10 (K

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

NO CK

Date of Notification (1)			35.4	$\Box$	Name	of Building	Owner/Operator (2	2)					
	04 /	14			WAS	SHINGTO	ON TOWNSHIP S	SCHOOL DISTR	RICT LILII - I PI	4 1:5	1.		
Agencies Notified	Type Not	ification			Street	Address							
⊠ EPA	☐ Initial				30 C	HURCH	ROAD	$E^{-1}$	737 914		21		
☑ DOLWD					City, St	tate, Zip C	ode		å Li His	F - F - F - T - T - T - T - T - T - T -	7 -		
☑ DHSS		dment # <u>1</u>	•		SEW	VELL NJ	08080		CELL (SC)	litu			
☑ DCA (NJAC 5:23-8)	☐ Emerg	gency (inc cation)	cluding	-	Name	of Contact			Telephone Nun	nber			
(NJAC 3.23-0)	☐ Cance				1	10	cot in	inghan					
					FAC	1000	FORMATION	(OS LLVA)					
			Di	(0)	FAC	ILIT IN	FURIVIATION	Tune of English	'A\				
Name of Facility Where A		J.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						Type of Facility (					
WASHINGTON TOV	VNSHIP	HIGH SC	HOO		1			Subchapter 8		2)			
Street Address								Other (i.e., pr	ivate and comme		ilding	s,	
529 HURFVILLE-CR	OSS KE	YS ROA	VD					homes, etc.)		12.			
City (5)							160			1		je	
SEWELL											10+		
County (6)					Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demol	lished)			
GLOUSTER								SCHOOL					
Name of Monitoring Firm	Hired by E	Building C	wner (	8) /	ASCM I	No.	Name of Abateme	ent Contractor (9)					
HORIZON ENVIRON	MENTA	L GRP.,	INC		0007	3	DELTA/BJDS	S, INC					
Street Address							Street Address						
P.O. Box 316							1345 INDUST	RIAL BLVD					
City, State, Zip Code							City, State, Zip C	ode				1974	
WEST DEPTFORD,	NJ 0808	6											
Project Manager for Moni			-	Tele	phone I	No.	Telephone No.		License No.				
David Flanigan	itomig i iii	154		100000000000000000000000000000000000000				)	00793				
Start Date (10)		Sched	uled C	/	120 020 030								-
	14												
Occupancy Status During					ment		Marcabasco.						
						cribe	25/3/200	odo					
Time of Abatement: 7	:00AM-	PM/	11:00F	PM-	, AN	h		oue					
I Each lity Occ	NOIR	AD:	12:1	100	HUDE	to mun	N/A				-		
Scope of Work (Check al	that apply	y)		0			☑ Full Con	tainment with Neo	ative Pressure				
≥3 sf or ≥3 lf			Description of the last				☐ Mini-End	closure					
≥160 sf or ≥260 lf			☐ De	molitic	n		☐ Gloveba	g Procedure	n-Friable Proced	lure			
			1 1-	Locat	ion		☐ NOII-EXE	impled ( ) and No	Thable I loced		atom	ent T	VDE
Landin	a.f						Description (	of			-		1
Location Asbestos-Containing		ACM)	Use	d Sole	ely by	Asbe			Amount	l Ren	ép	Enc	Enclosure
TO BE ABA	ATED	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					e., thermal systems	insulation,	(Specify	Not.	air	aps	losu
IN Facili	ity		Cus	*	Stall!				SF or LF)	<u> 80</u>		ulat	Гe
(13)			Yes	No	N/A		Other misocharic	3003)				e	
NEW BOILER ROOM	(A-13)					BOILER	RINSULATION		400	$\boxtimes$			
NEW BOILER ROOM	(A-13)					BOILER	RINSULATION		200				
NEW BOILER ROOM	(A-13)		$\boxtimes$			FLOOR	TILE AND MAS	STIC	900 SF				
OLD BOILER RM(B-1	1)					BREEC	H INSULATION		200				
Name of Registered Was	070	<del></del>		1.00			Cubic Yards of	Name of Regis	stered Landfill				
SERVICE TRANSPO			;	H			Waste	MINERVA	LANDFILL				
City, State					20990	,	Disposal Date	City, State					
58 PYLES LANE, N	FW CAS	TIE DE	1972	0					BURG, OH 446	88			
	484 - 1000 - 100						Cionatura					7	
Completed By (Print or T			Square Feet										Li
DAMIAN LAVELLE	12	_ F	KOJE	U 19	iGK.		Dan	nexxa	nelle	6/	27	11	1
ASB-41										1	67	6.5	

ENDS 6-8-14

7278

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

Date of Notification (1)					N	ame of Buil	ldin	g Owner/Operator	(2)			214-10-110			
	/		14			WASHING	GT	ON TOWNSHIP	school Dist	RICTPH 1	: 31.				
	pe Noti	ficatio	n		S	reet Addres	SS							MI SALOS	0.110.20
	Initial	4-4				30 CHUR	CH	ROAD	13-10)	C LUMIT	[2]				
☑ DOLWD ☐	Amend		#		- 1	ty, State, Z	Y. Barri		& L	HSING					
	Emerg			ng		SEWELL	-	A STATE OF THE STA					()) 		
(NJAC 5:23-8)	justific	ation)		-	N	me of Con	itac	:t		Telephone					
	Cancel	llation								L _	====	B ——			
						FACILITY	' IN	IFORMATION							
Name of Facility Where Abat					1				Type of Facility						
WASHINGTON TOWNS	нчн	IGH S	SCHO	OL					School (K-12  Subchapter 8		K-12)				
Street Address 529 HURFVILLE-CROS	S KEY	'S RC	AD						Other (i.e., pr homes, etc.)	ivate and co		ial b	uildir	gs,	
City (5)				-					Square Feet	# of Floor	S	В	ldg. /	\ge	
SEWELL									>50,000	2			50		.,,,,,,,
County (6)		**************************************		7.45	C	ounty Code	e (7)	)(STATE USE ONLY)	Current Use (Pri	or if being de	emolish	ed)			
GLOUSTER									SCHOOL						
Name of Monitoring Firm Hire				(8)	1	M No.		Name of Abateme	- 72						
HORIZON ENVIRONME	NTAL	GRP.	, INC		0	073		DELTA/BJDS	, INC						
Street Address								Street Address							
P.O. Box 316							$\perp$	1345 INDUST							
City, State, Zip Code								City, State, Zip Co							
WEST DEPTFORD, NJ (				TT.	Janka	- No	4		ON, PA 18966	I Linanaa N	la .				
Project Manager for Monitoring	3 Firm					ne No. 48 0800		Telephone No. 215 322-2900		License N 00793	10.				
David Flanigan		School	dulad (			Date (11)	-	Name of OSHA M	onitor	00793					
Start Date (10)6 /16 /14						14		CRITERION L							
Occupancy Status During Aba							7	Street Address							
	ring Ent	ire Pe	eriod of	Abat	ement			3370 PROGRE	ESS DRIVE						
☐ Abatement Performed Outs Time of Abatement: 7:00A	ide of N		Facilit <u>/11:00</u>			escribe AM	T	City, State, Zip Co	de						
m	- 50	<u> </u>	11.00	- IVI-		- LIVI		BENSALEM P	A 19020				• • •		
Scope of Work (Check all that	apply)							⊠ Eull Conta	inment with Nega	tive Preceut	70				
			⊠ Re	enova	ition			☐ Mini-Enclo	osure	uve riessui	E				
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf			☐ De	emoli	ion				Procedure opted (*) and Non	Eriable Brog	codure.				
			le	Loc	ation	T		☐ Non-Exem	ipted ( ) and Non	-Friable Fiot	bedure	Δh	otom	ent T	ID0
Location of			1	Norm	ally			Description of			-		_	_	_
Asbestos-Containing Mater	al (ACN	A)			lely by ance/	l var		tos Containing Mat		Amount		Remova	Repair	Encapsulate	Enclosure
TO BE ABATED IN Facility				todia	Staff'	, (ı.	.e.,	thermal systems in surfacing, VAT,		(Specify SF or LF		oval	Ŧ	psu	unsc
(13)				(12	-	_		other miscellaneo						late	0
			Yes	No											
NEW BOILER ROOM					10	_	-	R, BREECHING	AND		_				
NEW BOILER ROOM				Ø				INSULATION						ᆜ	
NEW BOILER ROOM			10			TILE AND MAST	IC	900 SF	_						
ORIGINAL BOILER RM								IING						Ш	
	e of Registered Waste Hauler							Cubic Yards of Waste	Name of Registe						
	ERVICE TRANSPORT GROUP INC								MINERVA L	MNDLIFF					
City, State 58 PYLES LANE, NEW C	ASTLE	, DE	19720	0			1	Disposal Date	City, State WAYNESBU	RG, OH 44	1688				
Completed By (Print or Type)		Title					1	_ Signature		_	Date	1	- 1	-	
DAMIAN LAVELLE			ROJE	CTA	IGR.			Dame	in	mello	6	/4	///	4	

