & Other (i.e. pr etc.)	(Other			dings,	home	s,
City (5) Fairlawn								Sqi 21	uare Feet	# of F	loors	B 6	ldg. A 5	ge	
County (6) Bergen					County C	Code (7) ISE ONLY)		Cui	rrent Use (Prior	r if bein	g demolis	hed)			
Name of Monitoring Firm	m Hired by B	uilding (Owner (8)		ASCM	No.			batement Cont vironmental						
Street Address								eet Add O Box	ress 483, 4 E Ga	ate Dri	ve				
City, State, Zip Code									, Zip Code od, NJ 0741	18					
Project Manager for Mo	nitoring Firm		*,		Telephor	ne No.		lephone 73-583			License 1 703	Vo.			
Start Date (10) 1/16/15			Schedule 2/16/15		npletion [Date (11)	Na	me of O	SHA Monitor						
Occupancy Status Durin	ng Abatemer	nt (Chec	k Only On	e)			Str	eet Add	ress						
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside	Entire F of Norm	Period of Anal Facility	\batem Hours	nent ;		Cit	y, State	, Zip Code						
Scope of Work (Check /	All That App	y)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Accessed to the latest to the	enova emolit				×	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure				e	
			12000	Locati Vormal										ement pe	
Asbestos-Containing TO BE AB In Fac (13)	g Material (A BATED ility	(CM)	Use Ma	d Sole intenar todial S (12)	ly by nce/		Descrip os Containir thermal syst surfacing other misce	ng Mate tems ins , VAT, o	sulation,	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
basem	nent		163	INO	X		pipe ins	ulation	1	13	0 LF		x		
540011	10110						p.p.s						100		
Name of Registered Wa	aste Hauler			11.0	IJDEP W lauler ID		Cubic Yard of Waste	ds	Name of F	Register	red Landf	111			
City, State							Disposal D	Date	City, State	9					
Completed by A. Scott Higgins			Title Presi	dent			Signa	ature	3		1	ate 1/13/1	5		

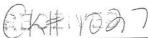
1 2	2 60									many D			-	
1 10 (M					Sta	ate of New Je	rsey	MENT		即暑烟	a little	IIn \	W	A P
NULL			NO.	TIFICA	NOITA	NIAC 8-60-7	OS ABATEM and 12:120-	7)		门厂是五	9-15	- 1	W L	
1 0 0 1				(Pursi	lant to	Mame of F	Building Own	er/Op	erator (2)	11-1/				100
						MEDCKS	HARP & DO	HME C	ORP.	IIDII				
ate of Notification (1)										- 	AN 1	6 2	015	THU
1 /	12 /1	5				Street Add				and hand		(5)(2) (27)		-
gencies Notified		otification				126 E. LIN	ICOLN AVEN	IUE .		1	200	7 m / m / m / m		#
1575		itial Notifica	ation			City, State	, Zip Code	0.000		ASBE	TOS.	COAN	HhP	2
EPA	V	mended No	tificatio	n #3		RAHWAY	, NEW JERS	EY 07	065		LICEN	SINC		
DEP		ancellation							1-	Telephone Number			-	
X DOL	1	n Hold				Name of 0	Contact		1	CICDINA				
DCA	E	MERGEN	CY NO.	TIFICA	MOIT	1	TH BAKER							
		_			FAC	LITY INFOR	MATION	-	- C Capiliby	·*\				
Name of Facility Where	e Abatemen	t is Taking	Place	(3)				Type	of Facility (School (K-1					
value of Facility visitors								-		8 (Other than K-1	2)			
MERCK SHARP & DOI	IME CORP	ORATION						V	Other (ie. pr	ivate & commol. b	oldas., t	nomes	, etc.)	
MERCK SHARP & DOI	IIVIL OOM	#u101 07 diseases						X	uare Feet	# of Floors	I	3ldg. A	\ge	
Street Address								39	N/A	N/A		N/A		
126 EAST LINCOLN A	VENUE - 97	TANK FAR	RM				7 (100)	Curr		r if being demolis	ned)	-		
City (5)	10	County (6)				County (VAC						
DALIMAY		UNION				(STATE US		Nama	o of Ahaten	nent Contractor	(9)			
Name of Monitoring F	irm Hired b	y Building	Owne	r (8)			ASCM No. 17	PAR	FNVIRONN	MENTAL CORPO	RATIO	Ν		
ENVIRONMETAL HEA	LTH INVES	TIGATION	S, INC				- 17		et Address					
Street Address								313	SPOOK RO	CK ROAD	172.50			
655 WEST SHORE TE	RAIL							City	State, Zip C	ode				
City, State, Zip Code				-1/07	071			SUF	FERN, NEV	V YORK 10901				_
		RTA, NEW	JERS	EY U/	one N	ımher		Tele	phone Numb	per Licer	se Nur	nber		
Project Manager for Mo	nitoring Firm	n							-369-7500	1101				
WILLIAM S. KERBEL,				973-7	29-564	9 Date (11)		Nan	ne of OSHA	Monitor	S-In-Kan			
Expected State Date	(10)		Sche			on Date (11)	/15	AMI	ERISCI LAB	ORATORIES INC)	#11	480	
12 /	22	/14		1.		Dav	Year							
Month D	ay Ye	ear	Mo			Duy		Stre	et Address					1
Occupancy Status Dur	ring Abatemosed/Vacated	ent (Check	othy on	riad of	Abater	ment		117	EAST 30TH	STREET				
X Facility Clo	sed/Vacated	Outcide of	Normal	Facili	v Hour	s - Describe				2 - 1 -				
Abatement	Pertormed	MONDAY	-FRIDA	Y 7AI	л-3:30	PM		City	, State, Zip	Joae W YORK, NEW Y	ORK 1	0016		
X Other - De	SCIDE.	WOND	, , , , , ,						NE	W YORK, NEW I	O, tit t			1
Scope of Work (Check	v all that ann	(v)					Full Cont	ainme	nt with Nega	tive Pressure				1
Trans. 1917	n all that app	X	Reno	vation			Mini-End Glovebag	105 ,	adura					
X Demolition		-				X		hle Pr	ocedure					
>160 SF (LF				1/					A	batem	ent Ty	pe
l oca	ation of		Is	Locat	ion	D	escription of Antaining Mate	ASDESI Fiel (A	CM)	Amount	Z	R	E	핃
Asbestos	s-containing		nor	mally I	used	Co	ntaining iviale	niai (A	0141)	(Specify	EMOVAL	EPAIR	NCAPSULE	NCLOSURE
	ial (ACM)			solely I	1.5		(ie. Thermal s sulation, surfa	oing \	/AT	SF or LF)	18	1	Ps	000
	ABATED			nt/Cus		ins	or other misce	Unity, V	ue)		P		E S	5
	cility (13)			Staff (1		C	or other misce	illal leo	u3)				m	m
			Yes	No	N/A					75.05	X			
					X	PIPE GASK	ETS			75 SF	1	+		
THROUGHOUT													-	1
				-	-									
										-	+	1		
				1								-	+	+
			-	+-	+-									
			-								+	+	1	
			+	1	1							-	-	+
			-	+	-	-								
						-								
											-	1	_	
			_	1								+	-	+
			_	+	+	-								
								16	Jame of Roa	istered Landfill				
Name of Registered	Waste Hau	ler			Vaste	Cubic Yard	s of Waste	li.	VCOMING!	COUNTY RESOL	JRCE I	MANA	GEME	NT SER
FREEHOLD CART	AGE, INC.	-	На	uler ID			10		147 ALEXAN	IDER DRIVE/RO	JTE 15			
825 HIGHWAY 33				159	39	Disposal	late	10	City, State	33				,
City State						Disposal D	ale	li li	MONTGOM	ERY, PA 17752				1
FREEHOLD, NEW	JERSEY		tat.				Signature	1	XXX		ate		7/	15
Completed by (Print	t or Type)	I	itle	OPO	FOPE	RATIONS		1	10 11		/	11	1	
BENJAMIN SANCE	HEZ	IL	JINEU I	ONC							***	11	- 1	

											1	
		S	tate of	New J	lersey STOS ABATEMEN -7 and 12:120-7)	T					\dashv	
	NOTI	FICATION	n NJAC	3:60	7 and 12:120-7)	Operator (2)					1	
	(1-	Ursuance	Na	me of	Building Owner/ SHARP & DOHM	E CORP.					\dashv	
											1	
te of Notification (1)			St	reet A	ddress	_					\dashv	
. 10 /1			12	6 E. L	INCOLN AVENU						1	
encies Notified Type N	otification		C	ity, Sta	ate, Zip Code	v 07065						
TEPA III	nitial Notification Amended Notificatio	n #2	R	AHW	ate, Zip Code AY, NEW JERSE	1 01000	Ter Jambor	e Number				į
DEP X	Amended Notification	Con addition	1	1	of Contact		I elebrior	IC 140				
		TI		MARY	BETH BAKER						-	
X: DOH	On Hold EMERGENCY NO	TIFICATI	ON I	VINE		ype of Facili	tu (4)				- 4	
IDCA I		F	ACILIT	1 1141		10-haal (K = 1 / 1					1
Name of Facility Where Abateme	ent is Taking Place	(2)				Subchal	oter 8 (Othe	er than K-12)	hom	es, et	c.)	
ame of Facility Williams					1	Other (i	e. private &	Collination	Bldg	. Age	2	1
MERCK SHARP & DOHME COR	PORATION					Square Fee	1 1 1101	Floors N/A	1	I/A		1
MERCK SHARE G								and demolished)				
Street Address	97 TANK FARM			00111	nty Code (7)			ng demolished)				-
Street Address 126 EAST LINCOLN AVENUE -	County (6)			STAT	F USE ONLT)	VACANT	atement C	ontractor (9)	mo!!			
OH: (5)	LINION	(0)		O LA	T ASCM No.	Name of AD	ONMENTA	L CORPORA	TION			7
DAHMAY	Duilding OWN	er (8)			17		300					
Name of Monitoring Firm Hired ENVIRONMETAL HEALTH INV	ESTIGATIONS, IN	0.				242 SPOO	(KOCK IV	JAU				
L Address						City, State, SUFFERN		1/ 1/00/1				-
SHOKE INAIL			74			SUFFERN	MEAR IO.	License	Numb	per		
City, State, Zip Code	SPARTA, NEW JEF	Teleph	one Nu	mber		845-369-7	500	1101				-
Project Manager for Monitoring	Firm	973-72	7.0	3	New PORT IN COLUMN TO A SECOND			Or		#114	180	1
Project Manager for Manager CIH		hed. Cor	noletio	n Date	e (11)	AMERISO	LABORA	TORIES INC				-
WILLIAM S. KERBEL, CIH Expected State Date (10)	1	2	1		Year							
12/	/14 Year	Month		Day		A A	dress T30THST	REET .				
Month Day	toment (Check only	one)	Abate	ment		1						\neg
Month Day Occupancy Status During Aba	atement (Check only cated During Entire med Outside of Nor	Penod of	ity Hou	rs - De	escribe:	City, Stat	e, Zip Code	ORK, NEW YO	ORK 1	0016		1
Abatement Perfor	med Outside of No	RIDAY 7A	M-3:30	PM		100	NI-UU I	01114				1
X Other - Describe:	MONDALL				Full C	ontainment wit	h Negative	10002				1
	at apply)	- which	n		Mini-E	nclos, bag Procedure						
Scope of Work (Check all the	X	Renovatio	11		Glove	riable Proced	ure		TA	baten	nent T	ype
>3SF OR LF	00015				i-tion.	of Ashestos-	- 1	Amount	777	R	III	12 1
>160 SF OR	260 LF	Is Loc	ation		Containing N	laterial (ACIVI)	1	(Specify	REMOVAL	REPAIR	NCAPSULE	CLOSURE
Location of Asbestos-control	of Paining	normali	y used	1	Go Thern	ial systemis	1	SF or LF)	18	R	PSC	USC
Asbestos-curio Material (AC	CM)	solel Maint/C	y by uctodia	1	inculation S	urfacing, VAI	.		1	1	I F	RE
TO BE ABA	TED	MainuC	f (12)	"	or other m	iscellaneous)	81.	156	+	+	1	
in Facility ((13)	Yes N	N/A			7 4 4 1		75 SF	X	+	+	+
		1		DIE	E GASKETS			100	- 1		_	+
			X	IPIT				1	-	_		
TUDHOUGHOUT		1	X	PIF				-	+	1		
THROUGHOUT			×	1					+	7	+	
THROUGHOUT			X						1	1	+	+
THROUGHOUT			X	PIF					1	1	1	1
THROUGHOUT			* +	+					+	1	+	1
THROUGHOUT			* +						+		+	
THROUGHOUT			×									
THROUGHOUT			X									
THROUGHOUT			X									
THROUGHOUT			×									
THROUGHOUT			X									
THROUGHOUT			X				and of Par	istered Landfill			ANAG	EMEN
					Cubic Yards of W	'aste N	ame of Reg	istered Landfill COUNTY RES	SOURC	DE MA	ANAG	EMEN
- Of Ponistered W	Vaste Hauler	NJI	DEPW	aste	Cubic Yards of W	L'	YCOMING 47 ALEXAN	DER DRIVE/F	ROUTI	DE M/E 15	ANAG	EMEN
Name of Registered W	Vaste Hauler	NJC Hau		aste No.	Cubic Yards of W	L'	YCOMING 47 ALEXAN	DER DRIVE/F	ROUTE		ANAG	EMEN
Name of Registered W FREEHOLD CARTAC 825 HIGHWAY 33	Vaste Hauler	NJI Hau	DEP Waler ID	aste No.	Cubic Yards of W 10 Disposal Date	L' 4	YCOMING 47 ALEXAN	istered Landfill COUNTY RES IDER DRIVE/F	ROUTI		ANAG	EMEN 79
Name of Registered W FREEHOLD CARTAG 825 HIGHWAY 33	Vaste Hauler GE, INC.	Hau	DEP Wiler ID 1593	aste No. 9	Cubic Yards of W 10 Disposal Date	L'	YCOMING 47 ALEXAN	DER DRIVE/F	ROUTE		ANAG	EMEN"
Name of Registered W FREEHOLD CARTAC 825 HIGHWAY 33	Vaste Hauler GE, INC.	Hau	DEP Wiler ID 1593	aste No. 9	Cubic Yards of W 10 Disposal Date	L' 4	YCOMING 47 ALEXAN	DER DRIVE/F	ROUTE		ANAG	EMEN 79

