Date of Notification (1)				Name of	Building () Owner	Operator (2)	4, 11, 64					
Jun	e 30, 2014		Δ	cuteca	ire									
Agencies Notified	Type Notification	- 54		Street A	ddress									
⊠ EPA	Initial		5	00 Rive	er Ave			2f14 JUI	7 AMI	1:5	7			
DEP	Amended			City, Sta	te, Zip Co	de								
DOL	Amendment #		- L	akewo	od, NJ 0	8701	1	1.0 T. N.	All Atomi	1150	į.			
□ DOH	justification)	cruding	1	Name of	Contact			ć. l	Telephone	Numi	per			
DCA	Cancellation		J	oel Go	ldberg			S.Au. B	8					
			11 20	FACI	LITY INFO	RMA								
Name of Facility Where	Abatement is Taking	Place (3)						Type of Facility ((4)					
new medical center								School (K-1						
Street Address									8 (Other than private & comm			linge	home	20
1075 Stephenson Av	ve							etc.)	onvate a comm	iciciai	Duit	ilings,	поппе	55,
City (5)								Square Feet	# of Floors		В	ldg. A	ge	
Oceanport, NJ														
County (6)				County C				Current Use (Pri-	or if being dem	olishe	ed)			
Monmouth					JSE ONLY)				empt	у				
Name of Monitoring Firm	n Hired by Building O	wner (8)		ASCM	l No.		Name o	of Abatement Cor	ntractor (9)					
AET							The MA	ACK Group, L	LC.					
Street Address		5.50					Street A	Address						
222 Church Road							1500 K	ings HWY N,	STE 209					
City, State, Zip Code							City, St.	ate, Zip Code						
Bridgewater, NJ 088	807						Cherry	Hill, NJ 0803	4					
Project Manager for Mor	nitoring Firm			Telephor	ne No.		Telepho	one No.	Licen	se No				
Eric Houseknecht			9	08-296	5-1132		(877)7	59 - MACK	0078	1				
Start Date (10)		Scheduled	Con	npletion [Date (11)		Name o	f OSHA Monitor						
7/1/14	1			8/1/14			The MA	ACK Group, L	LC.				N	
Occupancy Status Durin	g Abatement (Check	Only One)				Street A	Address						
Facility Closed/Vac	cated During Entire Pe	eriod of Al	aten	nent			1500 K	ings HWY N,	STE 209					
Abatement Perform Other - Describe:	ned Outside of Norma	I Facility I	Hours	5			City, St	ate, Zip Code						
Other Describe.						-	Cherry	Hill, NJ 0803	4					
Scope of Work (Check A	All That Apply)	547 C 10140												
≥3 sf or ≥3 lf		X Re	nova	tion			2	Full Containm	ent with Negat	ive Pr	essur	е		
≥160 sf or ≥260 lf		De	molit	ion			R	Mini-Enclosure						
							۲	Glovebag Pro-		iable F	roce	dure		
		lo I	.ocati	on							7		emen	t
Locatio	n of	1100000	ormal			-	Description	-f				Ту	ре	
Asbestos-Containing		Used			Asbest			aterial (ACM)	Amount				m	
TO BE AB		Custo	itenai		(i.e.		al systems		(Specify		Re	ת	nca	Enc
In Faci	12005	0000	(12)		8		facing, VAT r miscellane		SF or LF)		Remova	Repair	Sde	Enclosure
(10)				T		otrici	moodian	,003)			val	air	Encapsulate	ure
		Yes	No	N/A					Description					
throughou	it 1st fl	X				pip	e insulat	ion	450 If		X			

	-		-										-	
		2												
Name of Registered Wa	ste Hauler		3899	IJ DEP W lauler ID		1/53/050000	ic Yards /aste	Name of	Registered Lar	ndfill				
Asbestos Transporta	ation Co			SW2		01 1/1	4.5	Minerya	Enterprises					
City, State				5 11 2	103	Disr	osal Date	City, Stat				-		-
Yaphank, NY							8/1/14	0.000 CO	burg, OH					
Completed by		Title		-			Signature		burg, Orr	Date	9			
Mike Cooper		Preside	nt				The 1	1/-	/	6/30				
winc Goopei		I reside	HIL							0/30	/ 14			

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

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

236-NJ-14

Date of Notification (1) 06/27/2014			Name BMS		ling Owner/Op	erator (2)	9	254 110	_		
Agencies Notified	Notification Ty	rpe		Street	Addres	s ane – Suite 5	509		M JUL	-/	AM I	:
() EPA () DEP (x) DOL (x) DOH	() Initial Notif (X) Amended Amendme () Emergenc	nt # 1 y (includ	ing	New `	State, Zi York, N	IY 10038			å [] Tel Nu		un. IM	Řŧ
() DCA	justificatio () Cancellatio			Mike	Dennel	hy						
		T-1d-	Diago (TY INF	ORMATION	Type of F	acility (4)				
Name of Facility Who Rockaway Project Street Address 63 E Main Street	ere Abatement i	s raking	Place (#1 10 10 10 10 10 10 10 10 10 10 10 10 10	() School () Subch (x) Other	0.707,000 100	than K-12 commerc	al build		
City (5)			-				Square F	eet # of F	Floors	Bldg.	Age	
County (6) Morris					y Code	(7) (STATE	Current U	lse (Prior if beir	ng demol	ished)		
Name of Monitoring	Firm Hired by Bl	dg. Own	er (8)	ASCN			of Contracto Sons, LLC	r (9)				
Street Address						Street A	Address ver Drive					
City, State, Zip Code							ate, Zip Cod d, NJ 0702					
Project Manager for	Monitoring Firm	Tele	phone I	Number			one Numbe 85-9791		License 01191		er	
Scheduled Start Date Job in Hold 06/30/			duled Co		n Date (1 /2014	Name of Testor	of OSHA Mo Tech	onitor				
Occupancy Status D		t (Check	only or	ne)			Address					
(x) Facility Closed/Va () Abatement Perfo () Other – Describe	rmed Outside of	ntire Per Normal	iod of A Facility	bateme Hours	ent	City, St	Jackson A ate, Zip Co sland City,					
Source of Work (Che (x) \geq 3 sf or \geq 3 lf (x) \geq 160 sf or \geq 260		(x) R	tenovati Demolitic			() Mi () Gl	ni-Enclosur				e _	
			Locati						A	bateme	nt Ty	эе
Location Asbestos-Contain (ACM TO BE AB in Faci (13)	ning Material I) ATED lity	Ma	rmally L Solely b aintenar stodial S (12)	y nce/	Conta ther	escription of As ining Material mal systems in infacing, VAT, of miscellaneo	(ACM) (i.e. nsulation, or other	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A				4 700 05	X			_
Basement				X	VAT			1,732 SF 270 SF	^ 	_		
1 st Floor		X	VAI	·		27001						
Name of Reg. Waste	P Waste		r ID#	Cubic Yards		Name of Reg. G.R.O.W.S.	Landfill Waste	Manac	eme	nt		
Cid & Sons, LLC			32	905		Disposal Dat	te	City, State Morrisville, F				
Garfield, NJ Completed by Roque Schipilliti	Title Jr. Pr	oject M	anagei		Sign	lature Poor	re Hode	Was	Date	6/27/2	014	

Date of Notification (1)		ζ. Δ.		Name of Building Ov MERCK SHARP & DO				11	1 5		-
6 / 30 /14				Street Address		2114	[] []		Section and	200	
Agencies Notified Type Notific	ation			126 E. LINCOLN AVE	NUE, P.O. BOX 2	2000, RY28-4		-/	AM	11:	48
EPA Initial DEP X Amen X DOL Cance	Notification ded Notifica ellation	ation#	1	City, State, Zip Code RAHWAY, NEW JER		Č Telephone	E LI),EH	C (*). 3/4		5L
	RGENCY N	OTIFIC	ATIO			Treiebriene .					
			FA	CILITY INFORMATION							
Name of Facility Where Abatement is	Taking Pla	ce (3)			Type of Facility School (K-						
MERCK SHARP & DOHME CORPORA	TION				Subchapte	r 8 (Other th	an K-1	2)	· marked at the		,
					X Other (ie. Square Feet	# of Floo		ldgs.,	Blda	Age	3.)
Street Address 126 EAST LINCOLN AVENUE - BUILDI	NG 97 CO	MPLEX	, BLD	G 97, 97A,97B	44,622	3			50 CO 100 CO	6	
City (5) Cour	ity (6)		T	County Code (7)	Current Use (Pri	or if being de	emolish	ned)			
Name of Monitoring Firm Hired by Bu		or /0\		(STATE USE ONLY) ASCM No.	VACANT Name of Abate	ment Contra	actor (9)		_	
ENVIRONMETAL HEALTH INVESTIGA				17	PAR ENVIRON				N		
Street Address					Street Address 313 SPOOK RC	OCK BOAD					
655 WEST SHORE TRAIL City, State, Zip Code					City, State, Zip C					_	_
	NEW JERS	SEY 078	371		SUFFERN, NEV						
Project Manager for Monitoring Firm				lumber	Telephone Num	ber	Licens	se Nu	mber		
WILLIAM S. KERBEL, CIH	Cobe	973-72		19 on Date (11)	845-369-7500 Name of OSHA	Monitor	1101	_	-		
Expected State Date (10) 5 / 19 /14	Suite	10 /		30 /14	AMERISCI LAB		SINC		#11	480	
Month Day Year		onth		Day Year	Street Address						-
Occupancy Status During Abatement (C X Facility Closed/Vacated Durin	ng Entire Pe	eriod of	Abate	ment	117 EAST 30TH	STREET					
Abatement Performed Outsic X Other - Describe: MON	le of Norma				City, State, Zip C	Code					
						W YORK, NE		RK1	0016		
Scope of Work (Check all that apply) X Demolition	Reno	vation		X Full Conta	ainment with Nega os.	ive Pressure	•				
>3SF OR LF		7441011		X Glovebag	Procedure						
X >160 SF OR 260 LF					le Procedure	Τ		Λ.	patem	ont T	WD6
Location of Asbestos-containing		Location mally us	0.0	Description of As Containing Materi		Amour	nt			Щ	
Material (ACM)		solely by	1	(ie. Thermal sy	stems	(Speci	fy	REMOV.	REPAIR	ENCAPS	ENCLOS
TO BE ABATED	1.0000000000000000000000000000000000000	nt/Custo	2011/01/01/01	insulation, surfac		SF or L	.F))VAL	코	PSI	SC
in Facility (13)	Yes	taff (12	V/A	or other miscella	aneous)					ULE	URE
BLDG. 97				PIPE INSULATION		1,080 LF		X			
BLDG 97 B 1ST FLOOR				PIPE INSULATION		12 LF		X			
BLDG. 97 A-THROUGHOUT				PIPE INSULATION	No.	2,950 LF		Х			
BLDG 97-3RD FLOOR			x	VAT & MASTIC		1,015 SF		X			
BLDG 97 -FIRST FLOOR			X	MASTIC ON TANK INSUL	ATION SEAMS	345 SF					
COMPLEX 97A-THROUGHOUT			x	MASTIC ON TANK INSUL	ATION SEAMS	1,030 SF		Χ			_
COMPLEX 97-ROOF			x	DUCT INSULATION		270 SF		Х			
COMPLEX 97-ROOF			x	BUILT UP ROOF FLASHII	NG	7,500 SF		X			
BLDG 97 B ROOF			X	ROOF FLASHING		1,450 SF		X			_
BLDG 97 SOUTH STAIRS			x	FIRE DOORS (6)		120 SF		Х			_
BLDG. 97 A -3RD FLOOR			-	DUCT FLANGE CAULK		7 SF		X			_
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.		EP Wa	3.000	Cubic Yards of Waste 120	Name of Regist LYCOMING CO	DUNTY RES	OURC	E MA	NAG	EME	VT SE
825 HIGHWAY 33		15939		Di	447 ALEXANDI			15			
City, State FREEHOLD, NEW JERSEY				Disposal Date 5/27/14-6/15/14	City State	Y , PA 17752	2			- Control or	
Completed by (Print or Type)	Title	D 05 5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Signature	TXX		Date	2 -	30	-1	4