ASB-41 MAY 11

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

CK#260,97

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

	(Pursu	ant to NJAC 8:60-7 and 12:1:						
Date of Notification (1)		Name of Building O MERCK SHARP & D		F	)En		/E	D
6 / 27 /14		Street Address		5/25				
Agencies Notified Type Noti	fication	126 E. LINCOLN AV	ENUE, P.O. BOX	2000, RY28	.1111 -	1 6	14	
TEPA X Initia	al Notification	City, State, Zip Code			005	1 [	П	: 46
DEP Ame	ended Notification cellation	RAHWAY, NEW JEF	RSEY 07065	A-15-34	E5/€	3 Ct		「声盘!
	Hold	Name of Contact		Telephone Num	bek IC	FIRS	INC	1.01
DCA EMI	ERGENCY NOTIFICAT	ION MARY BETH BAKER	₹	=		2110	1:40	ŀ
		FACILITY INFORMATION					- 222	
Name of Facility Where Abatement is	s Taking Place (3)		Type of Facility	/ (4)				
			School (K	-12)				1
MERCK SHARP & DOHME CORPOR	ATION		Subchapte	er 8 (Other than K	-12)			- 1
			X Other (ie.	private & commcl.	bldgs.,	homes	, etc	.)
Street Address			Square Feet	# of Floors	T	Bldg.	Age	
126 EAST LINCOLN AVENUE			20,000	1		4	0	
City (5) Cou	inty (6)	County Code (7)	Current Use (Pr	ior if being demolis	shed)			
RAHWAY UNI	ON	(STATE USE ONLY)	VACANT	act turns arm <del>t</del> ermenne soo				
Name of Monitoring Firm Hired by B		ASCM No.	Name of Abate	ment Contractor	(9)			
ENVIRONMETAL HEALTH INVESTIG	ATIONS, INC.	17		MENTAL CORPO		N		
Street Address		-	Street Address					
655 WEST SHORE TRAIL			313 SPOOK RC	CK ROAD				
City, State, Zip Code			City, State, Zip C	ode		777		
	, NEW JERSEY 07871		SUFFERN, NEV	V YORK 10901				
Project Manager for Monitoring Firm	Telephone	Number	Telephone Num	ber Lice	ense Nu	mber		
WILLIAM S. KERBEL, CIH	973-729-5	649	845-369-7500	1110	)1			
Expected State Date (10)	Sched. Comple	tion Date (11)	Name of OSHA	Monitor				
7 / 11 /14	8 /	15 /14	AMERISCI LAB	ORATORIES INC	;	#114	80	
Month Day Year	Month	Day Year				**************************************		
Occupancy Status During Abatement (0			Street Address					
X Facility Closed/Vacated Dur	ing Entire Period of Aba	tement	117 EAST 30TH	ISTREET				
Abatement Performed Outs			01-01					
X Other - Describe: FRIDAY 7	AIVI-3.30PIVI/SAT URDA	AY & SUNDAY /AM-/PM	City, State, Zip C		ODK 4	2046		
Scope of Work (Check all that apply)		Full Conta	I NE ainment with Negat	W YORK, NEW Y	OKK II	010		
Demolition	Renovation	Mini-Enclo		ive Fressure				
X >3SF OR LF	Litenoration		Procedure					
>160 SF OR 260 LF			le Procedure					
Location of	Is Location	Description of As	hestos_		Τ ΔΕ	ateme	nt Tv	me
Asbestos-containing	normally used	Containing Materi		Amount		ZO I	m	
Material (ACM)	solely by	(ie. Thermal sy		(Specify	REMO	EP	N C	NO.
TO BE ABATED	Maint/Custodial	insulation, surfaci		SF or LF)	o	REPAIR	ENCAPSULE	ENCLO
in Facility (13)	Staff (12)	or other miscella			\AL	~	US	SU
	Yes No N/A						E	SURE
L. 1811 - 450 D. 1								
builidg #53 Roof -exterior pipe rack	X	Pipe Insulation		70 Ln. Ft.	X			$\vdash \vdash$
building #57 Roof-exterior pipe rack	X	Pipe Insulation		20 Ln. Ft.	x			
					+	-		$\vdash$
Manager .								
					1			
								$\sqcup$
			Manus Takan at 18					
Name of Registered Waste Hauler	NJDEP Waste	Cubic Yards of Waste	Name of Registe			×30		
FREEHOLD CARTAGE, INC.	Hauler ID No.	5		UNTY RESOURC		AGEM	ENT	SER
825 HIGHWAY 33	15939			R DRIVE/ROUTE	15	-		
City, State		Disposal Date	City, State	, DA 4775	,		1	
FREEHOLD, NEW JERSEY Completed by (Print or Type)	Title	07/12-8/15/2014	MONTGOMERY		11	_	1	/
BENJAMIN SANCHEZ	DIRECTOR OF OPER	RATIONS Signature		Date	0/7	11	19	/