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

-	NOTIFICA	State of	ASBES 105 ADA	100 7							
	(Pursu	ant to NJA	C 8:60-7 and 12: me of Building	(120-7)	Operator (2)						l
			ime of Building ERCK SHARP 8		ME CORP.						
				E DOI IIV							
te of Notification (1)		St	treet Address		-						
12 / 19 /14	ion.		26 E. LINCOLN		E						1
encies Notified Type Notification	Off	c	ity, State, Zip Co	ode							1
linitial NO	otification #1		AHWAY, NEW	JERSE	Y 07065						4
DEP X Amende	ed Notification #1	1				Telephone N	umher				
IX IDOL I I	4		lame of Contact MARY BETH BA	KER							4
X. DON EMERG	GENCY NOTIFICA										-
DCA L		FACILIT	Y INFORMATIO	ON IT	Type of Facil	ity (4)					1
ame of Facility Where Abatement is Ta	aking Place (3)			1	School (K-12)					
ame of Facility Where Abatement is				F		- 1011 Ala	an K-12)	bo	mae 6	etc.)	1
WE CORPORAT	ION			t	X Other (i	e. private & con	imci. Diu		dg. Ag	ie	-
MERCK SHARP & DOHME CORPORAT					Square Fee	# 01 100	ors	DI	N/A	, -	
				1	NIA	N/A	- links	d	-		7
Street Address 126 EAST LINCOLN AVENUE - 97 TANK	K FARM		County Code ((7)	Current Use	Prior if being d	emolishe	u)			1
Count	ry (o)	10	STATE USE ON	ILY)	MACABIT						\neg
City (5)	N		I ASCM	A No.	Name of Ab	atement Contr	ALLUI (3)	ATION			
RAHWAY Name of Monitoring Firm Hired by Bui	ilding Owner (8)		17	Mariene A	PAR ENVIR	ONMENTAL	OIN OIN				
Name of Monitoring Firm Hiller by Bal ENVIRONMETAL HEALTH INVESTIGA	TIONS, INC.				Street Addre	ss ROCK ROAD					_
Street Address					City, State,	in Code					
655 WEST SHORE TRAIL			31.334		SHEFFRN	NEW YORK 1	901		L		-
	NEW JERSEY	7871			Telephone I	lumber	Licens	e Num	per		1
SI AITTI	Tele	phone Num	nber		845-369-75		1101				-
Project Manager for Monitoring Firm	973	729-5649			TIL TO OF O	SHA Monitor			#114	48O	
WILLIAM S. KERBEL, CIH	Sched. C	ompletion	Date (11)	5	AMERISCI	LABORATOR	ES INC		#112	100	
Expected State Date (10)		2 /	30 /1	J							
			Day	Year							
12 / 22 /14	Month		Day	Year	Street Add	ess					1
Month Day Year Month Day Abatement (Company Status During Abateme	Check only one)	of Abateme	ent	Year	Street Add	ress 30TH STREE					
Month Day Year Occupancy Status During Abatement (C	Check only one) ring Entire Period	of Abateme	ent - Describe:	Year	117 EAST	30TH STREE			2046		\dashv
Month Day Year Occupancy Status During Abatement (C X Facility Closed/Vacated During Abatement Performed Outs	Check only one) ring Entire Period	of Abateme	ent - Describe:		117 EAST City, State	Zip Code NEW YORK,	NEW Y	ORK 1	0016	<u> </u>	
Month Day Year Occupancy Status During Abatement (C	Check only one)	of Abateme	ent - Describe:		117 EAST City, State	Zip Code NEW YORK,	NEW Y	ORK 1	0016	<u> </u>	
Month Day Year Occupancy Status During Abatement (C X Facility Closed/Vacated Dur Abatement Performed Outs X Other - Describe: MO	Check only one) ring Entire Period side of Normal Fac NDAY-FRIDAY 7	of Abateme cility Hours 7AM-3:30 P	ent - Describe:	Full Con	City, State	30TH STREE	NEW Y	ORK 1	0016		
Month Day Year Occupancy Status During Abatement (Company Status During Abatement (Company Status During Abatement (Company Status During Abatement Performed Outs Nother - Describe: MO	Check only one) ring Entire Period	of Abateme cility Hours 7AM-3:30 P	ent - Describe: PM	Full Con Mini-End	City, State	Zip Code NEW YORK, Negative Press	NEW Y				
Month Day Year Occupancy Status During Abatement (C X Facility Closed/Vacated During Abatement Performed Outs X Other - Describe: MO Scope of Work (Check all that apply) X Demolition >3SF OR LF	Check only one) ring Entire Period side of Normal Fac NDAY-FRIDAY 7	of Abateme cility Hours 7AM-3:30 P	ent - Describe:	Full Con Mini-End Gloveba Non-Fri	City, State stainment with clos, ag Procedure able Procedure	Zip Code NEW YORK, Negative Press	NEW Y			ient T	уре
Month Day Year Occupancy Status During Abatement (Company Status During Abatement (Company Status During Abatement (Company Status During Abatement Performed Outs Nother - Describe: MO	Check only one) ring Entire Period side of Normal Fac DNDAY-FRIDAY 7	of Abateme cility Hours 7AM-3:30 P	ent - Describe:	Full Con Mini-End Gloveba Non-Fri	City, State trainment with clos, g Procedure able Procedure Asbestos-	Zip Code NEW YORK, Negative Press	NEW Y	A	batem	ent T	ype III Z
Month Day Year Occupancy Status During Abatement (Company Status During Abatement (Company Status During Abatement (Company Status During Abatement Performed Outson Status Demolition Scope of Work (Check all that apply) X	Check only one) ring Entire Period side of Normal Fac DNDAY-FRIDAY 7	of Abateme	ent - Describe: M Describe Contain	Full Con Mini-End Gloveba Non-Fri iption of hing Mat	City, State stainment with clos, ag Procedure able Procedure Asbestos- erial (ACM)	Zip Code NEW YORK, Negative Press	NEW Y	AREM	batem	ent T	ype ENCL
Month Day Year Occupancy Status During Abatement (County Closed/Vacated During Abatement Performed Outs X Other - Describe: MO Scope of Work (Check all that apply) X Demolition >3SF OR LF >160 SF OR 260 LF Location of Asbestos-containing	Check only one) ring Entire Period side of Normal Fac DNDAY-FRIDAY 7	of Abateme cility Hours 7AM-3:30 P	ent - Describe: M Descrip Contain	Full Con Mini-End Gloveba Non-Fri iption of hing Mat	City, State tainment with clos, g Procedure able Procedure Asbestos- erial (ACM) systems	Zip Code NEW YORK, Negative Press e Ar (S	NEW Y	AREM		ent ENCAPS	pe ENCLOS
Month Day Year Occupancy Status During Abatement (County Closed/Vacated During Abatement Performed Outs X Other - Describe: MO Scope of Work (Check all that apply) X Demolition X 3SF OR LF >160 SF OR 260 LF Location of Asbestos-containing Material (ACM)	Check only one) ring Entire Period side of Normal Fac DNDAY-FRIDAY 7 X Renovati Is Lo norma	of Abateme	Descripe: Full Con Mini-End Gloveba Non-Frii iption of hing Mat Thermal	City, State tainment with clos, g Procedure able Procedure Asbestos- erial (ACM) systems facing, VAT,	Zip Code NEW YORK, Negative Press e Ar (S	NEW Y	A	batem	ent T ENCAPSULI	e ENCLOSUR!	
Month Day Year Occupancy Status During Abatement (County Closed/Vacated During Abatement Performed Outs X Other - Describe: MO Scope of Work (Check all that apply) X	Check only one) ring Entire Period side of Normal Fac DNDAY-FRIDAY 7 X Renovati Is Lo normal sole Maint/0	of Abatema cility Hours 7AM-3:30 P dion cation ally used ely by Custodial ff (12)	Descripe: Full Con Mini-End Gloveba Non-Frii iption of hing Mat Thermal	City, State tainment with clos, g Procedure able Procedure Asbestos- erial (ACM) systems	Zip Code NEW YORK, Negative Press e	NEW Y	AREM	batem	e ENCAPSULE	e ENCLOSURE	
Month Day Year Occupancy Status During Abatement (County Closed/Vacated During Abatement Performed Outs X Other - Describe: MO Scope of Work (Check all that apply) X Demolition X 3SF OR LF >160 SF OR 260 LF Location of Asbestos-containing Material (ACM)	Check only one) ring Entire Period side of Normal Fac DNDAY-FRIDAY 7 X Renovati Is Lo normal sole Maint/0	of Abatema cility Hours 7AM-3:30 P dion cation ally used ely by Custodial ff (12)	Descripe: Full Con Mini-End Gloveba Non-Frii iption of hing Mat Thermal	City, State tainment with clos, g Procedure able Procedure Asbestos- erial (ACM) systems facing, VAT,	Zip Code NEW YORK, Negative Press e Ar (S	NEW Youre	AREM	batem	ent ENCAPSULE	e ENCLOSURE	
Month Day Year Occupancy Status During Abatement (County Closed/Vacated During Abatement Performed Outs X Other - Describe: MO Scope of Work (Check all that apply) X	Check only one) ring Entire Period side of Normal Fac DNDAY-FRIDAY 7 X Renovati Is Lo normal sole Maint/G	of Abateme	Descripe: Descripe: Descripe: Contain (ie. Tinsulatii or oth	Full Con Mini-End Gloveba Non-Fris iption of hing Mat Thermal ion, surfi her misc	City, State tainment with clos, g Procedure able Procedure Asbestos- erial (ACM) systems facing, VAT,	Zip Code NEW YORK, Negative Press e	NEW Youre	REMOVAL	batem	ENCAPSULE ENCAPSULE	e ENCLOSURE
Month Day Year Occupancy Status During Abatement (C X Facility Closed/Vacated During Abatement (C Abatement Performed Outs X Other - Describe: MO Scope of Work (Check all that apply) Demolition >3SF OR LF >160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Check only one) ring Entire Period side of Normal Fac DNDAY-FRIDAY 7 X Renovati Is Lo normal sole Maint/G	of Abateme	Descripe: Full Con Mini-End Gloveba Non-Fris iption of hing Mat Thermal ion, surfi her misc	City, State tainment with clos, g Procedure able Procedure Asbestos- erial (ACM) systems facing, VAT,	Zip Code NEW YORK, Negative Press e Ar (S	NEW Youre	REMOVAL	batem	ent T ENCAPSULE	e ENCLOSURE	
Month Day Year Occupancy Status During Abatement (County Closed/Vacated During Abatement Performed Outs X Other - Describe: MO Scope of Work (Check all that apply) X	Check only one) ring Entire Period side of Normal Fac DNDAY-FRIDAY 7 X Renovati Is Lo normal sole Maint/G	of Abateme	Descripe: Descripe: Descripe: Contain (ie. Tinsulatii or oth	Full Con Mini-End Gloveba Non-Fris iption of hing Mat Thermal ion, surfi her misc	City, State tainment with clos, g Procedure able Procedure Asbestos- erial (ACM) systems facing, VAT,	Zip Code NEW YORK, Negative Press e Ar (S	NEW Youre	REMOVAL	batem	ent ENCAPSULE	e ENCLOSURE
Month Day Year Occupancy Status During Abatement (C X Facility Closed/Vacated During Abatement (C Abatement Performed Outs X Other - Describe: MO Scope of Work (Check all that apply) Demolition >3SF OR LF >160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Check only one) ring Entire Period side of Normal Fac DNDAY-FRIDAY 7 X Renovati Is Lo normal sole Maint/G	of Abateme	Descripe: Descripe: Descripe: Contain (ie. Tinsulatii or oth	Full Con Mini-End Gloveba Non-Fris iption of hing Mat Thermal ion, surfi her misc	City, State tainment with clos, g Procedure able Procedure Asbestos- erial (ACM) systems facing, VAT,	Zip Code NEW YORK, Negative Press e Ar (S	NEW Youre	REMOVAL	batem	t ENCAPSULE	e ENCLOSURE
Month Day Year Occupancy Status During Abatement (C X Facility Closed/Vacated During Abatement (C Abatement Performed Outs X Other - Describe: MO Scope of Work (Check all that apply) Demolition >3SF OR LF >160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Check only one) ring Entire Period side of Normal Fac DNDAY-FRIDAY 7 X Renovati Is Lo normal sole Maint/G	of Abateme	Descripe: Descripe: Descripe: Contain (ie. Tinsulatii or oth	Full Con Mini-End Gloveba Non-Fris iption of hing Mat Thermal ion, surfi her misc	City, State tainment with clos, g Procedure able Procedure Asbestos- erial (ACM) systems facing, VAT,	Zip Code NEW YORK, Negative Press e Ar (S	NEW Youre	REMOVAL	batem	t ENCAPSULE	e ENCLOSURE
Month Day Year Occupancy Status During Abatement (C X Facility Closed/Vacated During Abatement (C Abatement Performed Outs X Other - Describe: MO Scope of Work (Check all that apply) Demolition >3SF OR LF >160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Check only one) ring Entire Period side of Normal Fac DNDAY-FRIDAY 7 X Renovati Is Lo normal sole Maint/G	of Abateme	Descripe: Descripe: Descripe: Contain (ie. Tinsulatii or oth	Full Con Mini-End Gloveba Non-Fris iption of hing Mat Thermal ion, surfi her misc	City, State tainment with clos, g Procedure able Procedure Asbestos- erial (ACM) systems facing, VAT,	Zip Code NEW YORK, Negative Press e Ar (S	NEW Youre	REMOVAL	batem	t ENCAPSULE	e ENCLOSURE