			(P	ursuai	nt to NJAC 8:		ACCOUNT OF THE PARTY OF THE PAR					7/45	
Date of Notification (1)								mer/Operator (OHMÉ CORP.	(2)	4.			
5 /	2 /14				Street	Add	ress	***************************************	Ree.				
Agencies Notified	Type Notifica	ation	- 1		126 E.	LIN	COLN AVE	NUE, P.O. BOX	x 2000, R 28-414	7	F is	11	
EPA DEP		Notification ded Notific						SEY 07065	x 2000, RV28-4141		~ F	11:	प ह
X DOL	Cance								. 0 .	1 1	4		S)
X DOH DCA	On Ho EMER	IGENCY N	IOTIF	ICATI	ON MIKE		RONICA		Telephone Num	ner h	Sily	G	. 4.
Name of Facility 14th and		n Line Die	10		ACILITY INF	ORN	MATION	1					
Name of Facility Where A	Datement is i	aking Pia	ice (3)				Type of Facil					
MERCK SHARP & DOHMI	E CORPORAT	TON						Subchar	oter 8 (Other than k		hon	noc of	·
Street Address								Square Feel	e. private & commol	Diags		g. Age	
126 EAST LINCOLN AVEN	IUE - BUILDIN	IG 97 CO	MPLE	EX, BL	DG 97, 97A,	97B		44,622	3			46	
City (5)	Count	ty (6)			Count			Current Use (F	Prior if being demol	shed)		V2000	
RAHWAY	UNIO	25-c			(STATE			VACANT					
Name of Monitoring Firm			Section	1		A	SCM No. 17		tement Contracto		ION		
ENVIRONMETAL HEALTH Street Address	INVESTIGA	110145, 114	U.	-				Street Address	NMENTAL CORP	JKAI	ION		
655 WEST SHORE TRAIL								313 SPOOK F			9		
City, State, Zip Code	SPARTA, N	NEW JER	SEY	7871				City, State, Zip SUFFERN, NI	Code EW YORK 10901				
Project Manager for Monito	ring Firm		Tele	phone	Number			Telephone Nu	mber Lice	nse N	umbe	Г	
WILLIAM S. KERBEL, CIH				729-5				845-369-7500		1	1		
Expected State Date (10) 5 / 1	0 /4.4	Sche		omple /	tion Date (11	1)	/14	Name of OSH		_	44	1480	
Month Day	9 /14 Year	Mo	onth	1 /	30 Day		Year	AMERISCI LA	BORATORIES IN	-	#1	1400	
Occupancy Status During A	Abatement (Ch	eck only or	ne)					Street Address	s	-		-	
X Facility Closed/								117 EAST 30	TH STREET				
Abatement Perl		OAY-FRID		The second second		e:		City, State, Zir	Code	+			_
Z Journal Bessel	c. 1010112), (1 - 1 (ID)		uvi 0.0	01101				EW YORK, NEW Y	ORK	10016	5	
Scope of Work (Check all t	hat apply)					Χ	4	inment with Neg	gative Pressure				
X Demolition >3SF OR LF	L	Reno	ovation	1	-	X	Mini-Enclo	≰, Procedure					
X >160 SF OR	260 LF				_	$\frac{\hat{x}}{x}$		e Procedure					
Location	of	ls	Loca	tion	_ D	escr	iption of As	bestos-		I	Abaten	nent T	уре
Asbestos-conf	aining	nor	mally	used	Co	ontai	ning Materia	al (ACM)	Amount	교	교	旦	P
Material (AC			solely				Thermal sys		(Specify	REMO	REPAIR	ENCAPSULE	ENCLO
TO BE ABA in Facility (nt/Cus Staff (*	stodial			ion, surfacio ner miscella		SF or LF)	VAL	Z	PS	Sc
iii raciiity (13)	Yes	-	IN/A	1 '	JI OU	iei iliscella	neous)		1	1	E	SURE
BLDG. 97				х	PIPE INSUL	ATI	ON		1,080 LF	х			
BLDG 97 B 1ST FLOOR	7.			x	PIPE INSUL	ATIO	ON		12 LF	x			
BLDG. 97 A-THROUGHO	JT			х	PIPE INSUL				2,950 LF	х	1		
BLDG 97-3RD FLOOR			 	х	VAT & MAS				1,015 SF	х	1	1	
BLDG 97 -FIRST FLOOR				X			NK INSLIL	ATION SEAMS	345 SF	1	T	1	\Box
COMPLEX 97A-THROUGH	HOUT	_	\vdash	X				ATION SEAMS	1.030 SF	х	+	t	
COMPLEX 97-ROOF	1001		 	x				CHON SEAMS		x	+	+	1
			\vdash	$\overline{}$	DUCT INSU	A.C. Com S			270 SF		+	+	\vdash
COMPLEX 97-ROOF			\vdash	X	BUILT UP R			G	7,500 SF	X	+	+-	+
BLDG 97 B ROOF		_	\vdash	Х	ROOF FLAS				1,450 SF	X	+-	+	\vdash
BLDG 97 SOUTH STAIRS		-	├-	X	FIRE DOOF	RS (6	5)	*	120 SF	X	+	-	\vdash
BLDG. 97 A -3RD FLOOR	Harden	- ALUD	- N	X	DUCT FLAN	-		IN	7 SF	X	1	_	\vdash
Name of Registered Waste FREEHOLD CARTAGE, IN			EP W er ID i		Cubic Yards	120	vaste	Name of Regis	stered Landfill OUNTY RESOUR	CE M	ANAG	EMEN	T SE
825 HIGHWAY 33			1593					447 ALEXAND	DER DRIVE/ROUT				
City, State	v				Disposal Da			City, State	DV D4 47770				
FREEHOLD, NEW JERSE Completed by (Print or Type		Title			5/27/14-6/15		ature //	IMONTOOME	RY , PA 17752 Date	•	-/-	1	$\overline{}$
BENJAMIN SANCHEZ		DIRECTO	R OF	OPER		9,1	1/2	1	J. Carlo	5	1/2	11	4

Date of Notification (1)		(3) 		Name of	Building C	Owner/O	perator (2)	9614	(11)	7 0		r		
06-30-14				Joe Ce	etrulo	**************************************	į		2614	JUL	-7 PF	112:	63		
Agencies Notified	Type Notificatio	n		Street Ad					100						
EPA	X Initial				nfield Ro				* .F	Ŧ	23 UU UE N SI	Nil	Žį.		
	Amended			100	e, Zip Co					Ġ	UERS	NG.			
DEP DOL	Amendment Emergence	nt # / (including	- L		town NJ	0/960) 								
DOH DCA	justification			Name of			i			Tele	phone Nun	nber			
DCA	Cancellation	n		Joe Ce			1								
N	No atamant in Tak	ing Diogo (2)		FACIL	ITY INFO	PRMATI	ON	Tyne	of Facility (4	1)		-			-
Name of Facility Where A	Abatement is Tak	ing Place (5)					1.		15						
Street Address									School (K-1) Subchapter		er than K-12	2)			
12 Canfield Rd.								X	Other (i.e. p				ings,	home	es,
								- 6	etc.) re Feet	T # of	Floors	TB	dg. A	ge .	-
City (5) Morristown								Oquai	G I COL	1 01	1 10010		u g	9-	
County (6)			-	County C	ode (7)			Curre	nt Use (Pric	or if bei	na demolish	ed)			-
Morris					ISE ONLY)			00,,,0	020 (/ //-			36			
Name of Monitoring Firm	Hirad by Ruildin	Owner (8)		TASCM	No		Name o	of Aba	tement Con	tractor	(9)				
N/A	Timed by ballant	g Owner (o)		7.00	.,,,,,		0.0000000000000000000000000000000000000		tracting L		X.D.K.				
Street Address				ــــــــــــــــــــــــــــــــــــــ		_	Street /								
Street Address							522 7								
City, State, Zip Code	State, Zip Code						City, St	ate, Z	ip Code			nies Stries			
Oity, Otato, Esp Code	tate, ZIp Code						Unio	n City	NJ 0708	37					
Project Manager for Mor	ect Manager for Monitoring Firm						Telepho	one N	D.		License N	0.	-332-330-3	3000	
							201 2	216-9	603		01206				
Start Date (10)		Schedule	d Con	npletion E	Date (11)				A Monitor						
07-01-14		08-31-	14				Delfa	Con	tracting L	LC					
Occupancy Status Durin	g Abatement (Ch	eck Only On	e)				Street /								
Facility Closed/Vac	ated During Entir	e Period of A	baten	nent			522 7	2016							
Abatement Perform	ed Outside of No	rmal Facility	Hours	3					ip Code						
Other – Describe;						_	Unio	n City	y NJ 0708	37					
Scope of Work (Check A	II That Apply)						, man	,				69			
≥3 sf or ≥3 lf		Parties .	enova				XX		l Containme ni-Enclosure		Negative F	ressu	e		
≥160 sf or ≥260 lf		D D	emolit	ion			î	Glo	vebag Prod	edure					
								No	n-Exempted	d (*) and	Non-Friat		WOW SEA		
		ls	Locati	ion			\$9 58						Abate	emen pe	t
Location	n of	0.0000	lormal			Des	scription	of			500	-	<u>' y</u>	pe	
Asbestos-Containing	Material (ACM)		d Sole ntena		Asbes	tos Cont	taining M	aterial	(ACM)		mount specify	70		En	m
TO BE AB		11/20/97/20	odial S		(I.e.		systems cing, VAT		auon,		or LF)	Remova	Repair	cap	nclo
(13)			(12)			other n	niscellan	eous)				oval	a-	Encapsulate	Enclosure
		Yes	No	N/A										6	
All floo	re		x				VAT			25	00SF	x			
		-		-		Dina	Insulat	ion			00 LF	x	_		
Baseme	ent		X	-								+	_		-
Baseme	ent		Х			CI	lean Up)		40	00 SF	x		1	
							Ť				,				
Name of Registered Was	ste Hauler			JDEP W		CONTROL (CARDON)	Yards		Name of	Registe	red Landfill			W.	
Delfa Contracting LI	LC		3 0	lauler ID I 5240	No.	of Was	ste		Tullytov	wn Re	source R	ecov	ery F	acil	ity
			3	0240			sal Date		City, State	9					
City, State Union City NJ 0708	51 5 M					08-30			Tullyto		A				
Completed by		Title					Signature		0	1		ite			
Jaime Delgado		Proj.	Man	ager			.g	/	uul Leb	mh	0	6-30-	14		
Carrio Dolgado		1		- 3 - ·			-11	1000	-						
ASB-41 (R-06-08)							* Do no	t use t	his form for	asbest	os licensur	е ехеп	pted	activi	ities.

NOTIFICATION OF ASSESTOS ABATEMEN (Pursuant to NJAC 5:58 and 12-12m

			Manual entitle	Building Owner Opening		5117	
6-30-14	39		7	GABRIEL			OVED
	ypo Hellicadum	····	Shrout Asi	COTTORIE L	W	O Dept of Health	& Senior Service
DEPA .	Infiled:				ا سر		hound
	Administrat		Ciby, Street	MALI DRIV		- 7 (signa	
	Assemble					Date: [10]	_Time: 10+
	Etenigency (incl justification)	PARTICI	Manian of C	AND FIELD,	N40	1062	
			i de	Control Contro	000 to €0 = -000000	Telephone Pium	Miner
	, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,			ABRIEL			WOOMBOOLSHAD
leans of Facility Where Ale			FACILITY	Y INFORMATION		13.7 13.4	
	· ·	Fibro (3)			Type of Pacill	by (40)	
I. GABRIFL	<u> </u>			. 2 = '	D School (K-	190	[] !
				"	1 D Subehimm	PERCHAPARAMENTAL	a !
24 MALI	DRIVE			, -	The Other (i.e.,)		The state of the s
(年)					Square Fees	# of Flores	1
U. PLAIN FIL	=I.D		83	V8		1 11	Bidg. Ago
constit (e)			Committee Com	do (7) (STATE USE	2100	2	64 YES
SOMERSET		•	CHEY)	- MI GIVIE REE		Prior P being dumos	chedly .
and of Markhaday Farm 10	ed by Espiriting ch	mor lar	CM No.		PESIDE	tcē :	• 11 '1
)	>	ACT.	MO.	Name of Abounc			
treat Address				Best R	emoval 1	inc i	11 :
				Street Antiques		fer:	-11-12
y. 6 to Creb				450 S.	River St		11 \$
				Cay, Can, Zip C	ada	4: 20	
Jack Manager for Montes	and bidlers			Hacken	sack, N.	J. 07601	-2 <u>=</u>
i i respectively	Mary Mary	(Ratept	ione No.	Telephono No.		Licongo Mag	
et Date (10)	1000			201-329-	7444 -	00388	
-5-2014	. Schusteled	2014	m (11)	Name of CISHA I	Consider	# 6	3 1 40
collectory Status Daylog Ab		2014	<u> </u>	Onega En	Viionme n	tal Inc	
				Sheet Address		Nico	
Faintilly Classical Abelianous Code	sing Edito Period	of Abbituary	r e	280 Huy	ler St	, Ž	711 B
Com-Describe SAM		and House		Cey, State. Zip to		1	113
ope of White (Chock all this	(sipple)		<u> </u>	South Ha	ckensac	k, N.J. 0	7606
235a23F				~ =546		Magnitus President	
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					Propodero	Min-Prints Present	_ []
			مند ا	- Martin	worthwart () (6400)	THE PERSON NAMED IN COLUMN	
		DE-LOC-1	Marie Company		7	· · ·	gi Mandhau
, Location of		Nome Nome	She I		.]	## # /	Albatemen Type
Andrew Control delice till se	oups (ACIVI)	Norma Used Sal	dily oly by	Duscription of		# 1	TOpes
Andrew Countries in the	ड व्यम्भ (रुटाय	· Morrow	ally city by changed Anal	bostos Containing Libra	MOLECULARY)	Amount	13/pas
Ashedina Combined Res 12-BE ASA 12 - BE Frank		Morros Used Set Ministens Custos Stati	dily city by chance And faci	boston Commining Libra i.e., Shinted Sychomy in switzelein, WAT.	entation,	Amount (Specify SF or Up)	TOpes
IS READAID	0701 (ACM)	Votes Said Weightens Custos	dily city by chance And faci	bostos Containing Libra	entation,	(Specify	TOpes
IQ BE APATE IN Facility (13)		Morros Used Set Ministens Custos Stati	dily city by chance And faci	boston Commining Libra i.e., Shinted Sychomy in switzelein, WAT.	entation,	(Specify	Bongaride Repair Removal
IQ BE APATE BY Facility (13)		Monne Used Set Ministers Cristor Start (12)	illy old by the last of the last old la	bosto Containing libra i.e., thinted Sychosoft synthesis, WAT, a wher priscellands	entation,	Sparity Sparity	Rospatide Resiv
IR BEARAID IR FINE (13)		Monne Used Set Ministers Cristor Start (12)	illy old by the last of the last old la	boston Commining Libra i.e., Shinted Sychomy in switzelein, WAT.	entation,	390	TOpes
IR BEARAID IR FINE (13)	OCM	Monne Used Set Ministers Cristor Start (12)	illy old by the last of the last old la	bosto Containing libra i.e., thinted Sychosoft synthesis, WAT, a wher priscellands	entation,	\$ a (5)	Rospatide Resiv
IQ BE APATE IN Facility (13)	OCM	Monne Used Set Ministers Cristor Start (12)	illy old by the last of the last old la	bosto Containing libra i.e., thinted Sychosoft synthesis, WAT, a wher priscellands	entation,	390	Rospatide Resiv
Benevit		Normal Used Set Manuface Contact (12) Yea No	By Dy Day And	A.T.	original (ACM)	390	Rospatide Resiv
BENEAT (13)		Normal Used Set Manuface Contact (12) Yea No	illy old by the last of the last old la	Cubic Yards of	entation,	390	Rospatide Resiv
Benevit I		Normal Used Set Manuface Contact (12) Yea No	Real And	A. T. Capital Yards of March 1988	Monte of Ray	390	Rendval X
Benevit (13)	nc	Normal Used Sale Management Constant Cons	Real And	Capite Yards of Utanto I'd London	Minerva	390	Rendval X
Benevit (13)	nc	Normal Used Sale Management Constant Cons	Real And	Capitic Yards of Wards	Minerya	390 Bnterpris	Rendval X
Benevit I Hackensac	nc k, N.J.	Vesal Sel Mandales (12) Vesal No. 1710 07601	Real And	Capite Yards of Western Directors of Western Directors of Western Directors of Topograph Dates 7-7-/-4	Minerva	390 Raterpris	Removal X
Benear (13) Sement	nc	Vesal Sel Mandales (12) Vesal No. 1710 07601	Real And	Capitic Yards of Wards	Minerva Maynesbr	390	Removal X