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

Agencies Notified   Street Address   Str	Date of Notification (	Control of the contro				Building Owner / O						
Separation   Sep	$\frac{6}{}$ $\frac{13}{}$	2014					ssn.	573 TO V		-		
Separation   Sep	/ /	/ 						HEL.		ΞĐ		
DEP   Amended   Amendent #   Name of Contact   Elegebnore Purilish   Various   DOL   Cancellation   Emergency wjustification   Melissa Sherman   Part   Dol   Dol   Cancellation   FACILITY INFORMATION   Cancellation   FACILITY INFORMATION   Cancellation   Cancellation   FACILITY INFORMATION   Cancellation   Cancellation   FACILITY INFORMATION   Cancellation   Can		200										
DOL	DEP				St. Paul, N	N 55102	261	4 JUI -	I PH	1 - 1 - 5	0	
DOL	☑ DOH	2007-000						Telephon	Numbe	r		
Stee Address   Stee	☑ DOL			/ justification	Melissa S	herman		- L - L - E	5 0:4	T是会!		23
Street Address   Governmental Contractors (% 12)   Subchapter 8 (Other than K-12)   Street Address   Governmental Didgs, homes, etc.]   Other (l.e., private & commercial Didgs, homes, etc.)   Other (l.e., private)   Other (l.e., private		1		F	ACILITY IN	FORMATION		& LIC	ENSIN	G		
Street Address   Governmental Contractors (% 12)   Subchapter 8 (Other than K-12)   Street Address   Governmental Didgs, homes, etc.]   Other (l.e., private & commercial Didgs, homes, etc.)   Other (l.e., private)   Other (l.e., private	Name of Facility Who	ere Abateme	nt is Taking F	Place (3)		Type of Facility (4	1)					
Subchapter & (Other (Le., private & ammerical bidgs., homes, etc.)	1161 Loraine Avenue			•			•					
Other (I.e., private & commercial bidgs, homes, etc.)   City (6)   County (6)   County (Code (7)   Square Feet   \$ Of Floors   Building Age   64 yrs						☐ Schoo	I (K-12)					
Didgs, homes, etc.	Street Address											
City (6)   County (6)   County (7)   County (7)   County (8)   County (8)   County (8)   Courrent Use (Prior If being demolished)   Courrent Use (Prior If	1161 Loraine Avenue					The second of th		cmmercia				
Plainfield Middlesex   1.500   64 yrs   Current Use (Prior if being demolished)   Residential home-empty   Residential home-empty   Residential home-empty   Steve Rich Environmental Contractors d/b/a OPUS Abatement   Street Address   Street Ad	Cib. (E)	County (6)	4	County Code (	771			. 1	Building	Ago		
Current Use (Prior if being demolished) Residential home empty Name of Monitoring Firm Hired by Bild, Owner (8) Name of Monitoring Firm Hired by Bild, Owner (8) Steve Rich Environmental Contractors d/b/a OPUS Abatement City, State, Zip Code Citifon, NJ 07014  Project Mary, For Monitoring Firm Sheduled Start Date (10) 6 23 2014 6 27 2014 773-458-1188 City, State, Zip Code Citifon, NJ 07014  Name of OSHA Monitor Steve Rich Environmental Contractors d/b/a OPUS Abatement Steve Ri				County Code (	(1)		# 01 F1001	,	bulluling		rs	
Name of Monitoring Firm Hired by Bildy, Owner (8) Steve Rich Environmental Contractors d/b/a OPUS Abatement  Street Address 222 Delawanna Avenue City, State, Zip Code Ciliton, NJ 07014  Strolled Start Date (10) 6	laimod	Wilduicscx					r if being dem	olished)		0.,		
Name of Monitoring Firm Hired by Bildy. Owner (8)    ASCM NO, Name of Abatement Contractors (9)   Steve Rich Environmental Contractors d/b/a OPUS Abatement												
Street Address 222 Delawanna Avenue City, State, Zip Code Citifon, NJ 07014 City, State, Zip Code City, State Disposal Dase City, State Disposal Dase City, State Disposal City,	Name of Monitoring	Firm Hired b	y Bldg. Owne	er (8)	ASCM NO			(9)				
222 Delawanna Avenue  City, State, Zip Code  Cilifon, NJ 07014  Telephone Number  973-459-1188  Sheduled Start Date (10)  Facility Closed/Vacated During Entire Period of Abatement Performed Custode of Normal Facility    Occupancy Status During Abatement (Check Only 1)    Facility Closed/Vacated During Entire Period of Abatement Performed Custode of Normal Facility    Other - Describe:	Steve Rich Environn	nental Contra	actors d/b/a 0	OPUS Abateme	nt I	Steve Rich Enviro	onmental Cont	ractors d/l	o/a OPUS	Abate	ment	
City, State, Zip Code Ciliton, NJ 07014  Croughet Mingr. For Monitoring Firm Warren Clendenny  Sheduled Start Date (10) 6 23 2014 6 27 2014 73-458-1188 1219  Occupancy Status During Abatement (Check Only 1) Facility Closed/Yacated During Entire Period of Abatement Abatement Abatement Abatement Abatement (Check Only 1) Demoliton Other - Describe: City, State, Zip Code Cititon, NJ 07014  Telephone Number 1219  Occupancy Status During Abatement (Check Only 1) Facility Closed/Yacated During Entire Period of Abatement Abatement Abatement Abatement Abatement Abatement City, State, Zip Code Cit	Street Address					Street Address						
Clifton, NJ 07014    Clifty, State, Zip Code   Clifton, NJ 07014   Sched. Complete(in Date (11)   Telephone Number   973-458-1188   Telephone Number   973-458-1188   Telephone Number   973-458-1188   Telephone Number   1219	222 Delawanna Avent	ue eu				222 Delawanna A	venue					
Project Mngr. For Monitoring Firm	City, State, Zip Code											
Warren Clendenny   973-458-1188   Scheduled Start Date (10)   Sched. Completetion Date (11)   Pacility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility   Solety   Demolition   Demolition   Demolition   Description of Asbestos Containing   Asbestos Containing   Contai	Clifton, NJ 07014											
Sheduled Start Date (10) 6	, , ,	onitoring Fire	m		mber	Clifton, NJ 07014	ł.					
Cocupancy Status During Abatement (Check Only 1)   Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Hours - Describe:   City, State, Zip Code Clitton, NJ 07014   Steve Rich Environmental Contractors d/b/a OPUS Abatement Steve Rich Rich Rich Rich Rich Rich Rich Rich		(10)			4)	7 1 1 N 1		II 1				
Occupancy Status During Abatement (Check Only 1)    Facility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours - Describe:   Other	A				1)		er		umber			
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Other - Desc	$\frac{1-6}{23}$	/_2014	/	/ <del></del> /	_2014_	9/3-450-1100		1219				
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Other - Desc	Occupancy Status D	uring Abater	nent (Check	Only 1)		Name of OSHA M	onitor					
Abatement Performed Outside of Normal Facility   Abatement Performed Outside of Normal Facility   Abatement Performed Outside of Normal Facility   City, State, Zip Code   Cilfon, NJ 07014						Steve Rich Enviror	nmental Contra	ctors d/b/a	OPUS AL	atemer	nt	
Hours - Describe:   City, State, Zip Code		ıt				Street Address		•				
City, State, Zip Code Clifton, NJ 07014    City, State, Zip Code Clifton, NJ 07014						222 Delawanna Av	renue					
Clifton, NJ 07014   Scope of Work (Check All That Apply)						011 01 1 71 0						
Demolition	Other - De	escribe:					ode					1
Demolition    Saf or ≥3if   ≥160 sf or ≥260 lf	Scope of Work (Che	ck All That A	(ylaq			Oliton, No orona						
≥3sf or ≥3lf   ≥160 sf or ≥260 lf	22 22											
□ ≥160 sf or ≥260 lf □ Slovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure  Location of Asbestos Containing				Renovation			with Negative	Pressure				
Non-Exempted (*) and Non-Friable Procedure    Location of Asbestos Containing   Location   Normally   Material (ACM)   Amount   E   R   N   N   N   N   N   N   N   N   N							uro					
Location of Asbestos Containing Location Normally Asbestos - Containing Material (ACM) Amount E R N N N N Solety Insulation, surfacing, VAT, SF or LF) O P A L Costodial Staff (12)	☐ ≥160 SI OI	≥200 II			넘			hle Proces	lure			
Asbestos Containing Normally Normally Normally Normally Normally Normally Normally Normally Normally Naterial (ACM) Normally Naterial (ACM) Normally Normally Naterial (ACM) Normally N					U	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, =					
Normally Used (I.e., thermal systems (Specify M E C C C Sectify M E C C C C Sectify M E C C C C C Section M E C C C C C C C Section M E C C C C C C C C C C C C C C C C C C	Location o	f			Descript	ion of		Abatemer	t Type			
TO BE ABATED in Facility Solely insulation, surfacing, VAT, SF or LF) O P A L L O P A	Asbestos Conta	aining	Location	As								
in Facility (13) Solely by Maintenance/ Custodial Staff (12) Sasement YES NO N/A  Name of Registered Waste Hauler Newark Carting NJDEP Waste Cubic Hauler ID No. Yards 4509 of Waste Newark, NJ  City, State Newark, NJ  Completed by (Print or Type) Tracey O'Connell Office Manager  In Facility insulation, surfacing, VAT, SF or LF) O P A L L NA P O O A P O O O P A I S S S O O P O O P A L L NA P O O O P A I S S S O O P O O P A I S S S O O P O O O P O O O P O O P O O P O O P O O P O O P O O P O O P O O P O O P O O P O O P O O P O O P O O O P O O P O O P O O P O O P O O P O O P O O P O O O P O O P O O P O O P O O O P O O P O O P O O O P O O O P O O O P O O O P O O O P O O O P O O O O P O O P O O O P O O O O O P O			755 500				1					
(13) by Maintenance/ Custodial Staff (12)  basement YES NO N/A  Name of Registered Waste Hauler Newark Carting  NJDEP Waste Hauler ID No. 4509 of Waste Newark, NJ  City, State Newark, NJ  Title Office Manager  Or other miscellaneous)  V A P O S S S Custodial L R U U U U L R IS S S S Custodial L R U U U U L R IS S S S Custodial Staff (12)  Name of Registered Landfill IESI  City, State Disposal Date 6/25/2014  Signature Office Manager  Date Office Manager  Date Office Manager								0.000		1985	1000	
tenance/ Custodial Staff (12)  basement  YES NO N/A  Pipe insulation  Name of Registered Waste Hauler Newark Carting  NJDEP Waste Hauler ID No. 4509 of Waste  City, State Newark, NJ  Completed by (Print or Type) Tracey O'Connell  Title Office Manager  A I S S L R U U U U L R  NAME of Registered Landfill IESI  City. State Bethlehem, PA  Signature  Office Manager  Date  A I S S C IV S S C IV S S C IV State Signature  Office Manager  Date  A I S S C IV S S C IV S C IV State Signature A I S S C IV			1 Control 1 Cont				SF OF LF)					
Custodial Staff (12)  basement  YES NO N/A  Name of Registered Waste Hauler Newark Carting  NJDEP Waste Hauler ID No. Yards 4509 of Waste Newark, NJ  City, State Newark, NJ  Completed by (Print or Type) Tracey O'Connell  Cubic Yards A509 of Waste Disposal Date 6/25/2014  City. State Bethlehem, PA  Signature  Completed by (Print or Type)  Title Office Manager  Character  Character  Cubic Yards A509 of Waste  Disposal Date Bethlehem, PA  Completed by (Print or Type)  Tracey O'Connell  Completed by (Print or Type)	(13)		200 mm - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	01,	other misc	enaneous)					100	
Staff (12)  Deasement  YES NO N/A  Pipe insulation  Name of Registered Waste Hauler Newark Carting  NJDEP Waste Cubic Hauler ID No. Yards 4509 of Waste  Disposal Date 6/25/2014  Completed by (Print or Type) Tracey O'Connell  Title Office Manager  L R  NAME of Registered Landfill IESI  Signature  Signature  Office Manager  Date // Cannell									10.71	4		Ž.
Name of Registered Waste Hauler Newark Carting  NJDEP Waste Cubic Hauler ID No. 4509 of Waste  Disposal Date 6/25/2014  Completed by (Print or Type) Tracey O'Connell  Pipipe insulation  NJDEP Waste Cubic Yards IESI  Office Manager  Name of Registered Landfill  IESI  Signature  Office Manager  Date // Author Date // Auth						<u> </u>				L	R	
Name of Registered Waste Hauler Newark Carting  NJDEP Waste Cubic Hauler ID No. 4509 of Waste  City, State Newark, NJ  Disposal Date 6/25/2014  Completed by (Print or Type) Tracey O'Connell  Title Office Manager  Name of Registered Landfill IESI  Signature  Disposal Date 6/25/2014  Signature  Auclus Communication  Date Auclus Communication  Da	basement											
Name of Registered Waste Hauler Newark Carting    NJDEP Waste   Cubic   Hauler ID No.   Yards   4509   of Waste   City, State   Disposal Date   Bethlehem, PA				Pipe insulation			180 LF	7				
Newark Carting  Hauler ID No. 4509 of Waste  City, State Newark, NJ  Disposal Date 6/25/2014  Completed by (Print or Type) Tracey O'Connell  Title Office Manager  City. State Bethlehem, PA  Signature  Hauler ID No. 4509 of Waste  Disposal Date Bethlehem, PA  Signature  Hauler ID No. 4509 of Waste  Disposal Date Bethlehem, PA  Completed by (Print or Type)  Title Office Manager												
Newark Carting  Hauler ID No. 4509 of Waste  City, State Newark, NJ  Disposal Date 6/25/2014  Completed by (Print or Type) Tracey O'Connell  Title Office Manager  City. State Bethlehem, PA  Signature  Hauler ID No. 4509 of Waste  Disposal Date Bethlehem, PA  Signature  Hauler ID No. 4509 of Waste  Disposal Date Bethlehem, PA  Completed by (Print or Type)  Title Office Manager									$\perp \square$			Щ
Newark Carting  Hauler ID No. 4509 of Waste  City, State Newark, NJ  Disposal Date 6/25/2014  Completed by (Print or Type) Tracey O'Connell  Title Office Manager  City. State Bethlehem, PA  Signature  Hauler ID No. 4509 of Waste  Disposal Date Bethlehem, PA  Signature  Hauler ID No. 4509 of Waste  Disposal Date Bethlehem, PA  Completed by (Print or Type)  Title Office Manager	Name of Desisters	Wasta Usul		IN IDED Wasts	Cubia	Mama of Besister	od Landfill				Ц	ш
City, State Newark, NJ  Completed by (Print or Type) Tracey O'Connell  Tracey O'Connell  A509 of Waste  Disposal Date Bethlehem, PA  Signature  City. State  Bethlehem, PA  Signature  Auclu  Annul Date		waste Haule	er .				eu Landilli					
City, State Newark, NJ  Disposal Date Bethlehem, PA  Completed by (Print or Type) Tracey O'Connell  Disposal Date Bethlehem, PA  Signature  Auclu Cannell  Date	THOWAIN CAILING											
Newark, NJ  Date 6/25/2014  Bethlehem, PA  Completed by (Print or Type)  Tracey O'Connell  Tracey O'Connell  Date 6/25/2014  Signature  Auclu Cannell  Date / Date	City, State					City. State						
Completed by (Print or Type) Tracey O'Connell  Title Office Manager  Signature  Auclu Cannell	Newark, NJ											
Tracey O'Connell Office Manager Raceu Cannell 6/27/14	72				6/25/2014			77			1 1	/
17 Cull Conner Co ///7		or Type)				Signat	úre	711	111	Date	1_1	,
	Tracey O'Connell			Office Manager	r.	TA	Parrail	MAN	a dell	6/	2-11/0	4
	ASB-41						Ancul	11/10	1148	NI)	11/1	

#### State of New Jersey

mo 21723055391

# NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

Date of No 06/25/201						wner/Operator (2) Board of Education			The grant W	has La	Ž.		
Agencies Notified	Type Notifica	tion	Street	Addre st Way				201	4 JUL - I P	H 1:	38		
©∕ÉPA	☐ Amended		City,	State, Z	ip Code	:		44-	I TATAN		5.475.1		
Q DEP Q DOL	Zo14			of Cor	J 07747 ntact:			Telephone	Dumber: NS	274 LI 114 G	V:31		
□ DOH DDCA	justification		Mrs.	Elaine I	Badalam	enti			<b>5</b>	1110			
JE DOIL						FACILITY INFO	RMA'	TION					
Name of F	acility Ravin	e Drive	Eleme	ntary S	chool		Туре	of Facility (4):		etumbere			
170 Ravin	e Drive							nool (K-12) ochapter 8 (Other than K	-12)				
City/ (5)		Count	y (6):		Count	y Code (7):		ner (i.e., private & comm		omes, e	tc.)		
Matawan		Monn	nouth		07747		Squa	re Feet:	# of Floo	rs:			
								g. Age ent Use : School					
					Owner:	ASCM No.:		e of Abatement Contr	actor (9):				
ENVIRO	NMENTAL C	ONNE	CTION	I, INC.		00030	Ape	x Development, In	c.				-
Street Add								et Address:					
120 Nortl	h Warren Str	eet					658	Rutgers Place					
City, State	, Zip Code:						State, Zip Code:					-	
Trenton.	rt Date (10): Sche						Par	amus, NJ 07652					
Project Ma	anager for Mo	g Firm:			Telephone No.:	100 C A 100 C A	phone No.:	License No.:					
Roland C	oject Manager for Monitoring Firm oland C. Jones art Date (10): Sched					609-392-4200	(973	350-0101	01215				
Start Date 07/17/14	Roland C. Jones Start Date (10): Schedule				pletion	Date (11):	a most connecti	e of OSHA Monitor: Development, Inc.					111
Occupancy	Status During A	Abateme	nt (Chec	k only o	ne)		1.0	et Address:					
						t		Rutgers Place					
Describe:	nt Pertormed Ot	itside of	Normal	Facility	Hours			State, Zip Code: mus, NJ, 07652					
☐ Other Describe:													
	ork (Check all t	hat appl	y):					-duo					
$\square \ge 3 \text{ sf or}$ $\square \ge 160 \text{ sf}$	$0.5 \le 3 \text{ lf}$ or $0.5 \le 260 \text{ lf}$				⊉'Řeno □ Demo	vation olition		☐ Mini- ☐ Glove	ontainment with Enclosure bag Procedure xempted (*) and N				
	T. 1000			Locati		D					Abat	ement	
		aterial		Vormal d Solel		Asbestos Conta	cripti ining	Material (ACM)			13	/pe	-
	(ACM)		Ma	intena	nce/	(i.e., thermal	syste	ms insulation, AT, or	Amount	Re	w w	Enc	En
			C	ustodia Staff?				laneous)	(Specify	Removal	Repair	Encapsulat	Enclosure
٠			Vas	(12) No					SF or LF)	val	Ħ,	ulat	ure
Boiler	Room	and	res	X	N/A	Duccabina Incula	4:		250 CE	*			
				Λ		Breeching Insula	HION	40000000	250 SF				
	oiler Room and ustodial Storage					Cementitous Fitt	ting I	nsulation	80 LF	*			
Boiler		and		X		Ceiling Plaster			20 SF	*			
Custoula	i Storage												
					NJDE	P Waste Hauler ID N	lo.:	Cubic Yards	Name of Regi	stered			
		R ASS	OC., IN					of Waste; 30	MINERVA ASSOC, INC.			ERPRI	SES
City, State Bronx, NY				Dispo	sal Date	: .		City, State: Waynesburg, OH 44	688				