Month Day Year Occupancy Status During Abatement (C X Facility Closed/Vacated During Abatement (C Abatement Performed Outs X Other - Describe: MO Scope of Work (Check all that apply) Demolition >3SF OR LF >160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Check only one) ring Entire Period side of Normal Fac DNDAY-FRIDAY 7 X Renovati Is Lo normal sole Maint/G	of Abateme	Descripe: Descripe: Descripe: Contain (ie. Tinsulatii or oth	Full Con Mini-End Gloveba Non-Fris iption of hing Mat Thermal ion, surfi her misc	City, State tainment with clos, g Procedure able Procedure Asbestos- erial (ACM) systems facing, VAT,	Zip Code NEW YORK, Negative Press e Ar (S	NEW Youre	REMOVAL	batem	t ENCAPSULE	e ENCLOSURE
Month Day Year Occupancy Status During Abatement (C X Facility Closed/Vacated During Abatement (C Abatement Performed Outs X Other - Describe: MO Scope of Work (Check all that apply) Demolition >3SF OR LF >160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Check only one) ring Entire Period side of Normal Fac DNDAY-FRIDAY 7 X Renovati Is Lo normal sole Maint/G	of Abateme	Descripe: Descripe: Descripe: Contain (ie. Tinsulatii or oth	Full Con Mini-End Gloveba Non-Fris iption of hing Mat Thermal ion, surfi her misc	City, State tainment with clos, g Procedure able Procedure Asbestos- erial (ACM) systems facing, VAT,	Zip Code NEW YORK, Negative Press e Ar (S	NEW Youre	REMOVAL	batem	t ENCAPSULE	e ENCLOSURE
Month Day Year Occupancy Status During Abatement (C X Facility Closed/Vacated During Abatement (C Abatement Performed Outs X Other - Describe: MO Scope of Work (Check all that apply) Demolition >3SF OR LF >160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Check only one) ring Entire Period side of Normal Fac DNDAY-FRIDAY 7 X Renovati Is Lo normal sole Maint/G	of Abateme	Descripe: Descripe: Descripe: Contain (ie. Tinsulatii or oth	Full Con Mini-End Gloveba Non-Fris iption of hing Mat Thermal ion, surfi her misc	City, State tainment with clos, g Procedure able Procedure Asbestos- erial (ACM) systems facing, VAT,	Zip Code NEW YORK, Negative Press e Ar (S	NEW Youre	REMOVAL	batem	ien ENCAPSULE	P ENCLOSURE
Month Day Year Occupancy Status During Abatement (C X Facility Closed/Vacated During Abatement (C Abatement Performed Outs X Other - Describe: MO Scope of Work (Check all that apply) Demolition >3SF OR LF >160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Check only one) ring Entire Period side of Normal Fac DNDAY-FRIDAY 7 X Renovati Is Lo normal sole Maint/G	of Abateme	Descripe: Descripe: Descripe: Contain (ie. Tinsulatii or oth	Full Con Mini-End Gloveba Non-Fris iption of hing Mat Thermal ion, surfi her misc	City, State tainment with clos, g Procedure able Procedure Asbestos- erial (ACM) systems facing, VAT,	Zip Code NEW YORK, Negative Press e Ar (S	NEW Youre	REMOVAL	batem	en ENCAPSULE	e ENCLOSURE
Month Day Year Occupancy Status During Abatement (C X Facility Closed/Vacated During Abatement (C Abatement Performed Outs X Other - Describe: MO Scope of Work (Check all that apply) Demolition >3SF OR LF >160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Check only one) ring Entire Period side of Normal Fac DNDAY-FRIDAY 7 X Renovati Is Lo normal sole Maint/G	of Abateme	Descripe: Descripe: Descripe: Contain (ie. Tinsulatii or oth	Full Con Mini-End Gloveba Non-Fris iption of hing Mat Thermal ion, surfi her misc	City, State tainment with clos, g Procedure able Procedure Asbestos- erial (ACM) systems facing, VAT,	Zip Code NEW YORK, Negative Press e Ar (S	NEW Youre	REMOVAL	batem	ent T ENCAPSULE	e ENCLOSURE
Month Day Year Occupancy Status During Abatement (C X Facility Closed/Vacated During Abatement (C Abatement Performed Outs X Other - Describe: MO Scope of Work (Check all that apply) Demolition >3SF OR LF >160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Check only one) ring Entire Period side of Normal Fac DNDAY-FRIDAY 7 X Renovati Is Lo normal sole Maint/G	of Abateme	Descripe: Descripe: Descripe: Contain (ie. Tinsulatii or oth	Full Con Mini-End Gloveba Non-Fris iption of hing Mat Thermal ion, surfi her misc	City, State tainment with clos, g Procedure able Procedure Asbestos- erial (ACM) systems facing, VAT,	Zip Code NEW YORK, Negative Press e Ar (S	NEW Youre	REMOVAL	batem	ent T ENCAPSULE	e ENCLOSURE
Month Day Year Occupancy Status During Abatement (C X Facility Closed/Vacated During Abatement (C Abatement Performed Outs X Other - Describe: MO Scope of Work (Check all that apply) Demolition >3SF OR LF >160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Check only one) ring Entire Period side of Normal Fac DNDAY-FRIDAY 7 X Renovati Is Lo normal sole Maint/G	of Abateme	Descripe: Descripe: Descripe: Contain (ie. Tinsulatii or oth	Full Con Mini-End Gloveba Non-Fris iption of hing Mat Thermal ion, surfi her misc	City, State tainment with clos, g Procedure able Procedure Asbestos- erial (ACM) systems facing, VAT,	Zip Code NEW YORK, Negative Press e Ar (S	NEW Youre	REMOVAL	batem	ent T ENCAPSULE	e ENCLOSURE
Month Day Year Occupancy Status During Abatement (C X Facility Closed/Vacated During Abatement (C Abatement Performed Outs X Other - Describe: MO Scope of Work (Check all that apply) Demolition >3SF OR LF >160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Check only one) ring Entire Period side of Normal Fac DNDAY-FRIDAY 7 X Renovati Is Lo normal sole Maint/G	of Abateme	Descripe: Descripe: Descripe: Contain (ie. Tinsulatii or oth	Full Con Mini-End Gloveba Non-Fris iption of hing Mat Thermal ion, surfi her misc	City, State stainment with clos, g Procedure able Procedure Asbestos- erial (ACM) systems acing, VAT, sellaneous)	30TH STREE Zip Code NEW YORK, Negative Press e Ar (S SF	NEW Y	REMOVAL X	Datem	ENCAPSULE	ENCLOSURE
Month Day Year Occupancy Status During Abatement (C X Facility Closed/Vacated During Abatement Performed Outs Other - Describe: MO Scope of Work (Check all that apply) Demolition X SSF OR LF >160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) THROUGHOUT	Check only one) ring Entire Period side of Normal Fac DNDAY-FRIDAY 7 X Renovati Is Lo normal sole Maint/C Star Yes N	of Abateme cility Hours 7AM-3:30 P ion cation ally used ely by Custodial ff (12) lo N/A	Describe: M Descripe: Contain (ie. Tinsulati or oth	Full Con Mini-End Gloveba Non-Fria iption of ning Mat Thermal ion, surfi- ner misc	City, State trainment with clos, ag Procedure able Procedure able Procedure Asbestos- erial (ACM) systems acing, VAT, ellaneous)	30TH STREE Zip Code NEW YORK, Negative Press e Ar (S SF 75 SF	NEW Youre	REMOVAL X	BEPAIR	ENCAPSULE	ENCLOSURE
Month Day Year Occupancy Status During Abatement (C X Facility Closed/Vacated During Abatement Performed Outs X Other - Describe: MO Scope of Work (Check all that apply) Demolition X Demolition >3SF OR LF >160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) THROUGHOUT	Check only one) ring Entire Period side of Normal Fac NDAY-FRIDAY 7 X Renovati Is Lo norma sole Maint/C Sta Yes N	of Abatemecility Hours 7AM-3:30 P ion cation Illy used ely by Custodial ff (12) Io N/A X	Describe: M Descripe: Contain (ie. Tinsulation or other) PIPE GASKETS Cubic Yards of	Full Con Mini-End Gloveba Non-Fria iption of ning Mat Thermal ion, surfi- ner misc	City, State trainment with clos, ag Procedure able Procedure able Procedure Asbestos- erial (ACM) systems acing, VAT, ellaneous)	30TH STREE Zip Code NEW YORK, Negative Press e Ar (S SF 75 SF	NEW Youre	REMOVAL X	BEPAIR	ENCAPSULE	ENCLOSURE
Month Day Year Occupancy Status During Abatement (C X Facility Closed/Vacated During Abatement Performed Outs X Other - Describe: MO Scope of Work (Check all that apply) X Demolition	Check only one) ring Entire Period side of Normal Fac NDAY-FRIDAY 7 X Renovati Is Lo norma sole Maint/C Sta Yes N	of Abatemacility Hours AM-3:30 P ion cation ally used ely by Custodial ff (12) ab N/A X DEP Waste ler ID No.	Describe: M Descripe: Contain (ie. Tinsulatin or oth PIPE GASKETS Cubic Yards of	Full Con Mini-End Gloveba Non-Fria iption of hing Mat Thermal ion, surfi- her misc S	City, State City, State tainment with clos, g Procedure able Procedure able Procedure able Procedure asserial (ACM) systems acing, VAT, dellaneous)	30TH STREE Zip Code NEW YORK, Negative Press e Ar (S SF 75 SF Of Registered Of Registered LEXANDER D	nount pecify or LF)	A REMOVAL X	BEPAIR	ENCAPSULE	ENCLOSURE
Month Day Year Occupancy Status During Abatement (C X Facility Closed/Vacated During Abatement (C X Other - Describe: MO Scope of Work (Check all that apply) X Demolition	Check only one) ring Entire Period side of Normal Fac NDAY-FRIDAY 7 X Renovati Is Lo norma sole Maint/C Sta Yes N	of Abatemecility Hours 7AM-3:30 P ion cation Illy used ely by Custodial ff (12) Io N/A X	Describe: M Descripe: Contain (ie. Tinsulation or other) PIPE GASKETS Cubic Yards of	Full Con Mini-End Gloveba Non-Fria iption of hing Mat Thermal ion, surfi- her misc S	City, State City, State tainment with clos, g Procedure able Procedure able Procedure able Procedure asserial (ACM) systems acing, VAT, dellaneous)	30TH STREE Zip Code NEW YORK, Negative Press e Ar (S SF 75 SF Of Registered Of Registered LEXANDER D	nount pecify or LF)	A REMOVAL X	BEPAIR	ENCAPSULE	ENCLOSURE
Month Day Year Occupancy Status During Abatement (C X Facility Closed/Vacated During Abatement Performed Outs Other - Describe: MO Scope of Work (Check all that apply) Demolition X >3SF OR LF >160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) THROUGHOUT Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City State	Check only one) ring Entire Period side of Normal Fac NDAY-FRIDAY 7 X Renovati Is Lo norma sole Maint/C Sta Yes N	of Abatemacility Hours AM-3:30 P ion cation ally used ely by Custodial ff (12) ab N/A X DEP Waste ler ID No.	Disposal Date	Full Con Mini-Enc Gloveba Non-Fria iption of hing Mat Thermal ion, surfi- her misc S	City, State city, State city, State city, State city, State dispersion of the procedure able Procedure Asbestos- erial (ACM) systems acing, VAT, ellaneous)	30TH STREE Zip Code NEW YORK, Negative Press A (S SF 75 SF 75 SF A A A A A A A A A A A A A	nount pecify or LF)	A REMOVAL X	BEPAIR	ENCAPSULE	ENCLOSURE
Month Day Year Occupancy Status During Abatement (C X Facility Closed/Vacated During Abatement (C X Other - Describe: MO Scope of Work (Check all that apply) X Demolition	Check only one) ring Entire Period side of Normal Fac DNDAY-FRIDAY 7 X Renovati Is Lo normal sole Maint/C Star Yes N	of Abatemecility Hours VAM-3:30 P ion cation ally used ely by Custodial ff (12) alo N/A X VAM-3:30 P ion cation ally used ely by Custodial ff (12) alo N/A X In the second element of the seco	Disposal Date	Full Con Mini-End Gloveba Non-Fria iption of hing Mat Thermal ion, surfi- her misc S	City, State city, State city, State city, State city, State dispersion of the procedure able Procedure Asbestos- erial (ACM) systems acing, VAT, ellaneous)	30TH STREE Zip Code NEW YORK, Negative Press e Ar (S SF 75 SF Of Registered Of Registered LEXANDER D	nount pecify or LF)	A REMOVAL X	BEPAIR	ENCAPSULE	ENCLOSURE