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

Check # 8921

Date of Notification (1)	00 0044						r / Operator (2) [50000	
	June 20, 2014 Type Notificati				Address	ger Buil	der, Inc.							
Agencies Notified EPA DEP	туре моннсан	on			tate High	hway 33	3		-7 AMII:5					
⊠DOL	Initial			City, St	ate & Zip	Code		Ø i ii	<u>enina jā</u> Cending					
⊠doh	Amend	ied iment#		Neptur	ne, NJ 0	7753		Ø LI	OF MOUNT					
DCA	Cance			Name of	of Contac	ct				Tele	phon	e Nu	mbe	r
				James	Pittenge	er				1				
				FAG	CILITY	INFOF	RMATION							
Name of Facility When	e Abatement is	Taking P	lace (3)				Type of Facility							
Residence							School (K	W 1995	- K 40)					
Street Address	t						_	ter 8 (Other tha		latia aa	h		۱۵۱	
27 W. Shrewsbury Dr	ive						Other (i. Square Feet		commercial bui			e, e	IC.)	
City (5)							900	# of FI	1	Bldg.	0.00	yea	ire	
Little Egg Harbor							02505.155	Prior if being de	molished)			you		
County (6) Ocean			unty Code				Residence							
Name of Monitoring Fin			ASCM	No.	Name of Abate Synatech, Inc	ement Contract	or (9)							
Street Address			<u> </u>				Street Address							
							829 Radio Ro	The State of the S						
City, State & Zip Code							City, State & Z	ip Code bor, NJ 0808	7					
Project Manager for Mo	onitoring Firm		Те	lephone N	lumber		Telephone Nui 609-296-6916		License		er 0081	7	100-00-	
Scheduled Start Date ((10)	cheduled	Completi	on Date (*	11)		Name of OSH	A Monitor			0001			
July 11, 20 ^o Occupancy Status Dur		(Check o		st 11, 201	4		Synatech, Inc							
Facility Close	d/Vacated Duri	ng Entire	Period of		it	-	829 Radio Ro	ad						
	erformed Outsid	de of Norr	nal Hours	•			City, State & Z		_					
Other – Desci	ribe: pied During Aba	atement					Little Egg Har	bor, NJ 0808	7					
Scope of Work (Check	all that apply)													
_								Full Containme	ent with Negative	Pressu	re			
≥3 sf or ≥ 50 lf				Renovation	n		\boxtimes	Mini-Enclosure						
≥160 sf or ≥260	If			Demolitio	n			Glovebag Proc	edure					
									d(*) and Non-Fria	ble Pro		-		
Loca Asbestos-Contair	tion of	CM		on Norma			Description Asbestos-Co		Amount (Sp	a aifu	Aba	atem	ent T	Гуре
	ABATED	CIVI)		y Mainten dial Staff			Material (A		SF or LF					
IN F	acility				, ,		(i.e., thermal	systems		1			m	
(13)					1	nsulation, surfa or other misce				ᇛ	R	nca	E
							or other misce	liaricous)		- 1	Removal	Repair	psu	dos
			Yes	No	N/A						val	=	Encapsulate	Enclosure
Main living area				Х			Floor Tile and	d Mastic	225 SF		Х			Τ-
Exterior		X			Exterior C	aulk	110 LF		\hat{x}					
Exterior		х			Siding	7	1,050 Si		$\hat{\mathbf{x}}$					
Name of Registered W	NJDEP \	Vaste	Cubic \	Yards of	Waste	Name of Regi			· · ·					
Synatech, Inc	11 (12)	429	40			Grows Landf	ill							
City, State			Dispos	al Date		City, State								
l ittle Englishes Ni			A	442 22	14	Morricullo D								
Little Egg Harbor, NJ Completed By		Title			Signatu	t 12, 20	14	Morrisville, P	Date					
Completed by						10	Ala							
Diane Aloia		Executiv	e Admini	strator	100	Und	and	_	July 1, 2014					

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

Check # 8920

Date of Notification (1) June 1, 2014					g Owner / Operator (2 ger Builder, Inc.	2)	7		120		
Agencies Notified	Type Notificati	on		_	Address	,o		2812 1111 7	D14.14		50	
								2814 JUL -7	PM le	4 0	0	
DEP				2260 S	tate High	hway 33		200				
□ DEF	Initial			City S	tate & Zip	Code		& LICEN	- 1911 - 112	P -	<u>.</u>	
	Amen	ded			ne, NJ 0			or Fire LA	SIME			
DOH	Amen	dment #_			**							
□DCA	Cance	llation			of Contac			Te	lephon	e Nu	mber	r
				James	Pittenge	er						80
				FA	CILITY	INFORMATION						
Name of Facility Who	ere Abatement is	Taking F	lace (3)			Type of Facilit						
Residence						School (k		15 121				
Street Address							ter 8 (Other than				2 14	
72 Main Street						Vienna III		commercial building			tc.)	
City (5)					57.55.55.55	Square Feet 1,630	# of Fid	oors Bld	g. Age	5 ye		
Port Monmouth							Prior if being der		10	э уе	ais	
						Residence						
County (6) Monmouth			ounty Code									54
Name of Monitoring	Firm Hired by Bu				ASCM	No. Name of Abate	ement Contracto	or (9)				
N/A						Synatech, Inc						
Street Address						Street Address 829 Radio Ro						
City, State & Zip Coo	le			2		City, State & Z						
							bor, NJ 08087					
Project Manager for I	Monitoring Firm		Те	lephone N	lumber	Telephone Nui 609-296-6916	mber	License Num	ber 0081	7		-
Scheduled Start Date		Scheduled	Completi			Name of OSH						
July 11, 2 Occupancy Status D		(Check o		st 11, 201	4	Synatech, Inc Street Address					_	
	ed/Vacated Duri				nt	829 Radio Ro						
	Performed Outsi	de of Norr	nal Hours	3		City, State & Z	7. F. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.					
Other – Des	cribe: upled During Aba	atement				Little Egg Har	bor, NJ 08087	c.:				
Scope of Work (Che		atement										
			_				Full Containme	nt with Negative Press	ure			
≥3 sf or ≥ 50 lf			=	Renovation		\boxtimes	Mini-Enclosure					
≥160 sf or ≥26	60 If			Demolitio	n		Glovebag Proce	edure				
								(*) and Non-Friable Pr	-			
	cation of	CIA		on Norma		Descriptio		A	Ab	atem	ent T	уре
	aining Material (A E ABATED	CIVI)		y Mainten dial Staff		Asbestos-Co Material (A		Amount (Specify SF or LF)	1			
	Facility				(/	(i.e., thermal)	systems				m	
	(13)					insulation, surfa or other misce			R R	_z	nca	En
Y						or other misce	naneous)		Removal	Repair	sde	Enclosure
7			Yes	No	N/A				Val	Ŧ	Encapsulate	ure
Main living area	ŧij.		-	х		Floor Tile and	d Mastic	640 SF	X	\vdash	Н	Υ-
Exterior				Х		Roofing Ma		3,000 SF	$ \hat{x} $			
Exterior		Х		Siding		5,600 SF	X					
Name of Registered	Vaste	Cubic Y	ards of Waste	Name of Regis	stered Landfill	لتند		_				
Synatech, Inc Hauler ID 27					60		Grows Landfi	11				
City, State					Disposa	al Date	City, State					
Little Egg Harbor, N			Augus	12 2014	Morrisville, PA	Δ.						
Completed By		Title			Signatu	t 12, 2014		Date				
			Ti.		1	Varie allo	7					
Diane Aloia		Executiv	e Admini	strator	1	were all		July 1, 2014				

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

Date of Notification (1)			Nama of	Duilding	Owner/Operator	TO MA	- 10 DAY		-		_
	2244		1072.25.06.946.06.01	omatra co co s e	Owner/Obergrot	12 <u>100</u>					
June 30 Appropriate Type	e Notification		Acuteca Street Ac					-	-		
	A MAINATHAN					1 1	-11	1			
EPA DEP	initial		500 Rive	te, Zip Co		1 1 2	1 halls	1		1	
	Amended Amendment	ė	A CONTRACTOR OF THE				(a) (APIA)		20	1	
X	Emergency (i		Lakewoo		J8/01	<u> </u>	Talenta a Nu	WED		1	
P DOH	justification)	•	Na me of	Contact		I WAIN	Landucter un	mber-		_	
DCA	Cancellation		Joel Go			سننسا	_				
Name of Facility Where Abat	amant la Tulcina	Diana (2)	FACI	LITY INF	ORMATION						
	ament is laking	Place (3)				Type of Facility (*				
new medical center						achopi (K-1		~ .			
Street Address						Other (i.e.)	f (Other than Ka)	2) Ini buildi	nas.	home	5.
1075 Stephenson Ave						etc.)	i)				
City (5)						Square Fest	# of Floors	BI	dg. A	80	
Oceanport, NJ							li li				
County (8)			County C	Dode (7) ISE ONLY	1	Current Use (Pri	or if being demois	hed)			
Monmouth					Wwith		empty §			~~	
Name of Monitoring Firm Hire	ed by Building (Owner (8)	ASCM	No.	Name	of Abatement Cor	ntractor (9)			Line	-4211
AET						ACK Group, L	LC.	Q4 .		C	
Street Address					Street	Address	3	-		=	
222 Church Road					1500	Kings HWY N,	STE 209	<u></u>		1	
City, State, Zip Code			***************************************			State, Zip Code		1110		-	
Bridgewater, NJ 08807					Cherr	y Hill, NJ 0803	4	7			
Project Manager for Monitori	ng Firm		Telepho	па No.		hone No.	License N	Vo.,ZZ			
Eric Houseknecht			908-298	3-1132	(877)	759 - MACK	00781	D-=		=	
Start Date (10)		Scheduled	Complation			of OSHA Monitor		i	79	ان: ا-	
//1/14			8/1/14			ACK Group, L	ساسان.				
Occupancy Status During Ab	atement (Chec	k Only One)			Street	Address					
Facility Closed/Vacated						Kings HWY N,	STE 209				
Abatement Performed Cother - Describe:	atside of Norm	ial Facility H	OUTS		City,	State, Zip Code					
				Access to	Cherr	y Hill, NJ 0803	4				
Scope of Work (Check All Th	at Apply)			7.77							
23 sf or ≥3 lf		X Ref	novation			Full Containm	ent with Negative	Pressur	0		
≥160 of or ≥260 if		☐ Der	n ailti on			Mini-Enclosur	0				
						Slovebag Pro	ocedure d (*) and Non-Friabl	e Proner	tura		
							()		activity and	ment	
			rmally			V-104				рÇ	·• ::
Location of Asirestus-Containing Mat	orial (ACM)	ligari	Snirly by	Aybu	Descriptio stos Conta ning		Amount			m	
TO BE ABATE	D		enance/		, thermal system	ne insulation,	(Specify	20	70	Encapsulate	E
in Facility (13)		12/12/12/12/12/12	12)		surfacing, V. other miscells		SF or LF)	Removal	Repair	bsu	Enclosure
ALCONO.				1		/	**	<u> </u>	=	late	F
THE RESERVE AND A SECOND SECON		Yes	No N/A								
throughout 1s	st fl	X			pipe insul	etion	450 If	X			
		1/->-									
Name of Registered Weste F	Buler		NJ DEP V		Cubic Yarda	Name of	Registered Landil	11			4
 			Hauler ID		of Wasto		٠	. = = -			
Newark / Freehold Carti	ng		45	09	4.5		rland Co./ BFI /	GRO	WS.	TR	KF
City, State					Disposel Dat					200	
Newark / Freehold, NJ		T==:-			8/1/14		g / Imperial / M		lle, f	PA_	
Completed by		-itle			Signalid	17/2		ote			
Mike Cooper		Preside	nt		Market State of	11	6/	30/14			