Completed By:
Sylvester Oracegbunam

Title:
Signature:
06/25/2014

Date:
06/25/2014

WIN JUL -1 PH 1: 38

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

Date of No 06/25/201	otification (1):		Name	e of Bu	ilding O	wner/Operator (2) Board of Education	3	E. J. S. Sandarian Company	The late of the la	V [a]	J			
Agencies Notified	Type Notificat	ion	Stree	t Addre	ess:	out of Edduction		<b>福祖</b> .	IU - I	PM I:	Co.			
☑EPA ☑DEP	☐ Amended Amendment#:		City,	State,	Zip Code				0.5	1111	<b>V</b>			
Ø DOL	☐ Emergency		Name	e of Co	ntact:	100		Telepho	ne Number:		RUT			
□ DOH □ DCA	(including justification) □ Cancellation	20	Mrs.	Elaine	Badalan	enti			<b>)</b> (4.	aiNe				
			0.000	St		FACILITY INF	ORMA	TION	-					
Name of F	acility Lloyd	Road E	lemen	tary Sc	hool			e of Facility (4):						
401 Lloyd	Road							chool (K-12) ubchapter 8 (Other than	K-12)					
City/ (5)		Count			Count	y Code (7):		ther (i.e., private & com		lings, ho	mes, e	etc.)		
Aberdeen		Monm	outh		07747		Squ	are Feet:	# c	of Floor	s:			
								g. Age						
								rent Use : School						
	Monitoring Firm					ASCM No.:	Nar	ne of Abatement Con	tractor (9):					
ENVIRO	NMENTAL CO	DNNE	CTION	, INC.		00030	Ap	ex Development, I	nc.					
Street Add	iress:							eet Address:						
120 Nort	ASSESS TO THE SECOND CONTRACTOR OF THE SECOND						65	8 Rutgers Place	•					
City, State	nton, NJ 08608 ect Manager for Monitorir							, State, Zip Code:						
Trenton	land C. Jones						Par	ramus, NJ 07652						
	nton, NJ 08608 ect Manager for Monitoring land C. Jones t Date (10):					Telephone No.:	_	ephone No.:	License	No.:				
Roland (	ect Manager for Monitoring Fir land C. Jones					609-392-4200		3) 350-0101	01215					
Start Date 07/17/14	land C. Jones  1 Date (10): Schedulec 17/14 07/25/14				npletion	Date (11):	Nar	ne of OSHA Monitor ex Development, Inc.	:					
Occupancy	Status During Al	batemer	nt (Chec	ck only	one)		_	et Address:		-				
☐ Facility C	Closed/vacated Di	uring Er	ntire Pe	riod of	Abatemen	t	658	Rutgers Place						
☐ Abatement Describe:	nt Performed Out	side of	Normal	Facility	y Hours			, State, Zip Code: amus, NJ, 07652						
☐ Other Describe:														
Scope of W	ork (Check all th	at apply	/):	0.00				-4.	0					
□ ≥ 3 sf or □ ≥ 160 sf	$\frac{5}{5} \ge 3 \text{ lf}$ for $\frac{5}{5} \ge 260 \text{ lf}$				B Reno □ Demo	vation lition		□ Mini □ Glov	Containmer i-Enclosure ebag Proce	dure				
		T	Is	Locat	ion			∪ Non-	Exempted (*	) and N	on-Fr	-	rocedi	
	ocation of		N	Vorma	lly	De	escript	ion of					/pe	
Asbestos-0	Containing Mat	terial		d Sole intena		(i.e., therm	taining al syste	Material (ACM) ems insulation,					П	-
ТО	(ACM) BE ABATED			ustodi		surfa	acing,	VAT, or	Amo		Removal	Re	Encapsulat	Enclosure
1,000,000,000	N Facility			Staff	?	other	misce	llaneous)	(Spec	No. 100	νοτ	Repair	psu	OSL
	(13)	+	Yes	(12) No	N/A				SF or	LF)	al	7	lat	Ire
BOILER	ROOM		103	X	1471	Breeching Insu	lation		200 SI	F	*			
BOILER	ILER ROOM			X		Cementitous Fi	itting l	Insulation	40 LF		*			
		red Waste Hauler: ANSFER ASSOC., INC.				P Waste Hauler ID	No.:	Cubic Yards of Waste: 30	Name o MINER	VA	tered		II: ERPR	ISES
City, State				Disp	osal Date	::		City, State:	ASSOC	, INC.				
Bronx, NY Completed					Title:		Signa	Waynesburg, OH 4		ite:				
	Oraegbunam				Presid	ent	Olgila	. Se		ne: /25/201	4			
							2							

#### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

										170	No pro. 1417				
Date of No 06/25/201	otification (1):					wner/Operator (2) Board of Education				INF	CEN	VE	D		
Agencies Notified	Type Notificat	tion	Street	Addre st Way	ss:	Journ of Education			201	4 Jl	IL-I P	) H I			
€ EPA	☐ Amended		City,	State, 2	Zip Code										
DOL.	Amendment#:  □ Emergency			deen, N	J 07747		***************************************		Telephone	Niver	1990	JNT	Maria.		
	(including		10110000000000		Badalam	enti			reiepnone	Num	PREMS	ING	100		
□ DCA	justification  □ Cancellation					***************************************						5105			
						FACILITY INFO									
Name of F	Facility Mataw	an-Ab	erdeen	Regior	al Midd	le School		of Facility (	4):						
469 Matav	wan Avenue							hool (K-12) bchapter 8 (C	Other than K-	12)					
City/ (5)		Count			Count	y Code (7):			ate & comme		ouildings, ho	mes, e	etc.)		
Cliffwoo	d	Monn	nouth		07721		Squa	are Feet:			# of Floor	rs:			
							Blds	g. Age							
							Curi	rent Use : So			14000				
	Monitoring Fin NMENTAL C				Owner:	ASCM No.: 00030	Nam	ne of Abater	ment Contra	ctor	(9):				
		OMME	CHOI	, 1110.		00030			ment, Inc					9	
Street Add	dress: h Warren Stre	eet.					Stre	et Address:							
120 14016	State, Zip Code: on, NJ 08608						658	Rutger	s Place						
City, State	e, Zip Code:							, State, Zip					-		
Trenton,	NJ 08608						Par	amus, NJ	07652						
		nitoring	g Firm:			Telephone No.:	-	phone No.:	CONTRACTOR OF MARKET	Lice	ense No.:				
Roland (	ct Manager for Monitoring Firm: and C. Jones					609-392-4200		3) 350-0101		012	15				
Start Date 07/27/14	land C. Jones t Date (10): Scheduled				npletion	Date (11):	1975-5-04-0	ne of OSHA x Developm							
Occupancy	Status During A	bateme	nt (Chec	k only	one)	VIII. 112 AL	Stree	et Address:				*********			
	Closed/vacated D					t -		Rutgers Pl					ē.		
Describe:	nt Performed Ou	tside of	Normal	Facility	Hours			, State, Zip amus, NJ, 0							
☐ Other Describe:				3-9											
15.	ork (Check all the	nat appl	y):		Ti .	0.00			EXM C	ntoir	ment with	Maga	tina Dr		
$\square \ge 3$ sf or $\square \ge 160$ sf	$r \ge 3$ lf for $\ge 260$ lf				Reno	vation olition			<ul><li>☐ Mini-E</li><li>☐ Gloveb</li></ul>	nclos	sure				
			Is	Locat	ion				LI NOIPEX	empu	cu ( ) anu i	1011-1-1	Abat	emen	
	Location of			Normal		Asbestos Cont	escripti		(ACM)				T	ype	
Aspestos-	Containing Ma (ACM)	teriai		d Sole intena		(i.e., therma	al syste	ems insulat	tion,			R		E	ᄪ
	BE ABATED		C	ustodi				VAT, or laneous)			mount Specify	Removal	Repair	Encapsulat	Enclosure
1	IN Facility (13)			Staff:							F or LF)	oval	air	sula	sur
DOM ED	272		Yes	No	N/A		al new look i noor				-78			=	· ·
	ROOM			X		Breeching Insu				57.02.65	SF	*		-	
	DILER ROOM				-	Tank Insulation	-			-	SF	*	-	-	
BUILER	DILER ROOM				-	Cementitious F	itting .	Insulation		50	LF	*		-	
Name of F	ame of Registered Waste Hauler:					P Waste Hauler ID	No ·	Cubic Ya	rde	N1	no of Deci-	100-1	lon Jr	11.	
	ne of Registered Waste Hauler: I-STATE TRANSFER ASSOC., INC.					r waste Hauter ID	140	of Waste:	71777	MI	ne of Regis NERVA SOC, INC.	stered		ii: ERPR	ISES
City, State Bronx, NY				Disp	osal Date	::		City, State Waynesb	e: urg, OH 446					()	
Completed	d By:				Title:	79	Signa				Date:			-	
Sylvester (	Oraegbunam				Presid	ent	7	120		-	06/25/201	14			