		-	-	(Fursua		e of Building Ov		r (2)				
Date of Notification (1)					1	CK SHARP & D						İ
	1 /14				Stroo	t Address						-
12 / 1 Agencies Notified	1 /14 Type Notific	ation				E. LINCOLN AVE	ENUE					
EPA DEP X DOL	X Initial Amen Cance	Notifica ded No ellation	ation otification	on	City, RAH	State, Zip Code WAY, NEW JEF		Telephone	Number		in .	
X DOH	On Ho		CY NO	TIFICAT	TION MAR	Y BETH BAKER	!	Telephone	rvumber			
		Falsia.	- DI		FACILITY IN	FORMATION	Type of Fac	allifar (4)				
Name of Facility Where A			Place	: (3)			School Subch	ol (K-12) napter 8 (Other th (ie. private & con	nmcl. bldg			
Street Address 126 EAST LINCOLN AVE	NUE - 97 TAN	K FAR	M				Square Fe N/A	N/A			g. Age N/A	
City (5) RAHWAY	Coun					nty Code (7) E USE ONLY)	Current Use VACANT	(Prior if being de	emolished)		
Name of Monitoring Firm ENVIRONMETAL HEALT	n Hired by Bu	lding			1	ASCM No.		catement Contra RONMENTAL CO		TION		
Street Address 655 WEST SHORE TRAI							Street Addre	ess KROCK ROAD				
City, State, Zip Code	SPARTA,	NEW	JERSE	Y 0787	1	3	City, State, 2 SUFFERN,	Zip Code NEW YORK 109	901			
Project Manager for Monit	oring Firm		T	Telephon	e Number		Telephone N		License I	Numbe	er	
WILLIAM S. KERBEL, CI Expected State Date (10				73-729- . Comp	5649 letion Date (11)	845-369-75 Name of OS	SHA Monitor	1101			
	22 /14 Year		Mon	2/	30 Day		AMERISCI	LABORATORIE	SINC	#	11480	X .
Occupancy Status During X Facility Closed Abatement Pe X Other - Descri	I/Vacated Durir rformed Outside: MON	ng Enti le of N	re Peri ormal l	od of Ab	lours - Descr	Full Cont	City, State, ainment with N	30TH STREET		< 1001	6	
X Demolition X >3SF OR LF >160 SF OR	260 LF	X	Renov	ation			los, procedure ble Procedure					
Location Asbestos-co Material (# TO BE AB in Facility	ntaining ACM) ATED		norm so Maint	ocation ally used lely by /Custodiaff (12)	al	Description of A Containing Mater (ie. Thermal s insulation, surfac or other miscel	rial (ACM) ystems cing, VAT,	Amou (Spec SF or I	ify	REPAIR	ENCAPSULE	PENCLOSURE
THROUGHOUT				X	PIPE GAS	SKETS	4.1	75 SF	X	+	+	+
				+							\perp	士
									-	+	-	-
				-								
										-	+	+
	4			-					-	+	+	+
V			N. IDE	P Waste	Cubia Va	rds of Waste	Name of D	egistered Landfill				-
Name of Registered Was FREEHOLD CARTAGE, 825 HIGHWAY 33		_	Haule	P Waste r ID No. 15939		10	LYCOMING	egistered Landilli G COUNTY RES ANDER DRIVE/F	OURCE		GEME	NT SE
City, State					Disposal	Date	City, State			22	1	9
FREEHOLD, NEW JERS Completed by (Print or Ty		Title				Signature	/ Con GO	MERY , PA 1775	Date ₁₇	- Ti	1	V
BENJAMIN ŚANCHEZ		DIRE	CTOR	OF OP	ERATIONS	1 129	\times		110	11	1	1_



Date of Notification (1) 1-13-2015	Name of Building Owner/Operator (2) Garden Savings Federal Credit Union 15															
	Type No	tification			reet Add				727	.50						
Agencies Notified	Type No	uncauon		3.0000.00		avingsfc	u.org			X	. , ,	2	120	į.		
EPA DEP DOL		al ended endment #_		_		Zip Code				is		E de la	Ü			
DOH DCA	jus	ergency (indification)	cluding	N	ame of C	ontact					Tele	ohone Num	ber		8	
L DCA	L Ca	ICCHARON			FACILI	TY INFORI	MATION									
Name of Facility Where	Abatemer	t is Taking F	Place (3)		1710121			T		acility (4)						
House									7 Suit	chanter 8	(Othe	r than K-12)	o 100		. 1
Street Address								1			vate &	commercia	al buildi	ngs, i	omes	45
515 Belle Vielle A	ve								etc. Square f		# of	Floors	Ble	dg. Ag	ie	
City (5)								1 1		-661	2	1 10013)+		
Glen Ridge									1500		25.000			-		
County (6)					County Co						if beir	ig demolish	iea)			
Bergen				(3	STATE US	SE ONLY)			House							
	e of Monitoring Firm Hired by Building Owner (No.	N:	ame o	f Abater	nent Cont	ractor	(9)				
						n/a Loznica Management Corp										
n/a					1110				ddress							
Street Address							100		oy Lar	ie						
n/a									ate, Zip	200	-					
City, State, Zip Code										k NJ 070	135					
n/a										X 140 071	000	License N	lo.			-
Project Manager for M	onitoring F	irm		1	Γelephon	e No.		17.5	one No.				10.			1
n/a					n/a				06795			01193				
Start Date (10)			Scheduled	Com	pletion D	ate (11)	900			Monitor	- 2					
1-22-20	15		1-2	2 -	201	5	1	Lozni	ica Ma	nageme	ent Co	orp				
1-22-20	/ I U	nant (Chack			0101		S	Street A	Address		3-7-3-2-					
Occupancy Status Dur								22 Tr	oy Lai	ne						
Facility Closed/Va	acated Dur	ing Entire P	eriod of Ab	atem	ent				ate, Zip							
Abatement Perfo	rmed Outs	ide of Norma	al Facility F	lours				3.00		k NJ 07	035					
X Other - Describe								LITICO	JIII Fai	K IND UT	000					
Scope of Work (Check	k All That A	(pply)						Process of the latest of the l	3							
≥3 sf or ≥3 lf ≥160 sf or ≥260 l	f			nova molit				×	Mini-	Containme Enclosure ebag Pro	9	n Negative	Pressu	re		
									Non	-Exempte	d (*) ar	nd Non-Fria	ble Pro	cedu	e	
			75 95											Abat	emen	t
				ocat				ras. Canan Com						T	уре	
	tion of			ormal	lly ely by		Desc	cription	Of Astorial	· (((((((((((((((((((Amount			m	
Asbestos-Contain		al (ACM)		ntena		Asbest	os Contai thermal s	vstem	s insulat	ion.		Specify	72	Z	Encapsulate	Enclosure
	ABATED acility		Custo		Staff?	(1.6.	surfacir			100	S	F or LF)	Remova	Repair	sqe	dos
	13)			(12)			other mi	scellar	neous)				va	=	ulat	ure
,	/		Yes	No	N/A									_	œ.	1
Race	ement				X	Ast	estos F	Pipe I	nsulat	ion		50 LF	Х			
Dasc	SITIOTIC															
	-00															1
														1	-	-
								-								
					LIDED !	Vento	Cubic Y	Varde		Name of	Regis	tered Land	fill	_		-
Name of Registered	Waste Hau	iler		1.100	NJDEP V Hauler ID		of Wast									
Loznica Management Corp				TBD GROWS Landill					-							
City, State							Disposi	di Date	5			PA 1906	7			
Riverdale, NJ							TBD			IVIOITIS	, viii G		Date		-	
Completed by			Title				Si	ignatur	- C	- +	70		1-13-	2011	5	
E. Cirovic			Secr	etar	У				\mathcal{O}	$\mathcal{N}\mathcal{N}$	0		1 10			

Date of Notification (1)				I Ma				-0)	Ci	1	02	~	•	
1-8-2015	¥			Nan	ne of Bul	ding Owne	ar/Operato	r (2)			-	٠	_	_
Agandes Notified	Type Notificati	on		PAV.	et Addre	tric & Co	nstructio	on Co					-	
□ ₽A					5 Cliff 8						HANDAR L	144		-
O DEP	Initial Amended	1			State, Z				विश्व प्रश्नित	of Heal!	h & S	enior	Servi	ces
E DOL	Amendme	ent#		City,	otele, z folda d	AD Clade	074/+		-					-
MOH M	E Emergend	cy (includi	กฐ		e of Car	ark, NJ	0/010		1/	9113	matura)	1	- , ,	5
DGA	Cancellel			146011	e ar Gar	tact .			Date: 2	Pephone	Num To	30;	1 1	2
					Lott me									
Name of Facility Where A	Abatement is Tal	king Place	(3)		MILL A	INFORMA	TION							_
House for Damo			1-7					Type of Facili	ty (4)					-
Street Addreso								School (K-12)					
325 Palisade Ave.								Subcher (i	ter 8 (Oth	er than K	-12)			
City (6)						-	1	111	a. private	a comme	rcial b	Ulding	js, ha	mes
Cliffside Park								Square Feet	# 0	f Floors	7	Bida	. Age	
County (6)			-	Carre				TBD	TE			50+		
Bergen	*			(STAT	y Code EUSE o	7) W M		Current Use (1	Prior If bei	ng demoi	ished)			
Name of Monitoring Pirm	Hired by Ruilding	T Course to	~\	100				Demo'd ho	use for	disposa	1.			
n/a	man of manager	A CANUEL (8)		CM No.		Name	of Abatement C	ontrador	(9)				
Street Address				. n/a	<u> </u>		Lozn	ica Manage	ment Co	מוני				
n/a						166	Street /	Address		-			_	
City, State, Zip Code					***		22 Tr	roy Lane						
n/a					8.7	13	City, 5t	ate, Zip Code						_
Project Manager for Monito	other Firm						Linco	In Park NJ o	7035					
n/a .					ione No.		Telepho	one No,		License	No.	_		
Start Date (10)		Cabada	1.70	n/a	_			067950		01193				
Jan 12, 2015		Jan 1	E DO	nibistici	Date (1	1)	Name o	f OSHA Monito	r		-			
Occupancy Status During	Abstragent (Che	OH OHE O	0, 20	10			Lozni	ca Manager	nent Co	m				
E-diameter-day		on Othy D	ine)				Street A	uddress			_			
Facility Closed/Vacate Abatement Performed Strong - Describe: 8 a		Period of mal Familia	Abater	ment				oy Lane		34				
Cther - Describe: 8 a	un - 4 pm	mar r dolli	y Hour	3			City, Sta	ite, Zip Code			_	_	_	_
Scope of Wark (Check All 7	het Apply)				-		Lincol	In Park NJ 0	7035					
23 sf or ≥3 IF		FT .	_				-	LINE DUMP	STERS	R WIT	MATE	DIAL		-
2160 af at ≥280 ff			Renova			74	-	Full Contains	tent with f	Vocative !	SALVIE E	174674L		
		East)						WILL SELECTION OF THE PARTY OF	(G)		1	40		
						_		Glovebag Pro Non-Exempte	cedure	Nos Esisi	de M			
50 4 5 4 5 5 4 4 5 5 4 4 5 5 5 6 5 5 4 5 5			Locati						70110	TOIN TIE	NO PIC		ement	
Location of Asbestos Containing Ma	stanial states at	lise	Vormal Ed Solo	ly by by	1	Des	scription of	,					pe pe	
10 BE ABATE	ED (ACM)	Me	intenar	nze/	Asbe	stos Cante	aining Met	nina) lehol	Am	ount		_		
In Facility (13)		Chap	bodial S	Staff?	(1.	a. mannai	eystems ir dng, VAT,	resilation .	42)	acity .	2	-	5	m
(13)			(12)			other m	riscellaneo	nus)	SF c	rLP)	Removal	Repair	Елсарвије(в	Enclosure
		Yes	No	N/A							蓋	#	E	MINS
Entire Hous	e .			X	To P	Pile	- 1 -						ţu.	
					100	Dispos	ed of as	Asbestos	TE	BD				
		1							- 1				-	-
			1								-		-	
						- 19								
me of Registered Wests H	buler	1	NJ	DEP W	Balta	Cubic Y	'anda							
ovic Transport			Ha	wor ID	No.	of Wast		Name of I				-		-
y, State			100	133137		TBD	000	GROW	S Landf	ill				
rerdale, NJ						Disposs	Date	City, State						
Thinhad less														
		-diai				IBU		Morrisv	ille PA 1	9057				
mitted by Cirovic		Title Secre				Sig	nalure	Morrisv		Det		-		