1086

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #:	2014-114		(Pursu	ant to N	NJAC 8:6 VIERGI	0-7 and E N C \	12:12 Y ***	20-7)	* *	Check # 6	607				
Date of Notification	/1\	I I Name	of Building C	wner/Ope	erator (2)										
		Nort	hvale Boa	ard Of E	ducation			2014	.1111	-7 F14	<u> </u>				_
10 16 1/13 10]/[1]4]									rill	11: 26				
Agencies Notified	Type Notification	11-	Address	Jood .				A							_
☐ EPA	✗ Initial	11	Tappan F						8.1	ICENSIN	It ut				
☐ DEP		City, S	tate, Zip Coo	de 1.07647	,					ったほうしば	Ų				_
X DOL	☐ Amendment		rthvale, N	J 0/64/						Telephone N	lumber				
DOH X		Name	of Contact						1						
	☐ Cancellation	II De	eborah Tra	ainor		0228244									=
☐ DCA		≟ــــــــــــــــــــــــــــــــــــ			INFORMA	TION						For settings			_
		10.00		FACILITY	INFORM			$\overline{}$	Type	of Facility (4)					
Name of facility W	here abatement is tak	ing place (3)						<i>"</i> [¥ School ⋅	(K - 12)				
									[Subchap	ter 8 (Other	er than	K-12)	
Northvale Sc	hool (Sub Chapte	1 0)								Other (P	rivate/Com	mercia	ıl		
Street Address											omes, etc.	\neg	Bldg.	Age	_
441 Tappan	Road								Squa	are Feet #	01110015		_		
		County (6)	-		Count	y Code (7)		rent Use (Pri	or if being	demoli:	shed)		_
City (5)						(State	use only	"	sch		J. 11 5 5 11 13				_
Northvale, I	NJ 07647	Berge				118	Jame of	Abatement (
Name of Monitor	ring Firm Hired by Bld	. Owner (8	3)	1	SCM No.	11"									
EnviroVisio	on Consultants			0	079	_		Restorati	ion, ii	10.					_
Street Address							Street Ac	aress Ryerson R	Road						
Street Address	garaw Road, Bldg	35E				_						-			
							City, Stat	e, Zip Code coln Park,	NI LOT	7035					
City, State, Zip C	NJ 07410								143 0	000	License	Numbe	r		
	for Monitoring Firm		Phone	Number			Telephor	ne Number 3)696-686	39			378			
			973-6	36-914	5			f OSHA Mon							
Willie Mor		TSched (Completion [Date (11)		-	Name of	G Restora	tion.	Inc.					
Scheduled Start				, ,		- 11	Street A								
07/01/201			/2014					Ryerson F	Road						
Occupancy Stat	us During Abatement	(Check onl	y one)												
— t-	e principal during e	ntire period	of abateme	ent.			City, Sta	ate, Zip Code	-						
T Abatamar	at performed outside of	Monnai ia	Cility House				Linc	olnPark, N	NJ 07	035					_
Describe: Other-De	scribe: 07/01 3:00p-	11:30p 07	7/02, 07/03	,07/05 7	:00a-3:30p		=								
Scope of Work	(check all that apply)				300000				o a o tiv	o oreceure	☐ Glove	oag pro	cedu	re	
☐ Demolitic		Renovation	1					ainment w/n	egative	picoodio	_	riable p			
		160 sf or ≥	260 If				Mini-encl	losure				TR	R	E ·	
> <u>3</u> sf or >	211	le location	normally us	ed solely			W030,0		1	A-mount		е	е	п	E
Location	of	by mainter	nance/custo	dial	Descri	ption of a	asbestos	-containing		Amount (Specify	SF or	m	p a	c a	c
asbestos material	s-containing to be	staff(12)			materia	al (ACM)			- 1	ĹF)		v	i	p	L
abated in	n facility (13)	Yes	No	N/A								e X	5		IT
	U. D. thereams			X	pipe ins	ulation				160 lf		+==	믐	H	一
Girls, Boys & F	aculty Bathrooms											#	片	H	
												╬	片	一	計
		==										井	片	片	干
					1					160			الا		
		INIDI	EP Hauler II)# T C	ubic Yards	of Waste	e Nam	e of Register	red La	ndfill source &	Recover	v Cer	ter		
Registered Wa	aste Hauler storation, Inc.	ואסטו	19563		3				VIII TE	Source &	,030101				
	nordion, mo.	 L		Disposal [Date		City	, State Tullytow	n. PA					555	
City, State Lincoln Pa	ark, NJ	10		07/0	7/14						Date				
	y (Print or Type)	Title			Signatur	е	Gora	lana Lun	a		06/	30/20	14		
Gordana	Luna	Secreta	ry/Treasu	rer											

State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7)

2014-115 B & G proj. #: *** EMERGENCY *** Check #6610 2814 JUL -7 AMII:55 Date of Notification (1) Name of Building Owner/Operator (2) 0 6 1 / 3 0 1 / 1 4 Scotch Plains/ Fanwood Board of Education Agencies Notified Type Notification Street Address EPA 2280 Evergreen Avenue V Initial DEP City, State, Zip Code Amendment DOL Scotch Plains, NJ 07076 DOH Telephone Number Name of Contact Cancellation Deborah S. Saridaki, B.A. ☐ DCA **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Scotch Plains High School (non sub 8) Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bidgs./Homes, etc. 667 Westfield Road Square Feet T Bldg. Age # of Floors County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) Scotch Plains, NJ Union school (non sub 8) Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number License Number Project Manager for Monitoring Firm Phone Number 973-696-6869 0378 609-259-8077 Guillermo Morales Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 07/01/2014 07/02/2014 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: 4.00 p.m. start Lincoln Park, NJ 07035 Other-Describe: wrap & cut Scope of Work (check all that apply) Demolition Full Containment w/negative pressure Glovebag procedure ✓ Renovation Non-friable procedure Mini-enclosure $\sqrt{}$ >3 sf or >3 If ≥160 sf or ≥260 lf Is location normally used solely E Location of е e by maintenance/custodial n Amount asbestos-containing Description of asbestos-containing n m p C staff(12) (Specify SF or material to be C material (ACM) 0 a abated in facility (13) ٧ Yes N/A No VAT 200 saft Room 210 & 211 Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# Tullytown Resource & Recovery Center B & G Restoration, Inc. 19563 1 1/2 yd Disposal Date City, State City, State 07/02/2014 Tullytown, PA Lincoln Park, NJ 07035 Date Signature Completed by (Print or Type) Gordana Luna

Secretary/Treasurer

Gordana Luna

06/30/2014

State of New Jersey Affrect ED: CINOY MITCHELL, NIPOH NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)	01 /	14		T		2.7	Owner/Operator (2) Burlington Cou	intv				
Agencies Notified	Type Notific			-	Street A			- Julius Julius		-			-
☐ EPA	☐ Initial					Madison	Ave.						
☑ DOLWD	☐ Amende	ed		+		ate, Zip C							
☑ DHSS	Amendn		- CON				NJ 08060						
☐ DCA	⊠ Emerge		ncluding	1		of Contact			Telephone Num	ber 🖼	2		
(NJAC 5:23-8)	justificat	27				Fannin				ber 🚟	<u>-</u>	7.5	
	Cancella	ation							L .	- 6	=_		-
					FAC	ILITY IN	FORMATION	T= 75 30 7	170	r			
Name of Facility Where A								Type of Facility (PR 2	-	ب'		
Virtua Memorial Ho	spital of B	urlin	gton Co	ounty				School (K-12	Other than K-12	2)	-		-
Street Address 175 Madison Ave.								Other (i.e., pr homes, etc.)	ivate and comme	rcial bu	liding:	S, .	
City (5)					-			Square Feet			g, Ag	е	
Mount Holly									1		رب:		
County (6)					Count	y Code (7)	(STATE USE ONLY)	40	or if being demoli	snea)			
Burlington								Hospital					
Name of Monitoring Firm	Hired by Bu	ilding	Owner (8)	ASCM N	10.		ent Contractor (9)					
Vertex Air Quality	Services						BRISTOL EN	IVIRONMENTA	L, INC.				
Street Address		100002					Street Address						
700 Turner Way							1123 BEAVE	R STREET					
City, State, Zip Code						-	City, State, Zip C	ode					
Aston, PA 19014							BRISTOL, P.	A 19007				5000	
Project Manager for Mon	itoring Firm			Tele	phone N	No.	Telephone No.		License No.				
Don Heim				61	0-558-	8902	215-788-604	0	00509				
Start Date (10)		Sche	eduled C	omple	tion Dat	e (11)	Name of OSHA	Monitor		-			
07 /01 /	_14		07 /	03	_ / _	14	BRISTOL EN	NVIRONMENTA	L, INC.				
Occupancy Status Durin	g Abatement	(Che	ck only o	one)			Street Address			-			
☐ Facility Closed/Vacat					ment		1123 BEAVE	R STREET					
☐ Abatement Performe						cribe	City, State, Zip C	ode					
Time of Abatement:	AM- <u>5</u>	00PN	Λ/	PM- <u>1</u> :	30AM		BRISTOL, P.						
Scope of Work (Check a	II that apply)	- 67.3											
Scope of Work (official a	iii triat appriy)							ntainment with Neg	gative Pressure				
☐ ≥3 sf or ≥3 lf				novati molitic			☐ Mini-En	closure ag Procedure					
≥160 sf or ≥260 lf			□ Бе	monuc)TI			empted (*) and No	n-Friable Proced	ure			
			ls	Locat	ion					Ab	atem	ent T	уре
Location	n of			Norma			Description			R	Z.	ш	ш
Asbestos-Containing	Material (AC	CM)	100000000000000000000000000000000000000	ed Sole			stos Containing M		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
TO BE AB			2-02	todial		(1.6	., thermal systems surfacing, VA		SF or LF)	val	¬	lusc	sure
(13)				(12)			other miscellan		1			ate	l w
			Yes	No	N/A								
Offices near hospice	e suite			\boxtimes		Floor ti	le and mastic		464 SF				
							100				Ш	Ш	Ш
				\vdash	Ī								
Name of Registered Wa	ete Hauler				JDEP /	Naste	Cubic Yards of	Name of Regi	stered Landfill				
SERVICE TRANSP		UP, II	NC.	1 60	lauler II 20990	No.	Waste 5	Minerva L					
City, State							Disposal Date	City, State Waynesbu	ıra OH				
NEW CASTLE, DE							7/3/14			2-1-	_		-
Completed By (Print or	Туре)	T	itle				Signature	Puzigoni	1:0	Date /	111	/	
Gino Pizzigoni			Estima	itor			Beso	Bilow	170	1/1	117	33	