### MU 21723055424

#### State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

									D f	or.	二十八四	Pa			
Date of No 06/25/201	otification (1):		Name	e of Bu	ilding O	wner/Operator (2) Board of Education			3.7 1.		-IVL	أتسأ			
Agencies	Type Notifica	ition		t Addre		Board of Education			ness n	11	1 51/				
Notified	G-Initial			st Way					2814 JI	JL -	I PM	1:4			
E-EPA	☐ Amended Amendment#	2			Zip Code IJ 07747				w 25°	*p- y-	0 60 10	T alle are			
□ DEP	□ Emergency			e of Co					Telephone	Nor	S CUM	LEE.			-
	(including		100000000000000000000000000000000000000		Badalan	nenti			Telephone	HO.	EMPINI	3			
□ DOH □ DCA	justification  Cancellatio														
						FACILITY INFO	ORMA	TION							
Name of F	acility Strath	more E	lement	ary Sch	ool		100000000000000000000000000000000000000	of Facility	(4):		***********				
282 Churc	h Street				=80	*****		hool (K-12)	Other than K-	12)					
City/ (5)		Count	v (6):	-	Count	ty Code (7):			ate & comm		buildings, h	omes, e	etc.)		
Aberdeen		Monn			07747	.j =000 (1).		are Feet:			# of Floo				
	20										# 01 1100	rs.			
								g. Age rent Use : S	ah a a I						
Name of N	Monitoring Fir	m Hire	d by Bi	uilding	Owner:	ASCM No.:			ment Contra	actor	(9).				_
	NMENTAL C					00030					(>).				
Street Add	lress:		-				_	et Address:	pment, Inc	с.					
	h Warren Str	eet					Suc	ct Addicss.							
								Rutger							
City, State	, Zip Code:						City	, State, Zip	Code:						
	ect Manager for Monitoring Firm:						Par	amus, NJ	07652						
						Telephone No.:	Tele	phone No.		Lic	ense No.:				
	eject Manager for Monitoring Firm: Dland C. Jones					609-392-4200		3) 350-0101		012	15				
Start Date 07/10/14	(10):		Schedul 07/13/1		npletion	Date (11):		ne of OSHA x Developi							
	Status During A				one)			et Address:	1910 January Caracana						
	losed/vacated [					t		Rutgers P							
☐ Abatemer Describe:	nt Performed Ou	utside of	Norma	l Facility	/ Hours	•),	City	, State, Zip	Code:						
□ Other															
Describe:	ork (Check all t	hat anni	v):	- HATE		1							-		
$\Box \ge 3$ sf or		насаррі,	у).		☐ Reno	322					ment with	Negat	ive Pr	essure	:
□ ≥ 3 si or □ ≥ 160 sf	$0 \ge 3$ If or $0 \ge 260$ If				☐ Reno				☐ Mini-E	pag P	rocedure				
			Is	Locat	ion			<del>3703</del> 1010	□ Non-Ex	empt	ed (*) and N	Non-Fr		emen	
	ocation of		1	Vorma	lly	De Ashastas Cant	scripti	on of	(ACM)					ре	
Asbestos-(	Containing Ma	aterial		d Sole		Asbestos Cont (i.e., therma	l syste	ems insula	tion,					H	
TO I	(ACM) BE ABATED			ustodi		surfa	cing, \	√AT, or			mount	Removal	Re	Encapsulat	Enclosure
	N Facility			Staff?	?	other	miscei	laneous)			Specify	VOL	Repair	psu	osu
	(13)		Yes	(12) No	N/A					51	F or LF)	al	-	lat	re
BOILER	ROOM			X	1,7,12	Cementitous Pi	pe Ins	ulation		40	LF	*	<del> </del>		
BOILER	ROOM			X		Cementitous Fit		Control Section 17		100	) LF	*			
	BOILER ROOM >										25-251				
	ame of Registered Waste Hauler:					P Waste Hauler ID	No.:	Cubic Ya		Nar	ne of Regi:	stered	landfi	1:	-
TRI-STAT	of Registered Waste Hauler: N TATE TRANSFER ASSOC., INC.							of Waste	: 30	MI	VERVA			ERPR	ISES
City, State	:			Dispo	sal Date	<u> </u>		City, Star	e.	AS:	SOC, INC.	Olivers .			
Bronx, NY	10474			p.				Waynesb	urg, OH 44	688					
Completed				.47	Title:		Signa	ture:			Date:				
Sylvester (	Oraegbunam				Presid	ent	5	1/2			06/25/20	14			

MO 21723055435

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

					10 /00				HEC.	- 1	1 1	PA <sub>k</sub>	
	otification (1):				wner/Operator (2)						- Land	-8	
06/25/201 Agencies	Type Notification		wan-At t Addre		Board of Education			יתר	TA ttu		-		
Notified	Diffitial	0.0000000000000000000000000000000000000	st Way					75	14 JUL -	·   P	H I:	42	
E EPA	☐ Amended	The second second		Zip Code			The same story						
E DEP	Amendment#:			J 07747				11 2	ben LIC	27.	LI F	5	
DDEP DDOL	□ Emergency		e of Co			***	Telepho	one Num	bet:	ENC	1110	13.	
GDOL	(including	100		Badalan	nenti			10		F160	He		
D-DOH	justification)												
₽ DCA	☐ Cancellation												
					FACILITY INFO	ORMA	TION						
Name of I	Facility Matawan	Regional l	High Sc	chool		Type	of Facility (4):						- 2050
						□Sc	hool (K-12)						
450 Atlan	tic Avenue						bchapter 8 (Other than	K-12)					
City/ (5)	С	ounty (6):		Coun	ty Code (7):	□ Ot	her (i.e., private & cor	nmercial l	ouildings, h	omes, e	tc.)		
Aberdeen	M	Ionmouth		07747		Sau	are Feet:		# of Floo	rs.			
						Dqui	are root.		" OI I 100	13.			
							g. Age						
					12	_	ent Use : School						
	Monitoring Firm				ASCM No.:	Nan	ne of Abatement Co	ntractor	(9):				
ENVIRO	NMENTAL CON	NECTION	v, INC.		00030	Ape	ex Development,	Inc.					
Street Add	dress:						et Address:						
	th Warren Street												
						658	Rutgers Plac	e					
City, State	e, Zip Code:						, State, Zip Code:						
						100000							
	NJ 08608				m.1		amus, NJ 07652	T 7 1	NI				
Roland (	lanager for Monit	oring Firm:			Telephone No.: 609-392-4200	Tele	phone No.:	Lic	ense No.:				
Roland	C. Jones				609-392-4200		350-0101	012	15				
Start Date	e (10):			npletion	Date (11):		ne of OSHA Monito						
07/09/14		07/17/	14			Ape	x Development, Inc	,					
Occupancy	Status During Aba	tement (Che	ck only	one)		Stre	et Address:						
☐ Facility (	Closed/vacated Dur	ing Entire Pe	eriod of	Abatemer	nt	658	Rutgers Place						
	ent Performed Outsi	de of Norma	l Facilit	y Hours			, State, Zip Code:						
Describe:						Par	amus, NJ, 07652						
□ Other													
Describe:													
Scope of W	Vork (Check all that	apply):											
□ ≥ 3 sf o	r > 3 lf			□ Reno	wation			l Contair ni-Enclo	nment with	Negat	ive Pr	essure	:
□ ≥ 160 s	$f \text{ or } \ge 260 \text{ lf}$			□ Dem			□ Glo	vebag P	rocedure				
					·			-Exempt	ed (*) and l	Non-Fr			
07			Locat		D <sub>1</sub>	escript	ion of					emen ype	ι
	Location of	ial He	Norma ed Sole	lly dy by	Asbestos Con	taining	Material (ACM)			-		T	1
ASDESIOS-	-Containing Mater (ACM)	M	aintena	ince/	(i.e., therm:	al syste	ems insulation,	-		×		田田	H
TO	BE ABATED		Custod				VAT, or	1 8	mount	Removal	Repair	ıca	ncl
	IN Facility		Staff		other	misce	llaneous)		Specify	101	pai	psı	Enclosure
	(13)		(12)					S	F or LF)	/a	7	Encapsulat	ıre
		Yes	No	N/A							-	1.7	-
BOILER	R ROOM		X		Cementitous Fi	itting l	nsulation	50	LF	*			
													-
7													
			-					_					-
				1 1775	D III II	N	Tour v			ļ	1		1
	Registered Waste		NIC.	NJDI	EP Waste Hauler ID	No.:	Cubic Yards of Waste: 30		ne of Regi	stered			ione
TRI-STA	TE TRANSFER	ASSOC., I	NC.				or waste, 50		NERVA SOC, INC.		EN1	ERPR	12E2
City, Stat	e.		Dien	osal Dat	ъ.		City, State:	AS	SOC, INC.	<u> </u>			
Bronx, N			Disp	osai Dal	.с.		Waynesburg, OH	44688					
Complete		-	1	Title:	- CONTRACTOR OF THE CONTRACTOR	Signa	ature:		Date:				
	Oraegbunam			Presi		100			06/25/20	14			