CK19811

1	-	114			
36	2	4		200	
R	÷	ار میا صد	,	10.7	-
		3.50	3.5		

Date of Notification (1) 1/13/2015	Name of Building Owner/Operator (2) MONTCLAIR KIMBERLEY ACADEMY2015 34 16 PM 8:42													
Agencies Notified Ty	ype No	tification		1.3	Street Add	iress				. 18,7 c.,		3 <i>Z</i> .:		
EPA EPA DEP DOL	Ame Ame	ended endment #_			City, State	, Zip Coc			£.	4.107.	11.	13		
☑ DOH ☐ DCA ☐	just	ergency (inc ification) ncellation	luding		Name of C MARK [ROSKI			Telephone Nur	nber			
					FACILI	TY INFO	RMATION	1 -	. =					
Name of Facility Where Aba VACANT RESIDENCE		t is Taking P	Place (3)					Туре	of Facility (4) School (K-12) Subchapter 8	(Other than K-1)	2)			
Street Address 216 ORANGE ROAD								×	Other (i.e. privetc.)	vate & commerci	al build			3,
City (5) MONTCLAIR									are Feet	# of Floors		dg. A	ge	
County (6) ESSEX					County Co (STATE US			Curr	ent Use (Prior	if being demolis	ned)			
Name of Monitoring Firm Hi	ired by	Building Ow	vner (8)		ASCM	No.			atement Contr OTHERS C	actor (9) ONTRACTIN	IG, IN	Э.		
Street Address 300 GRAND AVENUE				Street Addres 250 RUTh					ess HERFORD	BLVD.				
City, State, Zip Code				City,				State,	Zip Code N, NJ 07014					
ENGLEWOOD, NJ 07 Project Manager for Monito	ring Fi	rm		Telephone No. Telep				hone	No.	License 1	No.			
STEPHEN JARACZE	WSK		a banda da	201-569-6708 973					-8700 SHA Monitor	00494		-		
Start Date (10) 1/24/2015			1/28/20	15	Tipletion 2	ate (11)	SA	MEA	S (9) ABO\	/E		10000		
Occupancy Status During A	Abatem	ent (Check	Only On	e)			Stree	et Addr	ess					
Facility Closed/Vacate Abatement Performed Other – Describe:	ed Duri d Outsid	ng Entire Pe de of Norma	eriod of A I Facility	bater Hour	patement									
Scope of Work (Check All	That Ap	oply)						SS 33.5						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				enov emol	5245			X N	Mini-Enclosure Novebag Proc	nt with Negative edure (*) and Non-Fria			·e	
									ion-Exempled	() and Non-i ne	DIC 1 TO		emen	t
			0.75	Loca Norma				12				T	/ре	
Location of Asbestos-Containing M TO BE ABAT In Facility (13)	Material TED	(ACM)	Use Ma Cusi	d Sol intena todial (12)	ely by ance/ Staff?	Asbes (i.e	Description Stos Containing thermal syste surfacing, \ other miscel	Mater ms ins /AT, or	ulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
40T EL 00	OP.		Yes	No X	N/A		LINOLE	EUM		20 SF	X			
1ST FLOO	2000	_		X			PIPE INSU		ON	20 LF	X			
BASEME	IN I			^			THEINOS							
									Name of	Registered Land	fill			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING				NJDEP Waste Hauler ID No. Cubic Yards of Waste 18743 Cubic Yards Of Waste			5	- 1100-10-1100-1100-1100-1100-1100-1100	E MANAGEM		G.R.	W.C	S.	
City, State CLIFTON, NJ							Disposal Da 1/28/2015		City, State	e ISVILLE, PA				
Completed by VIVECA RAMOS	d by Title					RDINA	Signati	ure Uye	en Ra		Date 1/13/2	015		

OK 19821

Date of Notification (1) 1/13/2015	Name of Building Owner/Operator (2) THE COLLEGE OF NEW JERSEY													
Agencies Notified	Type Notification			Street Ad 2000 P	idress ENNINGT(ON ROAD)							
EPA DEP DOL	Amended Amendmen				e, Zip Code S, NJ 08628	3								
DOH DCA	Emergency justification Cancellatio)		Name of JOHN	Contact HAMILTON	I	7		Tele	phone Nur	nber			
				FACIL	ITY INFORM	ATION			-					
Name of Facility Where THE COLLEGE OF				RTHY H	HALL			of Facility (4) School (K-12 Subchapter 8)	or than K 1'	21			
Street Address 2000 PENNINGTO	N ROAD							Other (i.e. pri etc.)	vate 8	commerci	al build			es,
City (5) EWING							Squa	are Feet	# of	Floors	В	ldg. A	\ge	
County (6) MERCER				County C (STATE U	Code (7) USE ONLY)		Curre	ent Use (Prior	f if bei	ng demolisi	ned)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.			atement Cont			G, IN	C.	7.	
Street Address						120000000000000000000000000000000000000	Addre			04.008				
							HERFORD	BL\	/D.				_	
City, State, Zip Code						FTON	Zip Code N, NJ 07014	4						
Project Manager for Mo	nitoring Firm			Telephor	ne No.	1	none N -956-	No. 8700		License N 00494	lo.			
Start Date (10) 1/16/2015		Scheduler 1/23/20		npletion [Date (11)			SHA Monitor S (9) ABO\	/E					
Occupancy Status Durir	ng Abatement (Che	ck Only One	e)			Street	Addre	ess						
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of No	Period of A mal Facility	batem Hours	nent		City, S	State, 2	Zip Code						
Scope of Work (Check /	All That Apply)								- 33-14		22.00			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit			5	M G	ull Containme ini-Enclosure lovebag Proce on-Exempted	edure				re	
		le	Locati	ion				or Exempled	() () (3 (101) (110)		Aba	emen	t
Locatio	n of	N	ormal	ly	=	Description	n of					T	уре Т	
Asbestos-Containin TO BE AB In Fac (13	g Material (ACM) BATED ility	Mair Custo	d Sole ntena odial S (12)	nce/ Staff?	(i.e. ther s	Containing I mal system urfacing, VA ner miscella	s insu AT, or	lation,	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
EVIE		Yes	No	N/A	TE	RANSITE	DIDE	-	-	0 LF	X			-
EXTER			X		1.5	ROOFIN		-		00 SF	- A	-		-
REAR COURTYARD, LOUNGE						ROOFIN	10	-		00 01		-		
					P Waste									
TWO PROTHERS CONTRACTING				NJDEP Waste Cubic Yards Hauler ID No. of Waste						NAGEME		S.R.	D.W.	S.
City, State				8743		isposal Date	€	City, State		LE. PA				
CLIFTON, NJ Completed by Title					1/23/2015 MORRISVILLE, PA									
VIVECA RAMOS	JECT	ECT COORDINATOR Ly ca Larra 1/13/2015												

RECEIVED

Date of Notification (1)					Name of Building Owner/Operator (2) Brixmor Hamilton Plaza Owner, LLC Street Address											
January 14, 2015	Tues N	differti-					ion Pia	za Ow	mer,	LLC	40/3	10		: 63	-	
Agencies Notified EPA	Type No	otification			Street A	ddress ette Stre	et, Suit	e 150		AS	630	1000	4 4			
DEP DOL	Am Am	nended nendment				te, Zip Co ohocker		19428			S. J.	NEW.	WÖ			
X DOH		nergency tification)	(including		Name of	Contact					Tele	phone Niii	nhar			
DCA		ncellation			Ron D	inger						_				
					FACI	LITY INFO	RMATIC	NC								
Name of Facility Where A Hamilton Shopping			g Place (3)					Туре	of Facility (4 School (K-12						
Street Address 1061 Whitehorse Av	venue								×	Subchapter Other (i.e. pretc.)	8 (Othe			lings,	home	es,
City (5) Hamilton					ñ.				Squa 17,3	are Feet	# of	Floors	B 3	ldg. A	ge	
County (6) Mercer						Code (7) USE ONLY)			Curr	ent Use (Prio	r if bein	g demolis	ned)			
Name of Monitoring Firm					ASCN	- 0		Name		atement Con	tractor ((9)				
Accredited Environr	mental ⁻	Technol	ogies					ecos		es, LLC						
28 N. Pennell Road										t Lincoln H	ighwa	y, Suite	500			
City, State, Zip Code Media, PA 19063						0				Zip Code \ 19341						
Project Manager for Mon Dave Turotsy	itoring Fi	rm			Telephor	ne No. 91-0114		Teleph 484-8				License N 01161	lo.			
Start Date (10) 1/28/15			Schedule 2/13/15		npletion I	Date (11)		Name EMS		SHA Monitor						
Occupancy Status During			31 (1 (00) (00) (00) (00) (00)	2000				Street			L					
Facility Closed/Vaca	ated Durin	ng Entire	Period of A	Abatem	ent		-		0,00007740	e 130 Nort Zip Code	n					
Other - Describe: _	- Outoic		nai i aomity	Tiodio	77.		_	-		ison, NJ 0	8077					
Scope of Work (Check A	II That Ap	ply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			-	enova emolit				×	M G	ull Containme ini-Enclosure lovebag Proc	edure					
			lo lo	Loosti				<u> </u>	א ני	on-Exempted	(*) and	Non-Friat	ole Pro	Abate		t
Location	of		1	Locati Iormali	у		Des	scription	of					Ту		
Asbestos-Containing TO BE AB/ In Facili (13)	Material ATED	(ACM)	Ma	d Sole intenar todial S (12)	nce/		tos Conta thermal surfac	aining M	Materia s insu T, or	20	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Vacant Tana	-t C		Yes	No	N/A	\ (0	411		110			Ф	
Vacant Tenar	п Spac	е			X	VII	nyl asb	estos	TIOOF	tile	5,	410	x			
													+			
				1			ZA - 1									
Name of Registered Was	te Hauler			41980	JDEP W		Cubic '			Name of F	Register	red Landfil	1			
Waste Management	of NJ			Н	auler ID	NO.	of Was	sie		GROWS	3					
City, State Trenton, NJ							Dispos TBD	al Date		City, State Morrisvi		4				
Completed by Jack Bally			Title Sr Pr	oject	Manag	jer	S	ignature	1	Bally	- Oil	77.	ate /14/15	5		
ASB-41 (R-06-08)									1	this form for	asbesto	os licensur	e exen	npted	activi	ties.