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

Check# 0710

Date of Notification (1)	0		1000	of Building			(2)							
7/1/14				en Anne	Apartme	ent								
Agencies Notified	Type Notification			Address										
☐ EPA	Initial Amended			Polifly Ro	Santa reconstruction of the sa									
DEP	limental .	2	100000000000000000000000000000000000000	State, Zip Co								_		
₩ DOL	Amendment #		Hack	kensack,	NJ 0760)1				, p		187	2	
DOH DCA	justification)	nodding	Name	of Contact				Te	lephone i		г			****
DCA	Cancellation	*				8.				Ço,		701	=	
			FA	CILITY INF	ORMATIO	N						- 457		10.0
Name of Facility Where	D 10	Place (3)				,	Type of Facility	y (4)		m		_	4	
Queen Anne Apar	tments				Lance Control		School (K	(-12)		7-		-	779	
Street Address			S 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Subchapt					- 5	T.	
230 Polifly Rd							Other (i.e etc.)	. private	& comme	ercial b	ulldi	ngs	home	es,
City (5)						-	Square Feet	# 0	of Floors		Blo	ig. A	de	
Hackensack							20,000	3			50		_	
County (6)			Count	y Code (7)	*		Current Use (F	Prior if be	ina demo	olished		_		
Bergen				E USE ONLY	n	_	Apartments		9	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Name of Monitoring Fin	m Hired by Building C	huner (8)	ASC	CM No.		Namo	of Abatement C	Š.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	r (0)		_			
n/a	in timed by ballaning c	WHEN (O)	n/a				ica Managei							
Street Address			100				Address	TIGHT O	Oib			-		
n/a							oy Ln							
											_			
City, State, Zip Code						1000	tate, Zip Code	07005						
							oln Park, NJ	07035						
Project Manager for Mo	nitoring Firm			none No.			one No.		Licens					
n/a			n/a				706-7950		0119	3				
Start Date (10)		Scheduled (Completio	n Date (11)			of OSHA Monito	or						
7/11/14		7/14/14				n/a								
Occupancy Status Duris	ng Abatement (Check	Only One)				Street	Address					100		
Facility Closed/Va	cated During Entire P	eriod of Aba	tement			n/a			.00					
Abatement Perform	ned Outside of Norm	al Facility Ho	ours	,		City, St	ate, Zip Code				9.00			
Other - Describe:					-	n/a								
Scope of Work (Check	All That Apply)									1	PER COL			
≥3 sf or ≥3 lf		X Ren	ovation				Full Contain	ment with	h Nenativ	e Pres	SHIFE			
≥160 sf or ≥260 lf			nolition				Mini-Enclos		gaz.					
						×	Glovebag P							
			-	-			Non-Exemp	ted (*) ar	id Non-Fi	nable F				_
			cation								-	Abate Ty	ment	
Locatio			mally Solely by			cription				-	T	.,		
Asbestos-Containing			enance/				aterial (ACM)		Amount		.		Щ	m
TO BE AE		Custodi	ial Staff?	(i.e.		systems ing, VA	insulation,		Specify F or LF)	1		Re	car	ncl
(13)	3 .	(1	12)		other mi			-	,	3	Domous	Repair	Encapsulate	Enclosure
		Yes N	lo N/A							-	-		ate	φ.
		100	_							+	+		-	
Basen	nent		×		VAI	& Mas	STIC	12	250 SF	x	1			
											T			
		+						+			+	-	-	
None of Designation	ete Heules		LNISSS	14/	10111	· · · ·	- 1	<u> </u>	41 -	TCH.	L			
Name of Registered Wa			NJDEP Hauler I		Cubic Y of Wast		100000000000000000000000000000000000000		ered Lan	anıı				
Loznica Manageme	ent Corp		00331		TBD		GRO	WS Lar	ndfill					
City, State			1 - 2 - 2 - 1		Disposa	al Date	City, St	ate			34.00			
Lincoln Park, NJ 07	035				TBD			sville, F	PA					
Completed by		Title				gnature				Date	-	-3117		
E. Cirovic	2.	Secreta	irv							7/1/1	4			
		Coolete	7			·un	ovic				•			

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CHALLOST

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:50 and 12:120)

2614 JUL -7 AM II: 30

2614 JUL -7 AM II: 34.	(Pursuant to NJAC 8:60 and 12:120)	10
Date of Notification (1) 630 N	Name of Building Owner Operator (2) 40 HR John S	xaedino
Agency Notified Type Nothication	363 CLINION TERRACE	· · · · ·
DIEPA E Interest of Amended Amendment #	City, State, Zip Codes Lyny h URST, NO- 6707-1	
Emergency (Inchir	Netwie of Combact SCARCINO Telephone Number	
E DOH (Lancellation)	FACE CTY INFORMATION	
Name of Facility Where Abatement is Telling P		
Street Address 655 VAILEY BROWN	bonnes, etc.)	aldings, aldg. Age
CON CHILEY 12/10	0. 3500 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ed) 00
County (6)	ONELY) County Good (F) (STATE COUNTY	
Name of Monitoring Firm Hired by Building Ow (8)	NOVALECO INC	· · ·
Street Address	1PO 130x 814	8857.
City, State, Zip Code	Liberghone No. Telephone No. 122, 2500 License No. 0080	36
Project Manager for Manifolding Firm-	Control Sign Date (17) Name of OSHA Monitor NOVALECTO INC	70-
Start Date (10) 7 2 4 Startenest Check	C L C Addison	
Occupancy Status During Automatic During Entire Pent Of Facility Closed/Variated During Entire Pent Of Abatement Pentormed Outside of Normal F	of Alternation Const. Clock Const.	S7:
O Other - Describe: Scope of Work (Check all that suply)	A Rull Containment with Negative Pressure	-
0>340>3f Q210502201	Q Renovation Q Man-Enclosure Q Renovation Q Chychag Procedure Q Non-Exempted (1) and Non-Prickle Proc	Abelested Type
Location of Asiperios-Containing Mannial (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance Custodial Staff? (12) Description of Description of (ACM) Aspestos Containing Material (ACM) (Specify SF or LF) Amount (Specify SF or LF)	Encapsulate Encapsilate Repair Removes
(13)	YES NO NEA	
MAIN HOOR AREA	X CEILIOS TITE DXH 42,000	SIX
Name of Registered Weste Hauter NOVATED INC City, State OID BRIDGE NIS	NUDEP Waste Hauter Weste 20 Registered Landfill Weste 20 G. 20.0.5 O8857 Disposal Date: City, State C8857 Signature	A:00 12630,14
Completed by AMEIDA ! IT	not use this form for astresios licensure exempted activities.	

Date of Notification (1) 06/27/14				e of Building C hard Garde			(2)	25/4	JUL _	7 au			
-	Type Notification		1	et Address South 11th	ı Ave,			5-3	- 1				
DEP DOL	Initial Amended Amendment Emergency		Hig	State, Zip Coo hland Park e of Contact				Tok	LICEI	FOING	Νŷ	l.	
DOH DCA	justification) Cancellation		117	hael Zucke	r								
			F.	ACILITY INFO	RMAT	ION							
Name of Facility Where Al	batement is Takir	g Place (3)					Type of Fac	ility (4)					
							School Subcha	(K-12) apter 8 (Othe	or than V	12)			
Street Address 283 South 10th Ave,							× Other	(i.e. private 8	comme	rcial build	lings,	home	s,
							etc.) Square Fee	+ # # #	Floors	- R	dg. A	ne ne	
City (5) Highland Park NJ							Square ree	3	1 10013		ug. /	90	-
County (6)			Cou	nty Code (7)			Current Use	(Prior if bei	ng demol	ished)	00.00	S	
Middlesex				TE USE ONLY)			MULTI-FA			(***)**********			
Name of Monitoring Firm I	Hired by Building	Owner (8)	A	SCM No.		11.00-00-00-00-0	of Abatemen		N				
						AAA	LEAD PRO	OFESSIO	NALS				
Street Address							Address	COURT					
Services							HITE DOVE						
City, State, Zip Code							State, Zip Cod EWOOD, N						
Project Manager for Monit	toring Firm		Tele	phone No.		120000000000000000000000000000000000000	none No. 668-9078		License 1200	No.		*	
Start Date (10) 07/01/14		Scheduled 07/01/14	Complet	ion Date (11)			of OSHA Mo LEAD PR		NALS			10	
Occupancy Status During	Abatement (Che	ck Only One)				4.0000000000000000000000000000000000000	Address						
Facility Closed/Vacar	ted During Entire	Period of Aba	tement			6 WI	HITE DOVI	E COURT					
Facility Closed/Vaca Abatement Performe Other – Describe:	d Outside of Non	mal Facility Ho	ours			The second second	State, Zip Cod EWOOD, 1		8				
Scope of Work (Check All	That Apply)					_	_						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			ovation nolition				Mini-Encl	ainment with losure p Procedure mpted (*) an	-			Δ.	
					-		14011-LXC	Inpled () an	u Mon-i	able i io		ement	
		10.7 V. 10 Project	cation mally			escriptio	6				Ty	ре	
Location Asbestos-Containing		Used S	Solely by				Material (ACN	A) A	mount			ш	_
TO BE ABA	TED		enance/ lial Staff	l (ie	therma	al system acing, V	insulation,	(Specify or LF)	Reg	Re	ncar	inch
In Facilit	ry	(12)			miscella		,	Oi Li)	Remova	Repair	Encapsulate	Enclosure
		Yes	No N	I/A						=		ate	TO
BASEME	NT	X			INS	SULAT	ION		16SF	X			
D, TOE IN		-	-										
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-									-		
5								-		-	-		
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Name of Registered Was NEWARK CARTING			Haule	EP Waste er ID No.	of W	ic Yards /aste	IES	ne of Regist SI	eleu Lali	Jim -			
			0450	19	1 Dien	east D-/					_		
City, State NEWARK, NJ						osal Dat 01/14	BE	r, State THLEHEI	M PA				
Completed by JOSEPH PERLSTEI	N	Title OWNE	:R			Signatu /	Te J			Date 06/27/	14		

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

Date of Notification (1) JULY 2, 2014				of Building Owner AcLoone Ent		(2)		na _{n,}			
Agencies Notified	Type Notification			Address Ocean Avenu	e	2					
EPA DEP DOL	Initial Amended Amendment			ate, Zip Code Bright, NJ 07	760	ξ*:	114 JUL -			ì	
DOH DCA	Emergency (justification) Cancellation	including		of Contact Robinson			Telephon	e Number	-27		
Name of the last o			FAC	ILITY INFORM	ATION						
Name of Facility Where Former McLoone's	Abatement is Taking Rum Runner	g Place (3)			54	Type of Facility (4 School (K-12	2)	14 461			
Street Address 816 Ocean Avenue	e					Subchapter 8 Other (i.e. pr etc.)			dings	home	es,
City (5) Sea Bright, NJ 077	760					Square Feet 6000 SF	# of Floor 2		3ldg. <i>A</i> 1940		
County (6) Monmouth				Code (7) USE ONLY)		Current Use (Prio FORMER RE	r if being der STAURAN	molished) NT			
Name of Monitoring Firm	n Hired by Building (Owner (8)	ASC	M No.	Name Finis	of Abatement Cont shing Touch Ast	ractor (9) bestos Aba	atement (Corp	, inc	
Street Address		60				Address Broadway, Unit	: A				
City, State, Zip Code		-				State, Zip Code g Branch, NJ 07	7740				
Project Manager for Mon	nitoring Firm		Teleph	one No.		hone No. .222.8372	Lice 000	nse No. 040			
Start Date (10) 7/14/14		Scheduled 7/17/14	Completion	Date (11)	Name N/A	of OSHA Monitor					
Occupancy Status Durin	g Abatement (Chec	k Only One)			Street	Address					
Facility Closed/Vac	cated During Entire Fined Outside of Norm	Period of Aba	atement ours		City, S	State, Zip Code					
Scope of Work (Check A	All That Apply)		-								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ш таструу		ovation nolition			Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure				
			1000.05	1		Non-Exempted	() and Non	-Friable Pi		emen	t
			cation mally			r ine				ype	5
Asbestos-Containing TO BE AE In Fac (13)	g Material (ACM) BATED ility	Used S Mainte Custod	Solely by enance/ ial Staff? 12)	(i.e. ther sı oth	Description Containing I mal system urfacing, VA er miscella	Material (ACM) is insulation, AT, or	Amoun (Specif SF or LI	y R	Repair	Encapsulate	Enclosure
DOOF FLA	A CLUINIC	Yes I	No N/A		lon Erioh	le roof flashin	230 LF	-			
ROOF FLA			X				100 s	100000	-		
Ducts & Brack	ets on Hoor			Black	water pro	ofing tars	100 S	x			
Name of Registered Wa Finishing Touch As		nt Corp., I	NJDEP Hauler II	D No. of	ibic Yards Waste CY	A CONTRACTOR OF THE PARTY	Registered L S NORTH		LL		
City, State Long Branch, NJ				Di	sposal Date	e City, State Morrisv	ille, PA	-	- 6		
Completed by Joseph P. Miller		Title Preside	ent		Signatur	1 1		Date 7/2/14	1		
CONTRACTOR DESCRIPTION FOR SECURITION OF THE SEC					100g	1/1/4/A					