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

P. C. # 2644

Date of Notification (	1) 6/25/14						Owner / Operat		781a		- V - Fr	est.		35
Agencies Notified	Type Notifica	ation			t Addre		VIUNICATION	15	2014	JIII - I	PH 1.	24		-
⊠ EPA	Type Notifice	idon.				-	AND HUNTER	STR	=FT		, ,.	4		
☐ DEP					State &			COTIC	544	W / 5 3	l fielt m	-		
⊠ DOL	Amer			5500000			NEW JERSE	Y	2	LITEN	LUNTR SIMC	母L		
□ DOH	☐ Emer	gency			of Cor					- 12	Telepho	ne N	umb	er
☐ DCA		ellation	A	(LE	BAY	LOR					€ .		ø	5.6v
					CILITY	/ INF	ORMATION							
Name of Facility Wh			lace (3)	)			Type of Fac							
SUCCASUNNA CI	ENTRAL O	FFICE					School							
Street Address									Other than K-					
144 RTE 10 & HUI	NTER STR	EET							ate & commerc		700	2	tc.)	
01. (5)			1-				Square Fee		# of Floors		Bldg. Age	9		
City (5)		County (6)	Cou	inty (	Code (7	7)	1157		1					
SUCCASUNNA		MORRIS					1		if being demoli	shed)				
		<u></u>					COMMUN					91.00		
Name of Monitoring USA ENVIRONME			ner (8)		ASC	M No.			t Contractor (9 ONMENTAL		1			
Street Address 8436 ENTERPRIS	E AVE						Street Addre		TRFFT					
City, State & Zip Coo							City, State 8			_				
PHILADELPHIA P							BRISTOL,							
Project Manager for	Monitoring F	irm	Teleph	hone	Numb	er	Telephone I			License	Number			
MARK JENKINS	460		215-3	65-5	5810		215-788-60	040			0050	9		
Scheduled Start Date	e (10)	Scheduled Cor			te (11)	0	Name of OS							
7/14/14			7/23/				_		ONMENTAL	INC				
Occupancy Status D					-t		Street Addre		FDEET					
Total Co.		Ouring Entire F					1123 BEAV							
		itside of Norm	ai Hou	rs –	ram to	3pm	City, State 8							
Describe: (							BRISTOL,	PA 19	007					
Scope of Work (Che						******								
Coope of train (one	on an triat ap	Pi37						$\boxtimes$	Full Containm	ent with I	Negative	Pres	sure	
≥3 sf or ≥3 lf			$\boxtimes$	Ren	ovation	า		×	Mini-Enclosur		-5			
≥160 sf ≥260	lf		Ħ	Den	nolition			Ħ	Glove Bag Pr	ocedures				
			-						Non-Exempte			Pro	cedu	re
	cation of			ocati			Description	on of		Amount	Aba	teme	ent T	ype
	s-Containing	3	Norm				Asbestos-Co			Specify				
	rial (ACM) E ABATED		Mainte	lely b			Material (A (i.e., thermal			F or LF)	اي	-71	Enc	Щ
	Facility		Custo			i	nsulation, surfa				Remova	Repair	Encapsulate	Enclsoure
3020	(13)			(12)			or other misce				\ \delta a	¥.	ula	oure
			Yes	No	N/A								œ.	
1ST FLOOR BATTE	ERY AREA						VAT/MAS	STIC		70 SF				
1ST FLOOR FOYER	3			X			VAT/MAS	STIC		55 SF				
1 <sup>ST</sup> FLOOR HVAC			$\boxtimes$				VAT/MAS	STIC		750 SF				
1 <sup>ST</sup> FLOOR DIESE	L ROOM						VAT/MAS	STIC		225 SF				
1 <sup>ST</sup> FLOOR FRAM	E AREA						PIPE INSUL	ATION	1	8 LF				
Name of Registered	Waste Haule	er		100000000000000000000000000000000000000	DEP W		Cubic Yards	Nam	e of Registered	d Landfill		- 0	No. 100.000	
OED) ((OE TO A) (OE	ADT ADA			0.00	uler ID	No.	of Waste		EDMA LAND					
SERVICE TRANSF	OKI GRO	UP, INC.		20	990		10		ERVA LAND	FILL				
City, State NEW CASTLE, DE	19720						Disposal Date		State / NESBURG,	OH 4468	88			
Completed By (Print				Titl	e		Signature		^ ====	1	Date		_	
PATRICK T. DeCA				PR	ROJ. N		PA: 1	11	O Core	1 ol	6/25/	14		
							Jarrick	11 "		7				

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



Date of Notification (1)					Name	of Building	Owne	r/Operator (2	2)					
6 / 2	4/	14			Arbo	or Manag	jemer	nt, LLC	7917	JUL - I PH	1 . :	0		
Agencies Notified Ty	pe Notificat	ion			Street	Address			120.17	1000 - 111		-W	172.53-	
	Initial				4 De	nny Rd.			1-1-	FALS CO	UT FA	(a)		
	Amended				City, St	ate, Zip Co	ode			& LICENSII		o- 3+		
☑ DHSS	Amendme Emergence		luding		Wiln	nington,	DE 19	9809		EE ( 1   1   1   1   1   1   1   1   1   1	7 C3			
DCA (NJAC 5:23-8)	justificatio		idding		Name	of Contact				Telephone Numb	ег			
	] Cancellati				Guy	Pollice								
					FAC	ILITY INI	FORM	MATION						
Name of Facility Where Aba	tement is Ta	aking	Place	(3)					Type of Facility (	(4)				12/2/-2
Burlington Manor Apa									☐ School (K-12					
Street Address							5 5 5 5 5 5		Subchapter 8	(Other than K-12) rivate and commen	cial bui	Idina		
255 S. Pearl St.									homes, etc.)		ciai bui	iuliigs	٥,	
City (5)			0-R-1			-			Square Feet	# of Floors	Blo	g. Ag	е	
Burlington														
County (6)	were course of the second			0	Coun	ty Code (7)	)(STATE	USE ONLY)	Current Use (Pri	or if being demolis	hed)			
Burlington						, , ,			Apartments	_				
Name of Monitoring Firm Hi	red by Build	ing O	wner (8	3)	ASCM I	No.	Name	e of Abateme	ent Contractor (9)					
Brightfields, Inc	,			'			LORDERS TO DE		VIRONMENTA					
Street Address					-			t Address						
801 Industrial St							11:	23 BEAVE	R STREET					
City, State, Zip Code		CHEL TO					City.	State, Zip Co	ode					-
Wilmington, DE 1980	1						1700	RISTOL, PA						
Project Manager for Monitor				Tele	ephone l	No.		ohone No.		License No.			-Mac	
Monty Krough					02-656			5-788-6040	)	00509				
Start Date (10)	Is	chedi	ıled Co		tion Da		Name	e of OSHA M	Monitor			100		
7 / 10 / _	1				1 / _		BR	RISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During A				200			Stree	et Address					3.55	7/2/200
☐ Facility Closed/Vacated					ment				R STREET					
☐ Abatement Performed O						cribe		State, Zip C			<u> </u>	3272		
Time of Abatement: 8:3	0AM- <u>5:30</u> P	M/	P	A	AM			RISTOL, PA						
Scope of Work (Check all th	nat apply)			-					4.000.000.000					
Coope of Work (Oncok un ti	iat appij)								tainment with Neg	gative Pressure				
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf			Re     De     De     De     Re     De     Re     De     Re     Re					☐ Mini-End	g Procedure					
☐ ≥100 Si di ≥200 li				HOIL	OII			⊠ Non-Exe	empted (*) and No	n-Friable Procedu	re			00000
				Loca							Ab	ateme	ent T	ype
Location of		.		lorma	aily ely by	A-1		Description of		Amount	Re	Re	En	E
Asbestos-Containing Ma TO BE ABATE		)			ance/			mal systems	aterial (ACM) insulation,	(Specify	Removal	Repair	cap	Enclosure
IN Facility			Cust		Staff?		su	rfacing, VAT	, or	SF or LF)	<u>a</u>	-	Encapsulate	sure
(13)			Yes	(12) No	N/A	1	othe	er miscellane	eous)				te	
		_				Dellar				120 SF	$\boxtimes$		П	
Boiler Room				$\boxtimes$		·Boiler o	cauik			120 31		=		무
											$\perp$	Ш	Ш	
					1						П	П		
Name of Registered Waste	Hauler		Ц	닉	NJDEP '	Naste	Cubi	c Yards of	Name of Regi	stered Landfill				
SERVICE TRANSPOR		INC			Hauler II	D No.	Was			LANDFILL				
The state of the s	., 51.001	,			20990	)	Dies	osal Date	City, State				_	
City, State	700						Disp	osai Date		BURG, OH 4468	8			
NEW CASTLE, DE 19		1						0:1	WATTE	10	oto .			
Completed By (Print or Typ	e)	Title						Signature	1 1.		6/2	4/	14	
Brian Scafiro		E	stima	tor	1			Grean	. Scufiro,	1	9/	/		

ASB-41 MAY 11

BS 14060

(K 1000

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

Date of Notification (1) 6/23/14				mer/Operator werage Com				0	<u> </u>	15	ena.
Agencies Notified Type Notification			Address Vilson Ave				illa Ju	L - I	P	¥ 1.	·-
EPA Initial DEP			tate, Zip Code rk, NJ 0710:				- (3 to 1)	3	ille Elle	i ja	+7
DOH justification) DCA Cancellation	ncluding	110000000000000000000000000000000000000	of Contact ony Giacalor	ne		Telepi	hone Nrm	ber.	ŧ3]	E	<del>U.</del>
		FAC	ILITY INFOR	MATION		1,					
Name of Facility Where Abatement is Taking Passaic Valley Sewerage Commiss					Type of Facility  School (K-		88-41				
Street Address 600 Wilson Ave				1	Subchapte Other (i.e. etc.)				lings,	home	es,
City (5) Newark, NJ 07105		-			Square Feet 4575	# of Fi	loors	1000	ldg. A 971	ge	
County (6) Essex			Code (7) USE ONLY)		Current Use (Pr Office/locker		demolishe	ed)			
Name of Monitoring Firm Hired by Building C Briggs Associates, Division of H&R E			M No.	5,000,000	of Abatement Co	manner of the second of the second	Danasar 2 a.		-		
Street Address 3 Crosswicks Street				Street	Address Main Street	<u> </u>		e 10			
City, State, Zip Code Bordentown, NJ 08505				4 5 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	tate, Zip Code	872					
Project Manager for Monitoring Firm Michael Hoodak			one No. 98-5520	Teleph	one No. 525-0100	L	icense No	-			
Start Date (10) 7/8/14	Scheduled C 8/1/14	Completion	Date (11)	Tige	of OSHA Monitor						
Occupancy Status During Abatement (Check	Only One)			Sho	w Desktop.scf	Street Addr	ress				
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:				City, S	Elizabeth A						
				- Lind	en, NJ 07036	<u> </u>		00-00-0			
Scope of Work (Check All That Apply)  ⇒3 sf or ≥3 If ≥160 sf or ≥260 If		ovation olition			Full Containm Mini-Enclosul Glovebag Pro Non-Exempte	re ocedure				9	
	T		T		a Non-Exemple	l ( ) and i	TOIL-I HADI		80.0	ment	
		cation nally								pe	í
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Mainte Custodi (1	olely by nance/ al Staff? 2)	(i.e. the	Description containing Nermal systems surfacing, VA ther miscellan	faterial (ACM) s insulation, T, or	Amo (Spe SF o	ecify	Removal	Repair	Encapsulate	Enclosure
Solids Handling Maintenance Bldg	X	107		ipe insulatio	nn.	300 lf					
Condo Flanding Maintenance Blag	A		Incimali	tpc msurauc	M	300 H		X			
Name of Registered Waste Hauler					· · · · · · · · · · · · · · · · · · ·						
Freehold Cartage		NJDEP V Hauler II 15939	O No.	Cubic Yards of Waste (0		Registere n Berks	d Landfill				
City, State Freehold, NJ			1000	Disposal Date 1/31/14	City, Sta Birdsb	te oro, PA 19	9508				
Completed by Michael Migliore	Title Sr Accou	ınt Mana	ger	Signature	halme	ilyse	Dat 6/2	e 3/14			
				1/100	1	Y					