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

2847	7-1
	2847

12					lama of	Duilding ()	wporl/	Operator	(2)		- 9	075 30b	0.0	_		7.00	
Date of Notification (1)						Building O	wner/	Sperator	(4)		64	015 JA	16	E	ME	0	
01/10/2015					ohn Tu	-					Α			Ø.	11	g: 4	- (G
Agencies Notified	Туре	Notification			Street Ac		_				John .			y"			
□ EPA		Initial		188		ston Av			_					- 4	1	1	11
DEP		Amended		10.0		te, Zip Cod						17.515	1 . 7		1		1000
DOL		Amendment # Emergency (ir	ncluding		A TOTAL CONTRACTOR OF THE PARTY	m, NJ 0	7928	5			Tok	ephone N	umher	_			-
■ DOH		justification)		100		Contact					1616	spriorie iv	uniber				25
DCA		Cancellation		J	ohn Tı								-		_	20	-
Name of Facility Where	Aboto	mont in Taking	Diago /3		FACIL	LITY INFO	KMAI	ION	Type	of Facility (4)						S =
Private House	Apatel	nent is raking	riace (3	10.					process.								
111101011000							-			School (K-1 Subchapter		er than K-	-12)				
Street Address										Other (i.e. p				ildin	igs, h	nome	s,
169 Weston Ave										etc.)	1 #	Floors		Did	g. Ag	10	
Chatham, N	IJ								Squa	re Feet	# 01	Floors		Diu	g. As	je	
County (6)						Code (7)			Curre	ent Use (Pri	or if bei	ng demol	ished)	4.77			
Morris				1	STATE	JSE ONLY)											
Name of Monitoring Fir	m Hired	by Building C	wner (8)		ASCN	No.		Name	of Aba	atement Cor	ntractor	(9)					
								Nick	Rest	oration L	LC						
Street Address								Street	t Addre	ess							
								72 B	rooks	ide Rd							
City, State, Zip Code								City, S	State, Z	Zip Code							
Oity, Otato, Zip oodo						(6)		The state of the state of		NJ 078	69						
Project Manager for Mo	onitorin	n Firm		1	Telepho	ne No.			hone N			License	No.				
1 Tojout Warrager for the	Of Incorning	9 1 11111						The state of	933-2			01133	K.				
Start Date (10)			Schedule	ed Corr	nlefion	Date (11)				HA Monitor					-31		
01/22/2015			01/23/2		piodon	Date (1.1)		100000000000000000000000000000000000000		onmenta	ĺ						
Occupancy Status Duri	ing Aba								t Addre				-				_
D 0	11.000				0.70000				RT 2								
Facility Closed/Va	acated [During Entire P	eriod of A	Abatem	ent				75.100.10	Zip Code					_		
Other – Describe:			ar r acinty	110013			_			07083							
Cooperation of Mark (Charles	All The	ot Apply)						JOHIO	11, 110	07003	1.50/192	_		-			_
Scope of Work (Check	All Ina	it Apply)	F					Ī					-				
≥3 sf or ≥3 lf			-	Renova Demoliti						ull Containm ini-Enclosur		n Negativ	e Pres	sure			
≥160 sf or ≥260 lf				emonu	ION				G	lovebag Pro	cedure						
] N	on-Exempte	d (*) ar	d Non-Fr	riable P				
			Is	Locati	on									Α	10.00	ment	å j
Locati	on of		1	Vormal	ly			escriptio	n of				-	-	Ту	ue.	
Asbestos-Containing		erial (ACM)		d Sole intenar		Asbest	os Co	ntaining	Materia	al (ACM)		Amount	- 1 -			四	П
TO BE A		2		todial S		(i.e.	therm	al systen facing, V	ns insu	lation,		Specify F or LF)	No.		Repair	Encapsulate	Enclosure
(1)			1 ×	(12)				miscella)			2		pair	sula	Jusc
-			Yes	No	N/A	1							1			te	(0
A44:- A			-			TOL					6 SF		-	<			
Attic Area			-	×		TSI					0 31		-+'	+	-		
1 1 S																	
		je .															
Name of Registered W	aste H	auler	-		JDEP V			ic Yards		Name of	Regist	ered Lan	dfill				
Nick Restoration I	LLC			10	lauler ID 3782	No.	of W	/aste)		G.R.O.	W.S						
City, State Randolp	h, NJ	07869					Disp TBI	oosal Dat	е	City, Sta		A					
Completed by	- 100		Title				1		re) A				Date				
Elvira Mrda			Presi	dent				3	4/1	Mal	Us		01/10)/20	015		
LIVII a IVII ua			1. 103	30116									1.00	100	SH-1000		

NO CK

53	~ ^	2000				
1 :	EC	1-		100		113
	4984	Sec.	81	71	100	

Date of Notification (1)				Name of Building Owner/Operator (2) Medford Leas Retirement Community												
January 12, 2015	1			Medfo	rd Leas	Retirer	nent C	omm	unity	2015	A CI	heck i	# 1	787		10-50-50
Agencies Notified EPA	Type Notific	ation		Street A 1 Med	^{ddress.} ford Lea	s Way				Arc s	7. 494	10	If	8:	98	Ġ
DEP DOL		iment #_1		City, State, Zip Code Medford, NJ 08055						ELICEPTA						
X DOH DCA	justification Cance		g	Name of Contact John Gray						Tele	phone i	Numbe	r			
	_			FACI	LITY INFO	ORMATIO	ON			-			_	_		
Name of Facility Where A Medford Leas Retir			(3)		=			-	of Facility (4) School (K-12							
Street Address 1 Medford Leas Wa	у						1	×	Subchapter 8 Other (i.e. pri etc.)	(Othe			uild	ings,	home	es,
City (5) Medford								Squa 10,0	re Feet 00	# of 1				Bldg. Age 100		
County (6) Burlington					Code (7) USE ONLY)	2				or if being demolished) Community						
Name of Monitoring Firm Management & Env				ASCM No. Name of Abatement Con Shade Environmen												
Street Address PO Box 341							Street 623 (ss Avenue							
City, State, Zip Code Chesterfield, NJ 08	515			City, State, Zip Code Maple Shade, NJ 08052												
Project Manager for Mon Bill Weisgarber	itoring Firm			Telepho 609-29	ne No. 98-4070		Teleph 856-	none N 755-0			Licens 00842					
Start Date (10) January 6, 2015				Completion Date (11) Name of OSHA Monitor 23, 2015 EMSL Analytical, Ir).						
Occupancy Status Durin	g Abatement	(Check Only	One)				Street	Addres	SS							
Facility Closed/Vac Abatement Perform							000000000000000000000000000000000000000		130 North	1						
Other - Describe:			ity rioui			_			son, NJ 08	077						
Scope of Work (Check A	ii That Apply)	×	Renov Demol	Glovebag Procedure												
			Victory Control			Ein	1 110	III-EXEMPLE	1 14011-1	TIADIC I	ble Procedure Abatement					
t			Is Location Normally					on of					Type			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Ci	sed Sol Maintena ustodial (12)	ance/ Staff?		tos Cont thermal surfac	escription of ntaining Material (ACM) Amount al systems insulation, acing, VAT, or miscellaneous)					Encapsulate	Enclosure			
Community	Building	Yes	No XXX	N/A		Linole	um Flo	oring		50	00 SF	3	K			_
	Community Building X Estaugh Building Data Room X					Acous				-	0 SF		ζ.			
Lotadgii Dallallig	, Data Noo		700			710000	iloui o									
Name of Registered Was	ste Hauler		1	NJDEP W	Vaste	Cubic	Yards		Name of R	egiste	red Lan	dfill				
Freehold Cartage		(8)		Hauler ID 02265	No.	of Was	ste		Western		s Con	nmun	ity	Landfill		
City, State Freehold, NJ		55				Dispos 1/23/2	sal Date 2015	2	City, State Birdsbor		4	200				
Completed by Christina Lynch			Title Operations Manager				ignature	mo	Date 1/12/2015							

CK 25/08							
Date of Notification (1)	Name of Building Owner/	Operator (2)					
Agencies Notified Type Notification	Street Address	of Hobbin	الم الم	~	-	: 7	or proper
	350 Zn	al stron	+			tie tail	
DEP Amended	City, State, Zip Code	ACC CHICA	. 2015	N.L	Social		p. (
DOL Amendment # Emergency (including	Englew	ood, Jew	Serse	-	PIU	20	h. 4
DOH justification) DCA Cancellation	Name of Contabi	60	Telephone Nut	Mber 2	79	1	je.
	FACILITY INFORMAT		44	- 0	- 1	-	. 1
Name of Facility Where Abatement is Taking Place (3)	. (Type of Facility (4					
Street Address	<u> </u>	School (K-12) 3 (Other than K-12	2)			
350 2nde Star	st		ivate & commerci		lings,	home	es,
City (5)	57/31	Square Feet	# of Floors	BI	ldg. A	771	
Congression (1)	County Code (7)	Current Use (Prior	6		60	>t	
Terren	(STATE USE ONLY)	— Collection Ose (Prior	in being demolish	iea)			
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Cont	ractor (9)				
Street Address	0093	Affiliated E	nv. Serv	7 NJ	II	nc.	
1600 Rote 22 Eas	4	Street Address 450 S. River	Street				
City, State, Zip Code		City, State, Zip Code					_
Project Manager for Monitoring Firm	Tolophana Ne	Hackensack,				7-2	
Tenholono	Telephone No. 7800	Telephone No. 201-931-0313	License N 0 1 1 48		1621 241	CIT:	
Start Date (10) Scheduled C	Completion Date (11)	Name of OSHA Monitor	01140	163		-	
Occupancy Status During Abatement (Check Only One)	-15-15	N/A		13.2	19.	- Andread	
Facility Closed/Vacated During Entire Period of Abat	ement	Street Address				الويا	·
Abatement Performed Outside of Normal Facility Ho Other – Describe:	urs	City, State, Zip Code				4178	-
Scope of Work (Check All That Apply)				2.2	-	ç	
□ xx x xx x	walion	ST Full Contries			-	6	0
	olition	Mini-Enclosure	it with Negative P	ressure	9		
		Glovebag Proce	dure *) and Non-Friabl	le Proc	edure		
Is Location of North				1	Abatei Typ		
Asbestos-Containing Material (ACM) Used Sc	olely by Ashastas Cost	scription of aining Material (ACM)	Amount	П	T	T	\neg
TO BE ABATED In Facility Mainter Custodia	Staff? (i.e. thermal	systems insulation, cing, VAT, or	(Specify SF or LF)	Rer	Re	Encapsulate	Enclosure
(13)		niscellaneous)	Gr Gr EIF)	Removal	Repair	psule	losur
Yes No	n N/A			-		te	ro
Y'IN HOOR	VAT		1200 Sq	V			
71h HOOR	V Do	Instation 3	300 CF	1			
	1, -						
Name of Registered Waste Hauler	NJDEP Waste Cubic	Varde Non-	eletered I - 15"				
Global Waste Industries	Hauler ID No. of Was		gistered Landfill va Enter	pri	ses	si.I	nc
City, State	Dienne	al Date City. State					_
Hackettstown, NJ	3.500	Waynes Waynes	burg, Ohi	io 4	46	38	
Completed by Title	alias si	gnature. L. Word	val Date	e/_	1		\dashv
CALLIE COLLINGON CONS	1 OFFICIA	10000	600 1	10	115		

ASB-41 (R-06-08)

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

< 210/1 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP. Date of Notification (1) 2015 AE 16 BM 11: SC Street Address /15 1 126 E. LINCOLN AVENUE Type Notification Agencies Notified City, State, Zip Code Initial Notification EPA DEP Amended Notification RAHWAY, NEW JERSEY 07065 Cancellation DOL Telephone Number On Hold Name of Contact DOH **EMERGENCY NOTIFICATION** JAROD NAPOLI DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) MERCK SHARP & DOHME CORPORATION Other (ie. private & commcl. bldgs., homes, etc.) Bldg. Age # of Floors Square Feet Street Address 30,000 126 EAST LINCOLN AVENUE- BUILDING 819 County Code (7) Current Use (Prior if being demolished) County (6) City (5) RAHWAY UNION (STATE USE ONLY) VACANT Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. PAR ENVIRONMENTAL CORPORATION 17 Street Address Street Address 313 SPOOK ROCK ROAD 655 WEST SHORE TRAIL City, State, Zip Code City, State, Zip Code SUFFERN, NEW YORK 10901 SPARTA, NEW JERSEY 07871 Telephone Number License Number Telephone Number Project Manager for Monitoring Firm 973-729-5649 845-369-7500 1101 WILLIAM S. KERBEL, CIH Name of OSHA Monitor Sched, Completion Date (11) Expected State Date (10) #11480 AMERISCI LABORATORIES INC 3/ /15 /15 1 / Year Day Year Street Address Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: City, State, Zip Code MONDAY-FRIDAY 7AM-3:30 PM Other - Describe: NEW YORK, NEW YORK 10016 Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclos, Renovation Demolition Glovebag Procedure >3SF OR LF >160 SF OR Non-Friable Procedure 260 LF Abatement Type Location of Is Location Description of Asbestos-Amount ENCLOSURE Containing Material (ACM) ENCAPSULE normally used REPAIR Asbestos-containing REMOVA (ie. Thermal systems (Specify solely by Material (ACM) SF or LF) Maint/Custodial insulation, surfacing, VAT, TO BE ABATED in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 50 SF TANK INSULATION 5TH FLOOR-ROOM 509

Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste LYCOMING COUNTY RESOURCE MANAGEMENT SEL FREEHOLD CARTAGE, INC. Hauler ID No. 447 ALEXANDER DRIVE/ROUTE 15 15939 825 HIGHWAY 33 Disposal Date City, State/ City, State MONTGOMERY, PA 17752 FREEHOLD, NEW JERSEY Completed by (Print or Type) Signature DIRECTOR OF OPERATIONS BENJAMIN SANCHEZ