* HURRICANE SANDY DAMAGE * NON-FRIABLE EXEMPTED

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

Date of Notification (1) 7/2/14						Building VALLA		perator	(2)			**				
Agencies Notified	Type Noti				Street Ad 407 10	ddress OTH AVI	ENUE			1000	2814	JUL -7	AM		205-0	
DEP DOL	Ame	nded ndment				te, Zip Co AR, NJ			-	2	i ja		~;;	1: 4	3	
DOH DCA	justif	rgency (ication) cellation				Contact VALLA	RIO	. ~			Tele	ephone Nu	mber /	TE	ř_	
	L 				FACII	LITY INFO	DRMATIC	ON								
Name of Facility Where RESIDENCE	Abatement	is Takin	g Place (3)	12				Ту	pe of Facility (School (K-1						
Street Address 1411 3RD. AVENU	E									Subchapter Other (i.e. p etc.)	8 (Othe			lings,	home	es,
City (5) ASBURY PARK, N	J									uare Feet 500 sf	# of 2	Floors		ldg. A	ge ears	3
County (6)					County (Code (7) JSE ONLY)		Cu R	rrent Use (Pri esidence	or if bei	ng demolis	shed)			
Name of Monitoring Firm	n Hired by E	Building	Owner (8)		ASCN	No.				batement Cor ig Touch As			nent C	orp.	, Inc	
Street Address				81_				Street 580		lress badway, Un	it A					
City, State, Zip Code		(4)								, Zip Code ranch, NJ 0	770					
Project Manager for Mor	nitoring Firm	1			Telepho	ne No.		Telepi	hone			License I	No.			
Start Date (10) 7/16/14			Schedule 7/15/1		mpletion I	Date (11)		VIC. (1500AVI)	of C	SHA Monitor			******			
Wile William W	a Abatama	nt /Ch a	900000000 400	00				Street		Iraaa		_				
Occupancy Status Durin			····					Street	Auc	ness						
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside							City, S	State	, Zip Code						
Scope of Work (Check A	All That App	ly)		41/11/200												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			-	Renova Demoli				× ×		Full Containm Mini-Enclosur Glovebag Pro	e cedure					
	≥160 sf or ≥260 lf									Non-Exempte	d (*) an	d Non-Fria			e ement	
			34250	Locat Norma											эттетт ире	L:
Locatio Asbestos-Containing	2.2	CM		d Sole		Achor		scription		rial (ACM)	Δ	mount			_	
TO BE AB		(CIVI)	1700000	intena			thermal				500	Specify	R	70	Enc	Ē
In Faci			Cus	(12)	Staff?			cing, VA			SF	or LF)	Remova	Repair	apsı	Enclosure
(13)	1.0		Yes	No	N/A		othern	niscella	neou	15)			val	Ę.	Encapsulate	ure
BASEM	ENT				Х			TSI			1	18 LF	Х			
	1		_													
Name of Registered Wa	oto Haviler			١.	NJDEP W	lacto	Cubic	Yards		Name of	Pegist	ered Landf	il			
Finishing Touch Ash		ateme	ent Corp.	1 1	Hauler ID 12058		of Was 2 Cy			F		RTH LA		L		
City, State Long Branch, NJ 07	7740						Dispos 7/15/	sal Date	е	City, Star Morris		PA				
Completed by Joseph P. Miller			Title Pres	iden	t		S	ghatur	e	IN.			ate 7/2/14			
								/	* 1	1000						

Emengency

Jul	1	2014	09:37am	P001/001
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r			世的	1,0-

Date of Notification (i) 6-27-	· /III No	arrie of Building Owner	Operator (2)	· .			
Agencies Notified Type Notification		Territ Address	Sakou	tis Broth	ners	Dist	NSO
EPA . E Initial	L	ty, State, Zip Code	. Box 84		· #.		į.
DOL Amendment	(Including		olts Neck	, No c	17	2.2	
DOM justification) DCA Cancellation	T , NE		attoutis	Tolephone N	umber	-	٠.٠
Name of Facility Where Abatement is Takin	rd Pface (3)	FACILITY INFORMAT	Type of Facili	ty (4)	76	7	_
Street Address 31/2 Dools	Dwellin	J	School (Subchap	K-12) Mar 8 (Other than Ka	າ ເ ເ 12)∫.	7 A	
City (5) DOKT	nouth	AUE	Square Feet	# of Floors	J) —	lg. Age	nes, I
County (6)	· W 2:	07704 Linty Code (7)		Prior if being demoli:	en.	60+	_
Name of Manitofing Firm Hinnd by Building	. 1	ASCM No. A	Single Name of Abatement	family	-	elling	<u> </u>
	Sies	MA	L ETC TI	republic	4 ie 4	I	ne.
RO. Box 3.	37		Sheet Address:	× 337	3		
Project Manager for Monthly Firm	N2 C	8533	Cty State, Zip Code	TU tay	08	153	13
Steve Schenke	& 60	ephone No. 09 758-336 5	Telephone No. 609 758~33	Licente I	03	94	
6-30-14	Scheduled Comple 7-3-	Ston Date (11)	Name of OSHA Monit	chnologics	In	<u> </u>	
Occupancy Status During Ababament (Chec	Period of Abeleman	(Street Address P.O. Bo				
Abatement Performed Ourside of Norm Other - Describe:	nal Facility Hours		City, State, Zip Code New Egyp		285	77	
Scope of Work (Check All That Apply) ☐ 23 af or 23 if	D Renovation			iment with Negative	-		•
A STED EL OR STED IL	Demailtion		□ Mini-Enclos □ Glovobag P	ure rocedure	•		75
Location of	- la Location Normally		NOT-EXEMP	led (*) and Non-Frigi		batemen	rt
Location of Assessor Containing Material (ACM)	Used Solely b	ASDESIOS CONT	scription of Birding Material (ACM)	Amount		Туре	
In Facility (13) Exterior Walls	Custodial Staff (12)	surfac	eysloms insulation, ing, VAT, or iscellaneoud)	(Specify SF or LF)	Remova	Encapsulate	Enclarure
Exterior Walls		WA CE I		0.50		, lette	8
A LA PECIONE WALLS		Siding.	Shingles_	1800.SF	X	-	
			,				
Name of Registered Witate Hauler	Haute	P Waste Cubic '	6 7	of Registered Landfill			Ч
EPC Technologies		7000 Dispos	O Was	ste. Manage	nent	· F P	A
Completed by	NJ · ·	フ・	um	nisville 7	PA		
Steve Schenker	Presiden	+ 3	Steen Sch	who De	6-	27-/	4

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

#13016

Do not use this form for asbestos licensure exempted activities.

Name of Building Owner/Operator (2) Date of Notification (1) 2614 JUL -7 PH 1:13 Brandywine Operating Partners, LP Street Address Agencies Notified Type Notification 1000 Midlantic Drive Initial **EPA** City, State, Zip Code × Amended DEP Mt. Laurel, NJ 08054 Amendment # DOL Emergency (including Telephone Number Name of Contact justification) DOH Robert Barone Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) unnamed School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, × 55 US Avenue # of Floors Bldg. Age Square Feet City (5) 127,000 1&2 40 Gibbsboro County Code (7) Current Use (Prior if being demolished) County (6) (STATE USE ONLY) Camden Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Alliance Environmental Systems, Inc. Vertex Street Address Street Address 550 East Union St. 1102 Baltimore Pike City, State, Zip Code City, State, Zip Code West Chester, PA 19382 Glen Mills, PA 19342 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 610-701-9000 00508 610-558-8902 Dave Brown Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) Vertex 12/31/13 12/30/13 Street Address Occupancy Status During Abatement (Check Only One) 1102 Baltimore Pike Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Glenn Mills, PA 19342 Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ (Specify Enclosure Remova (i.e. thermal systems insulation, TO BE ABATED Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)Yes No N/A 1,800 SF X panel adhesive dots East wall 2nd floor Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler of Waste Hauler ID No. Days Cove Reclamation Company JP Fidler 1620498 510 Disposal Date City, State City, State 6425 Days Cove Rd., White Marsh, MD Various 2101 Derby Drive, Cinnaminson, NJ Date Title Signatu Completed by 12/12/13 President Robert M. Casciato

page 1 of 2

Date of Notification (1) 6 / 30	/ 14				ng Owner/Operator (orps of Engineer		Dietrict 7 lob#1	310 4	605	~K#	8
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	tification			t Address		· - *		2			
☑ DOLWD ☑ Amer	-				er Building 100 Pe	enn Square Eas		-	16-		
	idment #4)		State, Zip			100				
	gency_(includ	ting	Manager Street		ia, PA 19107-3390	0					
	cation)			of Conta			Telephone Num	ber			
☐ Cano	ellation		Ma	tthew Tu	urner						
			FA	CILITY	NFORMATION					13	
Name of Facility Where Abatement	is Taking Pl	ace (3)				Type of Facility					
Walson Hospital		1)				School (K-12	!) 3 (Other than K-12				
Street Address						Other (i.e., p	rivate and comme) rcial bu	uildin	as.	
5250 New Jersey Ave.						homes, etc.)					
City (5)		35				Square Feet	# of Floors	BI	dg. A	.ge	
Fort Dix											
County (6)			Cou	nty Code	(7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)			
Burlington						Air Force Ba	ase				
Name of Monitoring Firm Hired by	Building Own	er (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
M.E.C.S.			381	35	AbateTech, II	nc.					
Street Address					Street Address					-	_
Po Box 341					30 Maple Ave	. PO Box 25					
City, State, Zip Code					City, State, Zip Co						0
Chesterfield, NJ 08515					Lumberton, N						
Project Manager for Monitoring Firm	1	Tel	ephone	No.	Telephone No.		License No.				
William Weisgarber				8-4070	609-265-2107		00529				
Start Date (10)	/ Scheduled				Name of OSHA M		00020				
01/_20_/_14		/ 3			EMSL Analyti						
Occupancy Status During Abateme		A			Street Address						
☐ Facility Closed/Vacated During E					108 Haddon A	1.00					
☐ Abatement Performed Outside o				cribe	The second secon						
Time of Abatement:AM					City, State, Zip Co Westmont, N.						
Scope of Work (Check all that apply	1)				westmont, N	0 00 100					
	,				☐ Full Cont	ainment with Neg	ative Pressure				
☐ ≥3 sf or ≥3 lf		Renovat			☐ Mini-Encl	losure					
≥160 sf or ≥260 If	\bowtie	Demoliti	on		☐ Glovebag		n-Friable Procedur				
		Is Loca	tion		⊠ Noii-Exei	inpled () and Nor	1-1 Hable F10Cedul	1			
Location of		Norma			Description of	f		1	atem		
Asbestos-Containing Material (A		sed Sol		Asbe	estos Containing Mat		Amount	Removal	Repair	Enc	Enclosure
TO BE ABATED IN Facility		Maintena ustodial		(i.e	e., thermal systems i		(Specify	Von	air	aps	losi
(13)		(12)			surfacing, VAT, other miscellaned		SF or LF)	<u>a</u>	1	Encapsulate	Тe
	Ye	s No	N/A							ē	
SEE ATTACHED		П							П	П	П
			4					12			-
								ļΫ	Ш		
			\boxtimes								
	П								П	П	
Name of Registered Waste Hauler		300	JDEP V	Vaste	Cubic Yards of	Name of Regist	ered Landfill	14		Ц	
AbateTech, Inc.		400	lauler ID	No.	Waste	G.R.O.W.S.					
City, State			18750	- 10	780		-analli				
04440-4111-241-4411					Disposal Date	City, State					
Lumberton, NJ					07/31/14	Tullytown,	PA				
Completed By (Print or Type)	Title	Call Control			Signature	N D	Dat	te,	1	1	
Jennifer Piraine	Opera	ations (Coordi	nator	Annu	der Kra	ine (013	011	4	
SB-41	-				- 0	1		1	+		-
IAY 11	* Do n	ot use th	is form	for asbesi	tos licensure exempt	ted activities.					