(K 520713

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

				(i disdant to iv.	J.A.C. 1.20-2.12	.)		DT.	dry over \$	1/ET	<b>.</b>					
Date of Notification (1)					Name of Build	ding Owner/	Operator (2)	±16	÷	برا جنا الا	Ž					
6/30/2014	NAVFAC Mid Atlantic - Northeast IPT															
A St. CC. I		I N. 115 11			Street Address 2511 JUL - 1 FM 4: 31											
Agencies Notified		Notification	Type		Street Address 9742 Maryland Ave – Bldg. Z-144											
(X)EPA		( ) Initial No	otification		9742 Marylan	u Ave – biu										
(X)DOL		(X ) Amend		ation	City, State, Zi	p Code			- 4 L	ONTA	(日)					
(X)DOH		( ) Cancelle			Norfolk, VA 2	A CONTROL OF THE PARTY OF THE P		& L	UEN:	SING						
( ) DCA						1753E2[XXX		2000								
					Name of Cont			Tel. No	ımher							
		<u> </u>			Romeo LoGiurato											
No. of Co. Str. Add.			0)	FACILITY IN	FORMATION						- 800					
Name of Facility Where Ab P237 – VADM James H. D				Douglanmant	Type of Facilit ( ) School (K-											
Site (CSEDS)	oyle, Jr. Con	ilbat System	Liigineeniig	g Development	( ) Subchapte	*	nan K-12\									
Street Address					(X) Other (i.e			ldas hor	mes etc	2						
300 Centerton Road					(,					7514						
-					Sq. Feet 20.0	000	# of Flo	ors 2								
<u>City (5)</u>	County (6)		County C													
Moorestown	Camden		(State Us	se Only)	Bldg. Age _30			Namel	Da							
Name of Manitoring Firm L	lired by Plda	Ourpor (9)	ACCMAN		Current Use (	prior ii beirig			-	ment						
Name of Monitoring Firm F Environmental Manageme			ASCM N	<u>0.</u>			Name of Co NCM Demo			diation I	D					
Environmental Manageme	iii iiitoiriatioi	iai					INCIVI Dellio	nition and	1 IZEITIE	ulation, L						
Street Address	200000000000000000000000000000000000000				Street Addres	s										
34 East Germantown Pike,	Suite 204				395 Turner Inc	dustrial Wa	У									
									- 1200-1900							
City, State, Zip Code					City State, Zip											
East Norristown, PA 19401				Aston, PA 190												
Project Manager for Monitoring Firm Telephone N					Telephone Nu	mhar		Licons	o Numb	or	-					
David Cassenti	anig i iiii		0-277-0405			484-480-8931				<u>License Number</u> 01066						
David Gasseria					101 100 0001			01000	31000							
7).																
			Completion	Date (11)	Name of OSH			10000000	1/2007/			-70				
07/03/2014		7/15/2014			EMSL Analytic	cal										
Occupancy Status During	Nhatamant //	Chaple anhean	/4		Ctt 0 dd											
( ) Facility Closed/Vacated					Street Addres	<u>s</u>										
( ) Abatement Performed (					107 Haddon Ave											
DescribeNon Business					City, State, Zir											
					Westmont, NJ											
Other X Describe Isolate		thin regulated	area													
Source of Work (Check all	that apply)															
( ) Demolition ( X ) Ren	ovation															
(X) Large Proj. (>160 SF		CM) ( )M Pro	oi. (>25<16	0 SF or >10 <26	OLEACM) (	) Minor Pro	i. (<25 SF or	<10   F A	(CM)							
(X ) Full Containment with	Negative Pr	ressure ()	Mini-Encl		ovebag Procedu		,, ( <u></u>									
Location of Asbestos-		ation Normally		Description of	ACM (i.e.	Amount (	Specify SF or	LF)	Abater	ment Typ	<u>e</u>					
Containing Material (ACM)		by Maint./Cus	stodial	thermal system												
Facility (13)	Staff?			surfacing, VAT	, or other				Dom	Don 1	!					
Northwest Estados 187-11	_YES	NO	NA NA	miscell.)		100.05			Rem.	Rep.	Encap E	nciose				
Northeast Exterior Wall	X			Galbestos coa	ted corrugated	400 SF			X							
				metal siding						<del>                                     </del>						
							-									
Name of Reg. Waste Haule	er	NJDEP Was	ste Hauler I	D#	Cubic Yards o	f Waste		Name	of Reg.	Landfill						
Service Transport Group		A901	#20990 / S	W2117	3			Miner	-							
City, State					4		Disp. Date									
New Castle, DE					1		7/12/2014		V	Waynesb	oro, OH					
Completed by (Print or Typ	e)	Title			Signature			Date								
Richard P. Semega, Jr.	~7		ranch Mana	ager				6/30/20	)14							
and the second contract of the second of the				,	(1/-)				w.dowd43							

Notification of Demo	lition or Renovation(c	ontinued)		
X. Description of Planned siding.	Demolition or Renovation Work	k and Methods to be	Used: Re	emoval of 400 sf <b>of galbestos</b>
XI. Description of Enginee	ering Controls and Work Practic	es to be Used to Co	ntrol Emmisi	ions of Asbestos at the
Demolition or Renovation wrapping.	Site: Regulated work area, w	vet removal methods	s, HEPA filtra	tion equipment, wet material and
XII. Waste Transporter#1	Service Transport Group			
Address: 58 Pyles Lane				
City: New Castle	County: New Castle		State: DE	Zip: 19720
Contact: Randy Bridges			Telephone: 87	77-999-9559
Waste Transporter#2 S	Same as #1			
Address				
City	County		State	Zip
Contact			Telephone	
XIII. Waste Disposal Site	Minerva Landfill		EPA Certificat	tion Number: P0104984
Address: 8955 Minerva Road				
City: Waynesburg	County:		State: OH	Zip: 44688
Contact:			Telephone: 33	30-866-3435
XIV. If the Demolition was	Ordered by a Government Agei	ncy, Please Identify	the Agency E	Below:
Name		Title		
Authority			7700	
Date of Order (MM/DD/YY)		Date Ordered	to Begin (MM/DD/	YY)
XV. For Emergency Renov	ations:		The state of the same of the same of	
DATE and HOUR of Emergency: (M	M/DD/YY)	(HH:MM)		
Description of SUDDEN, UNEXPEC	TED EVENT			
Explanation of how the Event cause	ed unsafe conditions, or a serious disrupt	ion of industrial operation	s	
XVI. Description of Proced	lures to Be Followed in the Ever	nt that Unexpected	Asbestos is F	ound, or that Previously Non-
Fiable Asbestos Material B alert generator	Becomes Crumbled, Pulverized	or Reduced to Powe	der Segregat	e area, wet matrials, post signs,
0.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00				
During the Demolition or R	idual, Trained in the Provisions Renovation, and that Evidence t r Inspection During Normal Bus	hat the Required Tra	aining has Be	en Accomplished by this
	3	X	A CONTRACTOR OF THE PROPERTY O	
	Sign	nature of Owner/Operator)	(D	Pate) 06-30-2014
XVIII. I Certify that the Abo	ve Information is Correct	21		
	_	191	4.2	
	(Sign	iaure of Cwher/Cherator)	(1)	ate) 06-30-2014

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

Date of Notification (1) 6/30/14		Name of Building Owner/Operator (2) Princeton University, Facilities Procurement Office														
Agencies Notified	Type Notification			Street Address EA McMillan Building City, State, Zip Code Princeton, NJ 08544							2014 JUL - I PM 4:					
EPA  DEP  DOL	Initial Amended Amendment	#	-								A SEESTES CONTROL					
⊠ DOH	Emergency (	including		Name of	f Contact					Tele	ephone Nu	mber.	157	46		
DCA	Cancellation			Bob O						\$	į	4				
Name of Facility Where	Abstract is Takin	DI (2)		FACI	LITY INF	ORMAT	ION	-								
Name of Facility Where Residence	Abatement is Takin	g Place (3)						Туре	of Facility School (K-	12)						
Street Address 143 Hartley Avenu	ie							×	Subchapte Other (i.e.   etc.)				dings	, hom	es,	
City (5) Princeton	5		- China	New York			Squa 160	are Feet	# of 2	Floors	10.00	3ldg. <i>1</i> 59	Age			
County (6) Mercer	15				Code (7) USE ONLY	n			ent Use (Pri			hed)				
Name of Monitoring Fire Pennoni Associate		Owner (8)		ASCN	No.			of Aba	atement Co							
Street Address							Street	Addre	ess							
515 Grove Street, City, State, Zip Code	Suite 1B		23.5		-		0.000		ncoln Hig Zip Code	hway,	Suite 50	0				
Haddon Heights, N			- 1 -		Exton, PA 19341											
R. Alan Lloyd		Telephone No. 856-547-0505			Telephone No. 484-872-8884			License No. 01161								
Start Date (10) 7/14/14		Scheduled 8/1/14	Com	completion Date (11) Name EMS					ne of OSHA Monitor MSL							
Occupancy Status Durin		824	<u> </u>				Street 200 I		ss 130 North	1						
Abatement Perform	cated During Entire F ned Outside of Norm Hours - 8 arn - 4:30 p	al Facility	oatem Hours	ent			City, S	tate, Z	Zip Code					<u> </u>		
Scope of Work (Check							Cinn	amin	son, NJ	08077						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Browning.	enovat				×	Mi Gl	III Containm ni-Enclosure ovebag Pro	e cedure				12:		
		ls I	ocatio	on				1 140	n-Exempte	J ( ) and	non-rnac	T Pro	W 100 100 100	emen	1	
Location of  Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  Not Used S Maint Custod				ormally if Solely by intenance/ ordial Staff?  (12)  Asbestos Co (i.e. therm sur				escription of ntaining Material (ACM) al systems insulation, acing, VAT, or miscellaneous)			Amount (Specify SF or LF)		Ty Repair	e Encapsulate	Enclosure	
		Yes	No	N/A								Removal		ate	œ.	
Heater F				х		Flu	ie Pato	h		3 sf		x				
Outside	220000000			Х		Caulk @ AC unit					х					
Interior Walls / Ceiling				Х	Joii	nt Com	pound	on G	SWB	69	6910 sf x					
Name of Registered Wa Waste Managemen City, State			20000	DEP Water ID I		Cubic of Was 40			Name of GROW	S	red Landfill					
Trenton, NJ						TBD			Morrisv	ille, PA	4					
Completed by Jack Bally		Title Sr. Pro	ject	Manag	ger	S	ignature	u L	Zall.	Date 6/30/14						
ASB-41 (R-06-08)	35						0	t use t	this form for	asbesto	os licensur	e exem	npted	activit	ties.	