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

Oheck & 2328

Date of Notification (1			Name of B	Building Own	ner / Ope	rator (2)	3	A			
$\frac{-09}{}$ $\frac{-02}{}$	/14			Street Add				25.4	12			
Agencies Notified	Type of No	tification			e 208 North		9815	1000				
☑ EPA		Initial			, Zip Code		2.11	IO E	61 1 0	3 G		
☐ DEP	V	Amended			New Jersey,	07410		Talaabaa	a Mirmal			
☑ DOH		Amendment # Emergency w/		Name of C			F	Telephor	ie Numi	ber		
☑ DOL	H	Cancellation	Justilication	JOHN LIS	31				4.67			
			FA	CILITY IN	FORMATIO	V						
Name of Facility Whe	ere Abatem	ent is Taking F	Place (3)		Type of Fac	cility (4)						
Mondelez Internationa												
						School (K	(-12) er 8 (Other	than V 11	2)			
Street Address 2211 Route 208					Name of the last o		., private &					
2211 Route 200							omes, etc.)					
City (5)	County (6)		County Code ((7)	Square Fee		# Of Floors	S	Buildi	ng Age		
Fairlawn	Bergen				1,000		3	- 1: - la - al\	1		10.1	
					Current Us Bakery/WA		being dem	olishea)		4	10 +	
Name of Monitoring	Firm Hirad	by Bldg Own	er (8)	ASCM NO		ALITOUS	_					
Name of Wonttoring	i iiiii mired	by Blug. Owne	51 (0)	AGOW NO								
AET					NORTHSTA	AR CONT	RACTING G	ROUP, IN	IC.			
Street Address					Street Add	ress						
907 Doolittle Drive					20 \450'	Desta						
City, State, Zip Code					32 Williams City, State,							
Bridgewater, NJ 0880 Project Mngr. For Mo		rm	Telephone Nu	mher	City, State,	Zip Cour						
Eric Houseknecth	Jilitoring F	1111	908-218-1108	IIIDCI	East Hanov	er, NJ 07	936					
Sheduled Start Date	(10)	Sched. Comp	letetion Date (1	1)	Telephone	Number		License	Numbe	r		
09//16	/14	02		15_						22222		
// /	/	/	/		973-884-8682 00860 Name of OSHA Monitor							
Occupancy Status D							itor RACTING G	ROUP IN	IC.			
Facility Cl		Street Add		NACTING G	KOOI , II							
		d Outside of N	Iormal Facility		Oli cot Add	1000						
Hours - De					32 Williams Parkway							
☑ Other - De	escribe:	7:00 AM - 3:30	PM		City, State,							
Scope of Work (Che	ck All That	Apply)			East Hanov	er, NJ 07	936			-	-	
				_								
☐ Demolitio			Renovation				ith Negative	Pressur	е			
				V	Mini - Encl Glovebag		۵					
≥160 sf or	2200 11						nd Non-Fria	ble Proce	edure			
				_								
Location o		Is		Descript				Abateme	ent Type			_
Asbestos Conta	aining	Location	As	sbestos - C Material			Amount	R	R	E		E N
TO BE ABAT	ED	Normally Used	0	e., therma			(Specify	M	E	C		C
in Facility		Solely			facing, VAT	,	SF or LF)		P	A		L
(13)		by Main-			ellaneous)			V	A	P		0
13 0		tenance/						A		S		S U
		Custodial Staff (12)						L	R	U		R
		YES NO N/A	-				+	-	+	-		
		TEG NG NIA	 									
SEE ATTACHED			İ									- []
Name of Registered NEWARK CARTING	Waste Hau	ler	NJDEP Waste Hauler ID No.		Name of R	egistered	Landfill					
			4509	of Waste								
City, State				Disposal	City. State		105					
NEWARK, NJ				Date	De lureur	_IVI, FA 10	100					
Completed by (Print	or Type)		Title	1		Signatur	e ₄ (Dat	te	
	S 82 6					18	1 00	0			041	15115
Steve Stiles			Project Manage	er		H	NIV-				U1/	15/15

Location of Is				Description of		Abatem	ent T	/pe		28
Asbestos Containing	Lo	ocati	on	Asbestos - Containing		R	1		E	E
	No	orma	llv	Material (ACM)	Amount	Е	R		N	N
TO BE ABATED	1910	Used		(I.e., thermal systems	(Specify	M	E		C	C
in Facility		Solel		insulation, surfacing, VAT,	SF or LF)	0	P		A	L
(13)		/ Ma		or other miscellaneous)	0. 0. 2. /	V	IA		P	0
()		nand		or other importaneous/		A	l'i		S	S
	1000	istoc				Ľ	R		U	U
		aff (45		1.5	1		L	R
	YES	NO	N/A				1	-		
BAKERY - 2ND FLOOR		2		DUCT INSULATION	1,025 SF	V	1			
BAKERY - 2ND FLOOR	ID	7		GASKET	1500 SF	J				
BAKERY - 2ND FLOOR		4		TRANSITE	80 SF	7				
BAKERY - 2ND FLOOR	10	V		WIRING	3,000 LF	V	T			
BAKERY - 2ND FLOOR	10	1		PIPE & FITTING INSULATION	4,265 LF	7	T			
BAKERY - 1ST FLOOR	TO.	1		PIPE & FITTING INSULATION	175 LF	V	T			
STAIRWELL #1	TO	7		PIPE & FITTING INSULATION	10 LF	V	1			
STAIRWELL #2	10	7		PIPE & FITTING INSULATION	20 LF	7	T			
2ND FLOOR PAINT SHOP	10	7		VAT & MASTIC	1050 SF	V	1			
1ST FLOOR SHOP AREA	TO	7		DUCT INSULATION	200 SF	V	1			
1ST FLOOR SHOP AREA	10	1		PIPE & FITTING INSULATION	150 LF	V				
BAKERY - 2ND FLOOR		1		PIPE & FITTING INSULATION	2 LF			П		
BAKERY COLUMN M-5	TT	1		PIPE & FITTING INSULATION	16 LF	থ	1		Ti	
BAKERY COLUMN M-7	10	V		PIPE & FITTING INSULATION	16 LF	V	1	ī		
LADIES ANNEX	TH	[7]		VAT & MASTIC	2400 SF		\top	Ħ	十市	
COLUMN P-23	10	1	n	PIPE & FITTING INSULATION	20 LF		1	n		Th
BAKERY DRAIN LINES	11	1	Ī	PIPE & FITTING INSULATION	130 LF	V	\top			
BAKERY RACK CORRIDOR	10	1	П	PIPE & FITTING INSULATION	270 LF	[V]	1		Th	1 1
SPIRAL COOLER AREA	In	1	П	PIPE & FITTING INSULATION	300 LF		1	n		Th
BAKERY WATER LINE		V	T	PIPE & FITTING INSULATION	8 LF		\top	ħ	Th	Th
BAKERY DRAIN LINES	10	J		PIPE & FITTING INSULATION	190 LF	V	\top			1 0
2ND FLOOR SUGAR WAFER	T	1	Commen	VIBRATION CLOTHES	20 SF	V				
2ND FLOOR LOCKER ROOM		~		DUCT INSULATION	3000 SF	V	1			
2ND FLOOR OREO	T	7		PIPE & FITTING INSULATION	300 LF	V				
2ND FLOOR ICING	10	7		PIPE & FITTING INSULATION	120 LF	V	1			
2ND FLOOR LOCKER ROOM	10	7		PIPE & FITTING INSULATION	85 LF	7	T			
1ST FLOOR WATER PIPING	To	1		PIPE & FITTING INSULATION	120 LF	V				
MEZZANINE		V		PIPE & FITTING INSULATION	100 LF	V	T			
BOILER ROOM	10	7		PIPE & FITTING INSULATION	20 LF	7				
BAKERY PACKAGING	T	J		PIPE & FITTING INSULATION	20 LF	V	1			
EXTERIOR	10	V		TRANSITE WINDOW PANELS	2,000 SF	V	1			
	T						1			1 0
	10						\top			1 7
	T					n	1			
	10						1			1 7
	T	T	T					n	Th	1 1
	In	n	T			T	+	ī		TH