Location of Asbestos-Containing	Solely b	on Normall y Maintena	ince or	Description of Asbestos-Containing	Amount (Specify	Α		emer pe	nt
Material (ACM) <u>TO BE ABATED</u> in Facility	Custo	odial Staff?	(12)	Material (ACM) (i.e., thermal systems insulation, surfacing,	SF or LF)	Removal	Repair	Encapsula	Enclosure
(13)	Yes	No	N/A	VAT or other miscellaneous)		oval	air	sulat	sure
BUILDING 5250 Throughout				Popcorn Ceiling	1,785 SF	X			
BUILDING 5250 Throughout				Duct Insulation	160 SF	X	П	Ī	П
BUILDING 5250 Throughout				Transite Roof	921 SF	X	Ī	П	П
BUILDING 5250 Throughout				Window/Door Caulk	33,158 LF				
BUILDING 5250 Throughout				Interior Window Glazing	150				
BUILDING 5250 Throughout				Transite Panels	1,000 SF	X			
BUILDING 5250 Throughout			\boxtimes	Roofing	23,000 SF				
BUILDING 5250 Throughout				Roof Hatch Gasket	20 SF	M	П	П	П
BUILDING 5250 Throughout				Misc Debris	100 SF	X	Ħ	Ī	Ī
BUILDING 5250 Throughout				Gaskets	10	X	$\overline{\sqcap}$	Ī	Ī
BUILDING 5250 Throughout			Ø	Sheetrock	3,250 SF	N	一	Ħ	$\overline{\Box}$
BUILDING 5250 Throughout				Backsplash	700 SF	X	Ħ	Ħ	Ħ
BUILDING 5250 Throughout			X	Roof Penetrations	1,200 SF	X	ī	Ħ	Ħ
BUILDING 5250 Throughout				Flashing	1,600 SF		П		
BUILDING 5250 Throughout				Floor Tile & Mastic	3,770 SF				
BUILDING 5250 Throughout				Stick Pin Mastic	1,100 SF	团		$\overline{\Box}$	$\bar{\sqcap}$
BUILDING 5250 Throughout				Transite Panels	2,650 SF		Ħ	ΠI	Ħ

NO CF

Date of Notification (1)				Name	of Buildin	g Owner/Operator (2)		-	7		100
6//	14			Ne	wark Cor	mmunity Health						
Agencies Notified Type Notif	fication			Street	t Address			14 JUL -7 f	11 1	: ઉંઇ	}	
☑ EPA ☐ Initial				741	Broadw	<i>r</i> ay						
□ DOLWD		1		City, S	State, Zip	Code		- T T- C		TOI		
The state of the s	iment #3	- /			wark, NJ			c N	15.			
DCA Emerg		Cinaiu	g		of Contac			Telephone Num	ber		-	-
☐ Cance					siness O			, copilers tuni				
	A SECTION AND A					NFORMATION			100		-	_
Name of Facility Where Abatement is	s Takino	Plac	e (3)	· A	CILITI	VIORWATION	Type of Facility	(4)				
Newark Community Health C		, , , , , ,	C (C)		1.0		School (K-12	200				
Street Address	Officer						☐ Subchapter 8	Other than K-12	2)			
741 Broadway								rivate and comme	rcial b	uilding	gs,	
-							homes, etc.)		l n	-1 A		
City (5) Newark							Square Feet	# of Floors	В	ldg. A	ge	
				10		7) (07475 1 105 048 14	0 111 /5					
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Comment of the Commen	ior if being demolis	shed)			
Essex			(a) T				Health Cent					
Name of Monitoring Firm Hired by B		wner	(8)	ASCM	No.	Name of Abateme						
Environmental Connection, I	nc.					AbateTech, li	nc.					
Street Address						Street Address						
120 North Warren Street						30 Maple Ave						
City, State, Zip Code						City, State, Zip Co	ode					
Trenton, NJ 08608						Lumberton, N	IJ 08048					
Project Manager for Monitoring Firm	100	,	Tele	phone	No.	Telephone No.		License No.				
Ryan Broadwater			60	9-392	=4200	609-265-2107		00529				
Start Date (10)	Sched	uled (Comple	tion Da	ite (11)	Name of OSHA M	onitor					
_ 5 / _27 / _14	1	7	/31	/ .	14	EMSL Analyti	cal					
Occupancy Status During Abatement	t (Check	only	one)			Street Address						
☐ Facility Closed/Vacated During Er	ntire Per	iod of	Abate	ment		200 Route 13	0 North					
Abatement Performed Outside of						City, State, Zip Co	de					
Time of Abatement: 7:00AM-3:3	<u>0</u> PM/	F	PM	AM		Cinnaminson						
Scope of Work (Check all that apply)						1		-				
N 10.49							ainment with Neg	ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			enovati emolitio			☐ Mini-Enc						
≥ 100 31 01 ≥200 II			SHIOHUC	M.1		☐ Glovebaç ☑ Non-Exe		n-Friable Procedu	re			
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Location of			Norma			Description o	f			-		T
Asbestos-Containing Material (AC	CM)		ed Sole aintena			stos Containing Ma		Amount	Remova	Repair	nce	Enclosure
TO BE ABATED IN Facility			stodial		(1.6	e., thermal systems i surfacing, VAT,		(Specify SF or LF)	ova	¥.	psu	nso
(13)			(12)			other miscellane		31 01 LI)	-		Encapsulate	ले
		Yes	No	N/A							T.	
1 st Floor					Floor T	ile & Mastic		2,720 SF		П		
			-									
						-			14		Ш	Ш
Name of Registered Waste Hauler			N	JDEP \		Cubic Yards of	Name of Regis	tered Landfill				
AbateTech, Inc.			1,000	auler II	O No.	Waste	G.R.O.W.S.					
City, State				18750)	Disposal Date	City, State	TO THE PROPERTY OF THE PROPERT				
Lumberton, NJ						7/31/14	Tullytown,	PΔ				
	1					k	i dilytown,					
Completed By (Print or Type)	Title					Signature	1 ^ -	Da	te	1	,	
Jennifer Piraine	O	perat	ions (oordi	inator	Xx me	der trai	ne 16	130	114	1	
ASB-41	**	20 -	hus = 41	in fo	for set	too lines ()	// /			1		
MAY 11	~ <u>L</u>	o not	use th	is form	ior asbest	tos licensure exemp	tea activities.					

Date of Notification (1) . 6/27/14				Name o	of Building	Owner/	Operator	r (2)	5	HE14	li ii -				
Agencies Notified	Type Notification	1			Address agle Ro	ock rd				E14 (!!!! -7	-EM	!:	35	
EPA DEP X DOL	Initial Amended Amendmer	ıt #	(City, Sta	ate, Zip C and NJ	ode	·		-	97	LICE	MSIN	n in	71.	
DOH DCA	Emergency justification Cancellatio	(including)	1	Name o	f Contact		1997				lephone N		'-d		
E DOA	Caricellatio	n 	Т,		ILITY INF		ION			1					
Name of Facility Where Hudson Switch	Abatement is Taki	ng Place (3)		1 70	ILIT I INI	ONMAT	ION	Тур	e of Facility (00000					
Street Address 164 Van Keuren Av	re							×	School (K-1 Subchapter Other (i.e. p	8 (Oth			ilding	s, hon	nes,
City (5) Jersey City NJ 070	97		- 55					Squ n/a	etc.) are Feet	# c	f Floors		Bldg. n/a	Age	
County (6) Hudson					Code (7) USE ONL	0		Curr n/a	ent Use (Pri	or if be	ing demo	lished)			
Name of Monitoring Firm n/a	Hired by Building	Owner (8)		ASCN n/a	I No.				atement Cor vironmenta			900			
Street Address n/a		-					Street 17 O		ess ock Rd						
City, State, Zip Code n/a									Zip Code NY 11980	 O				-	
Project Manager for Mon n/a	itoring Firm			elephoi n/a	ne No.		Teleph 631 9	none N	lo.		License 01136				
Start Date (10) 6/26/14		Scheduled 6/26/14	Comp	oletion [Date (11)		1		HA Monitor above						
Occupancy Status During	Abatement (Che	ck Only One))				Street	Addre	SS						
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire ed Outside of Norr	Period of Ab nal Facility H	ateme lours	ent			n/a City, Si n/a	tate, Z	ip Code	No.					
Scope of Work (Check Al	That Apply)			-											-
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			novatio molitio				×	Mi Gl	Il Containme ni-Enclosure ovebag Proc n-Exempted	edure				-0	
		le Lo	ocation	n				1 140	II-Exempled	() air	3 14011-1 116	able Fit	700 L	emen	t
Location	of	No	rmally			Des	scription	of					T	ре	
Asbestos-Containing TO BE ABA In Facili (13)	TED `	Custod	enanc	e/		tos Cont thermal surfac	aining M systems cing, VA niscellan	lateria insula T, or		(8	mount specify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes I	No	N/A								-		ate	9
Exterior Tre	nching			х		Trar	nsite pi	ре		11	0 LF	x			
						-									
Name of Registered Wast Waste Management	e Hauler		100000000000000000000000000000000000000	DEP Wa uler ID N 273		of Was 20 yds	te		Name of F Wm Gro						
City, State 100 Ave A Newark N	J 07114				2 8	The second second	al Date		City, State Morrisvil			-32		_	
Completed by Michael j DiMaria		Title Project	man	ager		Si	gnature Muc		0 16	m		ate 5/27/14		-	
						/_	1 CAR	111 4	7/14	414	(100		-	

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

Per Frank Myer Spoke to Frank on 17/2/14 at 3:15pm

Date of Notification (1) 7/03/2014					Name of Build NAVFAC Mid							
Agencies Notified (X) EPA		17		•	Street Address 9742 Maryland		g. Z-144					V) 98
(X) DOL (X) DOH () DCA				ation	City, State, Zig Norfolk, VA 23							
					Name of Conta			Tel. N	umber	21		
	cies Notified EPA OOL OOH DCA a of Facility Where Abatement is Taking Place (3) — VADM James H. Doyle, Jr. Combat System Engire CSEDS) t Address Centerton Road 5) a of Monitoring Firm Hired by Bidg. Owner (8) commental Management International t Address ast Germantown Pike, Suite 204 State, Zip Code Norristown, PA 19401 ct Manager for Monitoring Firm I Cassenti ct Manager for Monitoring Entire Period of Abate Poatement Performed Outside of Normal Facility Houribe Datement Performed Outside of Normal Facility Houribe Datemen			FACILITY IN	FORMATION					2111/4	2409	
					Type of Facility () School (K-	12)	an K-12)	5		JE.	jā , Ž	
Street Address 300 Centerton Road					(X) Other (i.e Sq. Feet <u>20,0</u>			0.50.16	mes, etc	-7 PI	**	
City (5) Moorestown			County C (State Us		Bldg. Age <u>30</u> Current Use (p	+ prior if being	demolished)	Naval	Develop	ment.	i i	2
			ASCM N	0.			Name of Co NCM Demo	ntractor ition and	(9) = d Remed	ار diation,	LP	
Street Address 34 East Germantown Pike,	Suite 204				Street Address 395 Turner Inc						**************************************	
<u>City, State, Zip Code</u> East Norristown, PA 19401					City State, Zip Aston, PA 190							
Project Manager for Monito David Cassenti	oring Firm				Telephone Nu 484-480-8931	mber		<u>Licens</u> 01066	e Numb	er		
Scheduled Start Date (10) 07/09/2014			Completion	Date (11)	Name of OSHA EMSL Analytic							
					Street Address	3						==//=0
() Abatement Performed (Outside of No	e Period of Al ormal Facility I	batement Hours -		107 Haddon A				-			
	0.0000000000000000000000000000000000000	thin regulated	area		Westmont, NJ							
(X) Large Proj. (>160 SF	or >260 LF A	CM) ()M Pro	oj. (>25<16 Mini-Encl	0 SF or >10 <26	0 LF ACM) (ovebag Procedu) Minor Pro	j. (<25 SF or <	<10 LF /	ACM)			
Location of Asbestos- Containing Material (ACM) Facility (13)	Is Loca in Solely	ation Normally by Maint./Cus	Used	Description of thermal system surfacing, VAT	ACM (i.e. ns insulation,		Specify SF or	LF)		ment Ty		
Northeast Exterior Wall		NO	NA	miscell.) Galbestos coa metal siding	ted corrugated	400 SF			Rem.	Rep.	Encap	Enclose
				niotal olumg								
Name of Reg. Waste Haule	er l	NJDEP Was	te Hauler I	 D#	Cubic Yards of	Waste		Name	of Reg.	Landfill		
Service Transport Group		A901 #	#20990 / SI	W2117	3			Mine	-			
City, State New Castle, DE					al		Disp. Date 7/12/2014		V	Vaynesi	<u>te</u> ooro, Ol	Н
Completed by (Print or Typ Richard P. Semega, Jr.	<u>e)</u>		anch Mana	ager	Signature			<u>Date</u> 7/03/2	014			
					4							WHATEVAL LAND