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) Name of Building Owner / Operator (2) Date of Notification (1) Pennsauken Board of Education 06/ 30 14 Street Address Type of Notification Agencies Notified 1695 Hylton Road **EPA** Initial City, State, Zip Code 1 Amended Pennsauken, NJ 08110 1 DOH Amendment # Name of Contact Telephone Number 4 DOL Emergency w/ justification Mr. Jack Killion e. Cancellation CHITCHES **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) H.M. Phifer Middle School 1 School (K-12) Street Address Subchapter 8 (Other than K-12) 8201 Park Avenue Other (l.e., private & cmmercial bldgs., homes, etc.) City (5) County (6) County Code (7) # Of Floors **Building Age** Square Feet Pennsauken Camden 5.000 40 + Current Use (Prior if being demolished) ASCM NO Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) Arcadis U. S, Inc LVI Environmental Services Inc. Street Address Street Address 35 Columbia Road City, State, Zip Code 32 Williams Parkway Branchburg, NJ 08876 City, State, Zip Code Project Mngr. For Monitoring Firm Telephone Number David Hilinski 908-526-1000 East Hanover NJ. 07936 Sheduled Start Date (10) Sched. Completetion Date (11) Telephone Number License Number 07 09 07 14 973-772-3660 00117 Occupancy Status During Abatement (Check Only 1) Name of OSHA Monitor Facility Closed/Vacated During Entire Period of LVI Environmental Services 1 Street Address Abatement Abatement Performed Outside of Normal Facility Hours - Describe: 32 Williams Parkway 1 Other - Describe: MON-FRI. City, State, Zip Code 7:00AM-3:30PM East Hanover, NJ. 07936 Scope of Work (Check All That Apply) Demolition Full Containment with Negative Pressure 1 Renovation >3sf or >3lf Mini - Enclosure N ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Location of ls Description of Abatement Type Asbestos Containing Location Asbestos - Containing R Material (ACM) Normally Material (ACM) Amount E R N C C TO BE ABATED Used (I.e., thermal systems (Specify M E in Facility Solely insulation, surfacing, VAT, SF or LF) 0 P L (13)by Mainor other miscellaneous) V 0 A S S tenance/ A Custodial R U U Staff (12) R YES NO N/A Multi purpose room kitchen Vat and mastic 5500 NJDEP Waste Cubic Name of Registered Waste Hauler Name of Registered Landfill Service Transport Group Hauler ID No. Yards Minerva Landfill 58 Pyles Lane SW2117 of Waste City, State Disposal City. State New Castle, DE. Date 8955 Minerva Poad 07/20/14 Waynesburg, OH. 44688 Signature Completed by (Print or Type) Gary Bowman Project Manager 06/30/14

D&S Proj. #: 2014-257

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

RECSIVED

											-	e tone	أنست				
Date of Notification	1/14			uilding Own	er/Operator (2)	)			28	14 JUL	-1	PH L	ı: [	0			
Agencies Notified EPA	Type Notificat	tion	Street Addr	ess			ETUES CUNTREL										
☐ DEP	Amended		City, State,	HALLA V		& THE PROING											
<b>⊠</b> DOL	Amendment #:																
☑ DOH	Emergency (including			IA, NJ 07	77.												
-	justification)		Name of Co	ntact	relepho	none Number											
☐ DCA	☐ Cancellation	n	PETER	LATIME	ER				_	~ <del>*   100</del>							
*				FAC	ILITY INFORM	IATION	Y.										
Name of facility wi	here abatement	is taking p	lace (3)					Тур	oe of Facility		X.						
PETER LATIM	//ED								=	ool (K - 12	***						
Street Address	TER .							-		hapter 8 ( r (Private/0			-12)				
Oli COL Aldal Coo								11		./Homes,		rciai					
31 VALHALL	A WAY							Sc	quare Feet	# of Floo	ors	BI	dg. A	\ge			
City (5)		Cor	unty (6)				nty Code (7)	TI L_									
VERONA		ES	SSEX			(Star	te use only)	C	urrent Use (	Prior if bei	ng den	nolish	ed)				
Name of Monitorin	g Firm Hired by	Bldg. Ow	ner (8)		ASCM No.		Name of Abatem	ent Contr	ractor (9)								
							D & S REST	ORATIO	ON, INC.								
Street Address							Street Address										
							20 California	a Ave.									
City, State, Zip Coo	le						City, State, Zip Co	ode									
							Paterson, N.	J 07503									
Project Manager for Monitoring Firm			PI	none Numb	oer		Telephone Numb			License	e Numl	oer					
				973-345-8020								01169					
Start Date (10)		Sche	ed. Completi	on Date (1	Date (11) Name of OSHA Monitor												
07/08/14		07.0		D & S Restoration, Inc.								-					
Occupancy Status I	During Abatama		25/14	****		_	Street Address										
	d/vacated during			amont			20 California		2								
Abatement pe	erformed outside						City, State, Zip C	ode									
Describe:  Other-Descri	NORMAL H	IOURS				-11	Paterson, N.	1 07503									
Scope of Work (ch							r aterson, IV.										
>3 sf or >3 lf		202	• an An					=	Containment enclosure	w/negativ	e press	sure					
		Renovat							ebag proced	ure							
≥160 sf or ≥2	260 If	Demolition						- Commence	Exempted (*			_	edure	Э			
Location of			on normally tenance/cus								R   e	R	E	E			
asbestos-cor material (acm		staff(12		noulai			sbestos-containin	g	Amount (Specify	SF or	m	p.	n	n			
abated in fac		Yes	No	N/A	material (	(ACIVI)			LF)	J. J.	O V	a	a	L			
				13//			<u> </u>				e	r	р				
BASEMENT			LX		PIPE INSU	LATI	ON	9	90 L FT			Щ	Ш				
											-10	Ш	Ш	10			
												Ш	Ш				
														Ш			
						***************************************			NAME OF THE OWNER O								
Registered Waste F D & S RESTOR			DEP Hauler 506	100	Subic Yards of V 1 YD	Waste	Name of Registe TULLYTOW			ECOVE	RY						
City, State				Disposal D			City, State										
PATERSON, N				07/09/1			TULLYTOV	VN, PA						-			
Completed by (Print		Title	DED YOU		Signature					Date	1001			150111.5103			
BOGDAN JOLI	DZIC	PRESI		for ashast	os licensure ex	empto:	1 activities			06/24	72014	_					
ASB-41		טווטנ ע	oc uno iuiti	ivi aspesti	us iiudiibuld ex	CHIDLEC	activities.										

D&S Proj. #: 2014-256

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

								REO	FIVE	30			
Date of Notification (1)	Na	ame of Build	ding Owner	Operator (2)						- Park			
0 6 / 2 4 / 1 4		GERARD	COONE	Y			28	14.1111 _	I DM				
Agencies Notified Type Notifica	41	reet Addres								4.1			
EPA Initial Amended		17 SAND	HILL RO	AD			É.	Jac STA	S POSE	Taken			
DEP Amendment	<del> </del>	ity, State, Zi	Company of the second s				E LICENSING						
☑ DOL ☐ Emergence		ANNANI	DALE, N	08801						₫			
DOH (including	Na	me of Cont		100				Telephor	e Numbe	r			
justification		GERARI	COONE	Y .				۲	<b>a</b>				
Cancellation	on	GLICARG			TION			-1					
		(0)	FACIL	ITY INFORMA	ATION		TTvn	e of Facility	(4)				
Name of facility where abatemen	t is taking pla	ce (3)					''yp	School	K - 12	)			
GERARD COONEY									apter 8 (0			12)	
Street Address									(Private/C /Homes,		cial		
17 SAND HILL ROAD							Sq		# of Floo		Blo	lg. Ag	е
City (5)	Coun	ty (6)			Coun	ty Code (7)	1   '						
City (c)						use only)	Ci	urrent Use (F	rior if bei	ng dem	olishe	d)	
ANNANDALE		NTERDO	N				Ш_						_
Name of Monitoring Firm Hired b	y Bldg. Owne	r (8)		ASCM No.		Name of Abateme	ent Contr	actor (9)					
					_	D & S RESTO	ORATIO	ON, INC.					
Street Address						Street Address							
<u> </u>					_	20 California						-	
City, State, Zip Code						City, State, Zip Co							
		Tai				Paterson, NJ Telephone Number			TLicense	e Numb	er	_	
Project Manager for Monitoring Fi	rm	Pho	one Numbe	er		973-345-80				01169	OI.		
					-	Name of OSHA N							
Start Date (10)	Sched	. Completio	n Date (11	)		D & S Resto	ration, I	nc.					
07/07/14	07/25	5/14				Street Address							
Occupancy Status During Abatem						20 California	Avenue	e					
Facility closed/vacated during	ng entire perio	od of abater	ment.			City, State, Zip Co	ode						
Abatement performed outsi Describe:		lacility flour	5-		_		. 05.500						
Other-Describe: NORMAL	HOURS				- 11	Paterson, NJ							
Scope of Work (check all that ap	ply)							Containment	w/negativ	e press	ure		
$\boxtimes$ >3 sf or >3 lf	Renovation	n						enclosure ebag proced	ure				
≥160 sf or ≥260 lf	Demolition	1		2007				Exempted (*				_	
Location of		n normally u								e e	R	E n	Е
asbestos-containing material (acm) to be	staff(12)	enance/cust	Juidi	505500 (05000)		bestos-containin	g	Amount (Specify	SF or	m	р	С	n
abated in facility (13)	Yes	No	N/A	material	(ACIVI)		- 1	LF)		v	a i	a p	Ľ
2 V V	. 55		13//3		T	ON		AE T TOT		e	-	-	<del> </del>
BASEMENT				PIPE INSU		**		45 L FT			片	片	片
BASEMENT		LX_		CHIMNEY	PACI	ZING		1 SQ FT			片	片	片
						THE CONTRACTOR			+	++	片	片	+
										ᆛ	片	片	H
Barrier Waste Harden	11115	ED L'auta	D# 10	ubic Yards of	Wasto	Name of Registe	ered Lan	dfill		_		Ш	
Registered Waste Hauler D & S RESTORATION, IN		EP Hauler I 506		YD	vvdsic	TULLYTOW	VN, RES	SOURCE R	ECOVE	ERY			
City, State			Disposal D	The second secon		City, State	and the second				10000		
PATERSON, NJ 07503			07/02/1			TULLYTOV	WN, PA						
Completed by (Print or Type)	Title			Signature					Date	. 15 0	-		
BOGDAN JOLDZIC	PRESID								06/2	4/2014			
ACR A1	* Do not us	e this form	for asbesto	s licensure ex	kempted	d activities.							