Linden, NJ 07036 County (6) Union Name of Monitoring Firm Hired by Building Owner (8) J&S Environmental Laboratories, LLC Street Address 2333 Route 23 West City, State, Zip Code Union, NJ 07083 Project Manager for Monitoring Firm Sherrill Gelsomino Start Date (10) 1/1 / 28 / 15 Cocupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM- PM/3:30 PM- ARROWSHAM ASCM No. Name of Abatement Contractor (9) Alliance Environmental Systems Street Address 550 East Union St. City, State, Zip Code West Chester, PA 19382 Felephone No. 610-701-9000 00508 Start Date (10) AET Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM- PM/3:30 PM- AM Retail Name of Abatement Contractor (9) Alliance Environment Usystems Street Address 550 East Union St. City, State, Zip Code West Chester, PA 19382 Fell Containment with Negative Pressure Mini-Enclosure	dings,	Y.U.	3
SPA SPA	dings,	Y.U.	3
DCA (NJAC 5:23-8)	dings,		
Cancellation	dings,		
Cancellation	dings,		
Name of Contact Edward Jaten Steward Jat	j. Age		
Cancellation	j. Age		
Name of Facility Where Abatement is Taking Place (3) St. Georges Ave. & Stiles St. Street Address St. Georges Ave. & Stiles St. Street Address St. Georges Ave. & Stiles St. City (5) Linden, NJ 07036 County (6) Union Name of Monitoring Firm Hired by Building Owner (8) J&S Environmental Laboratories, LLC NA Street Address 2333 Route 23 West City, State, Zip Code Union, NJ 07083 Project Manager for Monitoring Firm Sherrill Gelsomino Start Date (10) 1 / 28 / 15 2 / 27 / 15 Cocupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement TAM— PM3:30PM—AM Street Cotton City, State, Zip Code Media, PA 19063 Full Containment with Negative Pressure Full Containment with Negative Pressure Full Containment with Negative Pressure	j. Age		
Name of Facility Where Abatement is Taking Place (3) St. Georges Ave. & Stiles St. Street Address St. Georges Ave. & Stiles St. Street Address St. Georges Ave. & Stiles St. City (5) Linden, NJ 07036 County (6) Union Name of Monitoring Firm Hired by Building Owner (8) J&S Environmental Laboratories, LLC NA Street Address 2333 Route 23 West City, State, Zip Code Union, NJ 07083 Project Manager for Monitoring Firm Sherrill Gelsomino Start Date (10) J1 / 28 / 15 2 / 27 / 15 Cocupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement TAM— PM3:30PM— AM Type of Facility (4) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) Square Feet # of Floors # dof	j. Age		
St. Georges Ave. & Stiles St. Street Address St. Georges Ave. & Stiles St. City (5) Linden, NJ 07036 County (6) Union Name of Monitoring Firm Hired by Building Owner (8) J&S Environmental Laboratories, LLC Street Address 2333 Route 23 West City, State, Zip Code Union, NJ 07083 Project Manager for Monitoring Firm Sherrill Gelsomino Start Date (10) Start Date (10) Linden, NJ 07083 Start Date (10) Scheduled Completion Date (11) 1/ / 28 / 15	j. Age		
Street Address St. Georges Ave. & Stiles St. City (5) Linden, NJ 07036 County (6) Union Name of Monitoring Firm Hired by Building Owner (8) J&S Environmental Laboratories, LLC NA Alliance Environmental Systems Street Address 2333 Route 23 West City, State, Zip Code Union, NJ 07083 Project Manager for Monitoring Firm Sherrill Gelsomino Start Date (10) 1/1 / 28 / 15 Cocupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ZAM- PM/3:30 PM- AM City (5) Square Feet 16,000 1 - 2 45 County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Retail AsCM No. Name of Abatement Contractor (9) Alliance Environmental Systems Street Address 550 East Union St. City, State, Zip Code West Chester, PA 19382 Fellphone No. 610-701-9000 00508 Street Address 28 N. Pennel Road City, State, Zip Code Media, PA 19063 Scope of Work (Check all that apply) Scope of Work (Check all that apply) Street Address 28 N. Pennel Road City, State, Zip Code Media, PA 19063	j. Age		- 1
St. Georges Ave. & Stiles St. City (5) Linden, NJ 07036 County (6) Union Name of Monitoring Firm Hired by Building Owner (8) J&S Environmental Laboratories, LLC Street Address 2333 Route 23 West City, State, Zip Code Union, NJ 07083 Project Manager for Monitoring Firm Sherrill Gelsomino Start Date (10) 1/ / 28 / 15 Coccupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM- PM/3:30PM- AM Connty Code (7)(STATE USE ONL'Y) Cournet Use (Prior if being demolished) Retail # of Floors 16,000 1 - 2 Current Use (Prior if being demolished) Retail # of Floors 16,000 1 - 2 Current Use (Prior if being demolished) Retail # of Floors 16,000 1 - 2 Current Use (Prior if being demolished) Retail # of Floors 16,000 1 - 2 Current Use (Prior if being demolished) Retail # of Floors 16,000 1 - 2 Current Use (Prior if being demolished) Retail # of Floors 16,000 1 - 2 Current Use (Prior if being demolished) Retail # of Floors 15,000 1 - 2 Current Use (Prior if being demolished) Retail # of Floors 15,000 1 - 2 Current Use (Prior if being demolished) Retail # of Floors 15,000 1 - 2 Current Use (Prior if being demolished) Retail # of Floors 15,000 1 - 2 Current Use (Prior if being demolished) Retail # of Floors 16,000 1 - 2 Current Use (Prior Use (Prior if being demolished) Retail # of Floors 16,000 1 - 2 A	j. Age		
City (5) Linden, NJ 07036 Square Feet 16,000 # of Floors 16,000 Bldg. 45 County (6) Union County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Retail Name of Monitoring Firm Hired by Building Owner (8) ASCM No. NA Name of Abatement Contractor (9) J&S Environmental Laboratories, LLC NA Alliance Environmental Systems Street Address 2333 Route 23 West Street Address 550 East Union St. City, State, Zip Code Union, NJ 07083 West Chester, PA 19382 Project Manager for Monitoring Firm Sherrill Gelsomino Telephone No. 908-206-0073 Telephone No. 610-701-9000 License No. 00508 Start Date (10) 1/1 / 28 / 15 Scheduled Completion Date (11) AET Name of OSHA Monitor AET AET Occupancy Status During Abatement (Check only one) Important Period of Abatement Periomed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-PM/3:30PM-AM Street Address 28 N. Pennel Road 28 N. Pennel Road City, State, Zip Code Media, PA 19063 Media, PA 19063 Full Containment with Negative Pressure Scope of Work (Check all that apply) PM/3:30PM-Maintended Pressure Mini-Enclosure			
Linden, NJ 07036 County (6) Union Name of Monitoring Firm Hired by Building Owner (8) J&S Environmental Laboratories, LLC Street Address 2333 Route 23 West City, State, Zip Code Union, NJ 07083 Project Manager for Monitoring Firm Sherrill Gelsomino Start Date (10) 1/1 / 28 / 15 2 / 27 / 15 Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ZAM——PM/3:30 PM——AM County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Retail Name of Abatement Contractor (9) Alliance Environmental Systems Street Address 550 East Union St. City, State, Zip Code West Chester, PA 19382 Telephone No. 610-701-9000 00508 Start Date (10) AET Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ZAM——PM/3:30PM——AM Scope of Work (Check all that apply) Street Address 28 N. Pennel Road City, State, Zip Code Media, PA 19063 Scope of Work (Check all that apply) Retail Current Use (Prior if being demolished) Name of Abatement Contractor (9) Alliance Environment Usystems Street Address 550 East Union St. City, State, Zip Code Media, PA 19063			
County (6) Union Name of Monitoring Firm Hired by Building Owner (8) J&S Environmental Laboratories, LLC NA Alliance Environmental Systems Street Address 2333 Route 23 West City, State, Zip Code Union, NJ 07083 Project Manager for Monitoring Firm Sherrill Gelsomino Start Date (10) 1/ 28 / 15 Cocupancy Status During Abatement (Check only one) Alliance Environmental Systems Street Address 550 East Union St. City, State, Zip Code West Chester, PA 19382 Telephone No. 908-206-0073 610-701-9000 00508 Start Date (10) 1/ 28 / 15 Cocupancy Status During Abatement (Check only one) AET Occupancy Status During Abatement (Check only one) Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM- PM/3:30PM- AM Retail Name of Abatement Contractor (9) Alliance Environmental Systems Street Address 650 East Union St. City, State, Zip Code Media, PA 19063 Scope of Work (Check all that apply) ABAT Full Containment with Negative Pressure Mini-Enclosure			
Union Name of Monitoring Firm Hired by Building Owner (8) J&S Environmental Laboratories, LLC NA ASCM No. NA Alliance Environmental Systems Street Address 2333 Route 23 West City, State, Zip Code Union, NJ 07083 Project Manager for Monitoring Firm Sherrill Gelsomino Start Date (10) 1/ / 28 / 15 Cocupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AMPM/3:30PMAM Retail Name of Abatement Contractor (9) Alliance Environmental Systems Street Address 550 East Union St. City, State, Zip Code West Chester, PA 19382 Telephone No. 610-701-9000 00508 Name of OSHA Monitor AET AET Occupancy Status During Abatement (Check only one) Street Address 28 N. Pennel Road City, State, Zip Code Media, PA 19063 Scope of Work (Check all that apply) Street Address 28 N. Pennel Road City, State, Zip Code Media, PA 19063 Full Containment with Negative Pressure Mini-Enclosure			_
Name of Monitoring Firm Hired by Building Owner (8) J&S Environmental Laboratories, LLC NA Alliance Environmental Systems Street Address 2333 Route 23 West City, State, Zip Code Union, NJ 07083 Project Manager for Monitoring Firm Sherrill Gelsomino Start Date (10) 1/ 28 / 15 Cocupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM— PM/3:30 PM— AM Renovation Name of Abatement Contractor (9) Alliance Environmental Systems Street Address 550 East Union St. City, State, Zip Code West Chester, PA 19382 Telephone No. 610-701-9000 00508 Name of OSHA Monitor AET Street Address 28 N. Pennel Road City, State, Zip Code Media, PA 19063 Scope of Work (Check all that apply) □ ≥3 sf or ≥3 lf Renovation			
Street Address 2333 Route 23 West City, State, Zip Code Union, NJ 07083 Project Manager for Monitoring Firm Sherrill Gelsomino Start Date (10) 1/			_
Street Address 2333 Route 23 West City, State, Zip Code Union, NJ 07083 Project Manager for Monitoring Firm Sherrill Gelsomino Start Date (10) 1/ / 28 / 15 City, State, Zip Code West Chester, PA 19382 Telephone No. 908-206-0073 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AMPM/3:30PMAM Scope of Work (Check all that apply) Street Address Street Address 1 Telephone No. 1 Telephone No. 610-701-9000 Name of OSHA Monitor AET AET Coccupancy Status During Abatement (Check only one) Street Address 28 N. Pennel Road City, State, Zip Code Media, PA 19063 Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure			
2333 Route 23 West City, State, Zip Code Union, NJ 07083 Project Manager for Monitoring Firm Sherrill Gelsomino Start Date (10) 1/			_
City, State, Zip Code Union, NJ 07083 City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Telephone No. Sherrill Gelsomino 908-206-0073 610-701-9000 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 1/ / 28 / 15 2 / 27 / 15 AET Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 28 N. Pennel Road ☐ Abatement Performed Outside of Time of Abatement: 7AMPM/3:30PMAM City, State, Zip Code Media, PA 19063 Full Containment with Negative Pressure ☑ Scope of Work (Check all that apply) ☑ Full Containment with Negative Pressure ☑ Mini-Enclosure			
Union, NJ 07083 Project Manager for Monitoring Firm Sherrill Gelsomino Start Date (10) 1/			
Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Sherrill Gelsomino 908-206-0073 610-701-9000 00508 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor AET Occupancy Status During Abatement (Check only one) Street Address ABAT Street Address Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AMPM/3:30PMAM City, State, Zip Code Media, PA 19063 Scope of Work (Check all that apply) Full Containment with Negative Pressure Street Address 28 N. Pennel Road City, State, Zip Code Media, PA 19063			
Sherrill Gelsomino Start Date (10) 1/ 28 / 15 Coccupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM- PM/3:30PM- AM PM/3:30PM- AM Renovation PM/3:30 Full Containment with Negative Pressure Mini-Enclosure			
Streff Microsoft Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 1/			
1/			
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe ☐ Time of Abatement: 7AMAM ☐ Media, PA 19063 ☐ Scope of Work (Check all that apply) ☐ ≥3 sf or ≥3 lf ☐ Renovation ☐ Street Address 28 N. Pennel Road ☐ City, State, Zip Code Media, PA 19063 ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure			
☑ Facility Closed/Vacated During Entire Period of Abatement 28 N. Pennel Road ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AMAM City, State, Zip Code Media, PA 19063 Media, PA 19063 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ ≥3 sf or ≥3 lf ☐ Renovation			
☑ Facility Closed/Vacated During Entire Period of Abatement 28 N. Pennel Road ☐ Abatement Performed Outside of Time of Abatement: 7AMAM City, State, Zip Code Media, PA 19063 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ ≥3 sf or ≥3 lf ☐ Renovation			
Abatement Performed Outside of Time of Abatement: 7AMAM Normal Facility Hours - Describe Time of Abatement: 7AMAM City, State, Zip Code Media, PA 19063 Scope of Work (Check all that apply) ✓ Full Containment with Negative Pressure □ ≥3 sf or ≥3 lf ✓ Renovation ✓ Mini-Enclosure			
Time of Abatement: 7AMPM/3:30PMAM			
Scope of Work (Check all that apply) Scope of Work (Check all that apply) Full Containment with Negative Pressure Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure			
☐ ≥3 sf or ≥3 lf ☐ Renovation ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure			
□ ≥160 sf or ≥260 lf □ Demolition □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure			
	temen	t Tyr	oe .
Normally Beautified of	- I		the first
Asbestos-Containing Material (ACM) TO BE ABATED National Staff? Location of Description of De	Repair	Encapsulate	Enclosure
TO BE ABATED Maintenance/ (i.e., thermal systems insulation, (Specify Surfacing, VAT, or SF or LF)	ii Poce	nsa	nsc
(13) (12) other miscellaneous)	1	late	O
Yes No N/A			
Ground & 2 nd FI □ □ □ VAT 4072 SF □			
Ground & 2 nd FI			
Exterior			
Exterior			
Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill	7		
Pavid Connect Recycling Hauler ID No. Waste Western Berks Community Land	dfill		
City, State Disposal Date City, State	-		
Hatfield, PA TBD Birdsboro			
Haureid, FA		/	_
Completed by (Finit of Type)	2	/	~
Mark Griffin Estimator	3/	1)
ASB-41 MAY 11 * Do not use this form for asbestos licensure exempted activities.			

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility	YES	NO	N/A	Decription of Asbestos-Containing Material (ACM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Exterior				Flashing	8632	X			
Exterior			1		388	X			
			X			X			
-			X			X			
			X			X			
			X	. 4		X			
			X	,		\times			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X		,	X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			

Page 2 - Notification - 1/4/13

CK 1150-V

Date of Notification (1)	Name of	Building Owner/Op	perator (2) 9815	SAN 16 PM	11.0	30				
1/15/15 CK#11592 \$200	TIN	lacerich		6819	CAR IU EN	110	الموة د				
Agencies Notified Type Notification	Street A	ddress		ess were							
EPA Initial	40	of Wile	shere	- Blag.		1					
DEP Amended	City, Sta	ite, Zip Code									
DOL Amendment #	-	manta 1	Mon	Telephone Number							
☐ DOH Emergency (including justification)					Telephone Num	ber		9			
DCA Cancellation	1 AU	Alladin Chafari 424-229-3387									
	FACI	LITY INFORMATIO	NC								
Name of Facility Where Abatement is Taking Place (3)			1	Type of Facility (4	4)						
Deathers Mall				School (K-1)	2)						
Street Address				Subchapter	8 (Other than K-12) Lbuild	inas	homo	_		
1750 Deptitoral Center	2000	4	1	etc.)	rivate & commercia	ii bullu	mys,	nome	s,		
City (5)				Square Feet	# of Floors	BI	dg. A	ge			
Donatha 1				1.039 120 2 Ames 39							
County (6)	County	Code (7)	-	Current Use (Price	or if being demolish	ed)		(M)			
/ / /	(STATE	(STATE USE ONLY)									
Name of Monitoring Firm Hired by Building Owner (6)	ASCN	/ No. I	Name (of Abatement Con	tractor (9)						
		1960		-	a Tinterier	2.	j		- 1		
IPR Assiciates Inc.		1760		Address	a Jartenia	باحر	Usta	- 21 -	2-71-		
									- 1		
191-20 115 Rand Street	-			ate, Zip Code	week.		opular.	-			
City, State, Zip Code					4.50	1 (24)					
St. Albuns NY 11			エール	14014	License N	11-					
Project Manager for Monitoring Firm	Telepho								- 1		
Pasi Disah		-2824144	(TI-1C7-7666C CARP C							
The state of the s	d Completion				_						
V16/25 1/	17/120	15		2 Gradu	1	75	- C	100	Lai		
Occupancy Status During Abatement (Check Only On	e)			Address							
Facility Closed/Vacated During Entire Period of A		Į	115	1 (-000	W155						
Abatement Performed Outside of Normal Facility	Hours		City, St	ate, Zip Code							
Other - Describe:			160	Kun Kum	on 109 W	110	1				
Scope of Work (Check All That Apply)											
23 sf or ≥3 lf	enovation	ovation Full Containment with N				egative Pressure					
	emolition		-	Mini-Enclosure							
			-	Glovebag Prod	cedure d (*) and Non-Friab	le Prod	cedur	2			
		T	, E-	1 TOTI-EXCITIPACE	1 / dila reon rilas		Abate				
	Location ormally					Туре					
Location of Lico	d Solely by		scription		Amount						
Aspestos-Containing Waterial (ACW) TO BE ARATED Mai	ntenance/	(i.e. thermal		aterial (ACM)	(Specify	고	-	Enc	m		
In Facility Cust	odial Staff? (12)	surfac	cing, VA	T, or	SF or LF)	Remova	Repair	aps	Enclosure		
(13)	(12)	other m	niscellan	eous)		val	=	ncapsulate	ure		
Yes	No N/A							Ф			
Caca Sang X		F-100	- 00	lastic	700 SF	V					
Space Soo9 X		7100	1 1	iastic	700 31	1	-				
						-		_			
Name of Registered Waste Hauler	NJDEP V	Vaste Cubic	Yards	Name of	Registered Landfill	1		-	-		
A Trogisticist Waste Hadist	Hauler ID	No. of Was									
Hobestos Transportection Co.	243	10 1	0_		reiva Ent	2001	1.50	S			
City, State			sal Date	City, Stat			0.0				
Shirley , New York		1/1	7/i	5 W	34nesbu	29	. (110			
Completed by Title		S	Signature	101	Till Da	ite /	. N Sr . D				
Veranica Christian Exe	1 c . A	1 mint strator	/	× 1/	1/2 1	1/10	5/	201	5		