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

Date of Notification (1) 07 / 02	2 /	1	4		Nam N.	ne of Buildir J Departn	ng Owner/Operator nent of Educatio	(2) n / Johi#14064	4773: Chack	#6405			
Agencies Notified Tv	pe Notif			-100		et Address		, 0028 1/4 (685	THE PROPERTY	: 30			
	Initial	ncation			0.000000000	D Box 500		۸.					
☑ DOLWD □	Amend	ied				State, Zip	-	9	Lackette	14.1			
□ DHSS	Amend			_	1000	enton, N.		1					
DCA (NJAC 5:23-8)	Emerge justified		includi	ng		e of Conta			171.1				_
Vi	justifica Cancel					lwyn L. B	N		Telephone N	lumber			
					FA	ACILITY II	NFORMATION				- 3335		
Name of Facility Where Abate				e (3)				Type of Facility	(4)				_
Marie Katzenbach Sch	ool for	the [Deaf				25	School (K-12					
Street Address								Subchapter Other (i.e., p			والمالييط		
320 Sullivan Way								homes, etc.)		inercial	bullali	igs,	
City (5)								Square Feet	# of Floors		Bldg.	Age	-
Trenton											- 5		
County (6)					Cou	inty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being dem	nolished	1		_
Mercer	12							School					
Name of Monitoring Firm Hire	ed by Bu	ilding	Owner	(8)	ASCN	No.	Name of Abateme	ent Contractor (9)					_
USA Environmental Ma	anagen	nent,	Inc.				AbateTech, I						
Street Address							Street Address		-				-
344 West State Street							30 Maple Ave	e. PO Box 25					
City, State, Zip Code							City, State, Zip Co						2
Trenton, NJ 08618							Lumberton, N	NJ 08048					
Project Manager for Monitorin	ng Firm			Tel	ephone	No.	Telephone No.		License No.				-
William Weisgarber, Jr.				6	09-656	6-8101	609-265-2107		00529				
Start Date (10) 07 /21 /14						ate (11) 14	Name of OSHA M EMSL Analyti						_
Occupancy Status During Aba	atement			1100			Street Address						_
☐ Facility Closed/Vacated Du					ment		200 Route 13	0 North					
Abatement Performed Outs	side of N	Normal	l Facili	y Hou	rs - De	scribe	City, State, Zip Co						_
Time of Abatement:	_AM	P	M/	PM		_AM	Cinnaminson						
Scope of Work (Check all that	annly)	A.M.E.					Cililaminson	, NJ 08077					_
	. арріу)						☐ Full Cont	ainment with Neg	ative Pressure				
⊒ ≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf				enovat emoliti	50 00 1 5150		☐ Mini-Encl ☐ Glovebag	osure Procedure					
		-	I	Loca	tion	T -	⊠ No⊓-Exer	npted (*) and Nor	n-Friable Proce				
Location of				Norma			Description of				batem	T	Гу
Asbestos-Containing Mater		M)		ed Sole			stos Containing Mat	erial (ACM)	Amount	Rer	Repair	Enc	1
TO BE ABATED IN Facility			100000000000000000000000000000000000000	iintena todial			., thermal systems in	nsulation,	(Specify	Removal	air	aps	
(13)				(12)	_		surfacing, VAT, other miscellaned		SF or LF)	<u>n</u>		Encapsulate	
uditorium			Yes	No	N/A	-	-		11			e	
						Floor Ti	ile & Mastic		2,380 SF				1
uditorium					12		or Transite		21 SF		1		1
uditorium						Wall ad	hesive		84 LF				
xterior of Auditorium				\boxtimes		Exterior	Window Caulk		240 LF				1
ame of Registered Waste Ha	uler	-			JDEP \		Cubic Yards of	Name of Regist	ered Landfill		1		T
AbateTech, Inc.				H	auler II 18750	2 809999	Waste	G.R.O.W.S.					
					10/30		40 Disposal Date	City, State				_	-
ty, State						1							
						I	8/8/14	Tullytown	PA				
ity, State Lumberton, NJ ompleted By (Print or Type)		Title	-	-				Tullytown,		Data			_
		Title		ons (Coordi	nator	8/8/14 Signature	M Prair	1	Date 1/7	114		_

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

(K2656

Date of Notification (1)					Name of E	Building Own	er/Operator	(2)		21	1,					
7/2/2014					DIV 75	Demarest	LLC c/o	The Dav	is Com	oanie	8 <i>4 J</i>	7	7 -			
Agencies Notified	Type No	tification			Street Add	Building Own Demarest dress Jh Street						- /	P	11	: 01	,
× EPA	× Initi	al								100			_		< 0	1
× DEP		ended				e, Zip Code	^				9 [1	1 7.3	131	- 1
X DOL ⁻		endment # ergency (in		-		, MA 0211	U	92	-1.21	T = 1-		V L P		1 -, 1	UI.	
DOH DCA	just	ification)			Name of 0					rele	phone I	Numbe	31			
DCA	Car	cellation				e Bellido							92			
		(to Table a	DI (2)		FACIL	ITY INFORM	IATION	Type of	Facility (4	1		_		_		
Name of Facility Where	Abatemen	t is Taking	Place (3)									- 5				
N/A			11000					Sc Su	hool (K-12 bchapter 8	() 3 (Othe	r than k	(-12)				
Street Address	*							× Ot	ner (i.e. pr	ivate 8	comme	ercial l	ouildi	ngs, l	nome	s,
75 Demarest Drive	?							Square	1	# of	Floors		Blo	ig. Ag	10	-
City (5)								190,0		2	1 10013		46	3	,0	
Wayne						1 (7)			Use (Prio	10.5	a dome	licher			-	
County (6)					County C			100000000000000000000000000000000000000	ry - Vac							
Passaic .					.0	125	T N					iontio	-		-	-
Name of Monitoring Firm					ASCM		Name of Abatement Contractor (9) Incinia Contracting, Inc.									
CTSI Environment	nvironmental Safety & Health Profe				00109	9	76994103		tracting,	IIIC.			•			
Street Address							Street Address									
237 West 35th Str	eet, Suit	e 805						1360 Clifton Avenue, Unit 365								
City, State, Zip Code							City, State, Zip Code									
New York, NY 100							Clifton, NJ 07012 Telephone No. License No.							2.2		
Project Manager for Mo	nitoring Fi	rm			Telephon				00		0103					
Farhood Selamie						9-3451	0.000.0000	-450-95			0103			_		-
Start Date (10)					mpletion D	Date (11)	Name of OSHA Monitor Incinia Contracting, Inc.									
7/14/2014			12/31/2				Street Address								_	
Occupancy Status Duri	ng Abatem	ent (Check	Only On	e)			1360 Clifton Avenue, Unit 365									
➤ Facility Closed/Va	cated Duri	ng Entire P	eriod of A	bater	ment					e, on	11 303		_			
Abatement Perform Other – Describe:	ned Outsid	de of Norma	al Facility	Hour	S			State, Zip								
							CIII	ton, NJ	0/012							
Scope of Work (Check	All That Ap	oply)					F	- T					*			18
≥3 sf or ≥3 lf	8.		printers	enov			ŀ	100000000000000000000000000000000000000	Containme Enclosure		Negati	ve Pre	essur	е		
≥160 sf or ≥260 lf			× D	emoli	ition			Glov	ebag Proc	edure						
								× Non-	Exempted	i (*) an	d Non-F	riable				
			ls	Loca	tion										ment pe	
Location	on of			Vorma			Descriptio	n of				-		- ,	-	
Asbestos-Containin	g Material	(ACM)		d Sol intena	ely by		Containing				mount Specify		ח		Ē	m
TO BE A			0.000		Staff?	(i.e. the	ermal systen surfacing, V	ns insulat AT or	ion,		or LF)		(em	Repair	cap	ncla
In Fac	200			(12)			ther miscella						Remova	air	Encapsulate	Enclosure
`			Yes	No	N/A							-	200		te	Ф
	*		163		14//						000 S	_				
First Floor -	Column	ns .		X			ay-on Fire						X	_	_	-
First Floor - Horizontal Beams				X		Spra	ay-on Fire	proofing	9	50,	000 S	F	X			
First Floor - Ovens				Χ		Ove	n Stack Ir	nsulatio	n	1	88 SF		Х			
Mezzanine - Crawl Space				X		Spra	ay-on Fire	proofin	a	5,0	000 SF	=	Х			
Name of Registered Waste Hauler				7.30	NJDEP W		Cubic Yards		Name of							
					Hauler ID	No.	of Waste		IESI PA				ndfill	Cor	pora	atior
Atlantic Carting, LLC					NJ-641		TBD	(+)					111			
City, State .							Disposal Dat	e	City, Stat		DΛ					
Wayne, NJ						TBD		Bethlel	nem,	PA	15					
Completed by Title				9			Signature Date 7/2/2014									
Milena Zoric			Exec	Executive Director					7/2/2014				14			

TO BE ABATED	Nor	Locat mally	Used	Description of Asbestos		Al	batem	ent Ty	pe
Containing Material (ACM)	M:	Solely laintena todial ((12)	ince	Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Eliciosure
	Yes	No	N/A			al	7	te	i e
Mezzanine – Columns		X		Spray-on Fireproofing	11,000 SF	x			
Mezzanine – Boiler Room		X		Pipe Fittings	750 LF	X	•		
Mezzanine – Boiler Room		X		Boiler Breaching	400 SF	X			
Mezzanine – Boiler Room		X		Small Pipe Elbow Insulation	200 LF	X			
Mezzanine – Boiler Room		X	•	Large Pipe Elbow Insulation	180 LF	X			
Mezzanine – Boiler Room		X		Water Tank Insulation	360 SF	X			
Mezzanine		X		Oven Stack Insulation	113 SF	X			
Second Floor – Columns		X		Spray-on Fireproofing	11,000 SF	X			
Second Floor – Horizontal Beams		X		Spray-on Fireproofing	6,000 SF	X	•		
Second Floor - Roof		X		Duct Insulation Tar	600 SF	X			
Second Floor – Penthouse		X		Pipe Insulation	300 LF	X			
Second Floor		X		Oven Stack Insulation	227 SF	X			
Waste Water Treatment Plant		X		Roofing Membrane	2,000 SF	X			

(K1069

Date of Notification (1)					Name	of Building	Owner/Operator (2	2)		143			
	3/	14	-		Cec	ilia Jara			65.	Ť			
Agencies Notified - T	ype Notifi	cation			Street	Address		-	2814 JUL -7	- 00			
	Initial				4 Se	eawood A	Avenue		-07-1	PH	1		
The state of the s	Amende	7070		ŀ	City, S	tate, Zip C	ode		7.3	- '	1. 4	G	
☑ DOH	Amendr						NJ 07734		471 -1				
] Emerge		cluding	-		of Contact			Telephone Numb	ner -	·iUi		-
(NJAC 5:23-8)	justifica Cancell					hony Ma			relephone reality	C. C.			
L	_ Cancell	au011											
Name of English Where Abo	atomont in	Takina	Dlaco	(2)	FAC	SILITY IN	FORMATION	Type of Easility	(4)				
Name of Facility Where Aba Residential House	atement is	raking	Place	(3)				Type of Facility (☐ School (K-12)					
		-) I (Other than K-12)	1			
Street Address								Other (i.e., pr	ivate and commer	cial bu	ilding	s,	
4 Seawood Avenue								homes, etc.)					
City (5)								Square Feet	# of Floors	Blo	ig. Ag	ge	
Keansburg													
County (6)					Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
Monmouth				***									
Name of Monitoring Firm Hi	ired by Bu	ilding O	wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Bio Terra Solutions							C	NAGEMENT L					
Street Address							Street Address						-
P.O. Box 1224							27 Outwater						
City, State, Zip Code							City, State, Zip Co				-		
Union, NJ							Garfield, NJ						
Project Manager for Monito	ring Cirm		-	Tolo	phone	No	Telephone No.	07020	License No.				
	ning Finni			1000000	3-494		973-928-4888						
Rick Eustaquio		0.11	11.0						1100				
Start Date (10)07 /14 /	14	Sched 0			tion Da	52	Name of OSHA M	ionitor NAGEMENT L	LC				
			- 11,100	-			Street Address						
Occupancy Status During A Status During A		Algeria de la companya della company			mont		27 Outwater	lana					
☐ Abatement Performed C	The state of the s					crihe		Managara sea					_
Time of Abatement:							City, State, Zip Co						
			dir a-s-				Garfield, NJ	07026				-	
Scope of Work (Check all the	nat apply)						☐ Full Cont	tainment with Neo	ative Pressure				
☐ >3 sf or >3 lf			□Re	novati	on		☐ Mini-End		gativo i robbaro				
≥160 sf or ≥260 If			⊠ De	molitic	n		☐ Gloveba	g Procedure					
							Non-Exe	mpted (*) and No	n-Friable Procedu		20		
			1,100	Locat Vorma						Ab	atem	ent T	ype
Location of Asbestos-Containing Ma		'NA'		ed Sole		Ache	Description of stos Containing Ma		Amount	Re	R	m	m
TO BE ABATI		2101)	0.0000	intena			., thermal systems		(Specify	Removal	Repair	сар	clos
IN Facility			Cus	todial ((12)	Staff?		surfacing, VAT		SF or LF)	<u>s</u>	4500	Encapsulate	Enclosure
(13)			Yes	No	N/A		other miscellane	ous)				ite	
Vithahan 9 Laundry					×	VAT & I	Maetio		284 SF				
Kithchen & Laundry				-	-					-			
Exterior Windows						Caulkin	ng		158 LF		Ш	\boxtimes	
Name of Registered Waste	Hauler			I	JDEP V	Waste	Cubic Yards of	Name of Regis	tered Landfill				
ALL PRO MANAGEM		C		- Ĥ	lauler II		Waste	IESI Landf	ill				
City, State					00348	360	As Needed Disposal Date	City, State					
							TBD	Bethlehem	DA.				
Garfield, NJ							C SESTIMAN	Betilellell	100000000000000000000000000000000000000			- 1	
Completed By (Print or Typ	e)	Title	9		1000	welleran of	Signature	/ 1/	Da	te	ſ	1.	A b
Zvonko Veskov		P	resid	ent			MU	co Ms	6	1	3	311	4
ASB-41							1900	- Just		-	1	1	
JAN 13		*	Do noi	use th	nis form	for asbes	tøs licensure exem	oted activities.		1			

MO 217 20623488

Date of Notification (1) 7/3/2014 Name of Building Owner/Oper Nassau Presbyterian C Agencies Notified Type Notification Street Address									\$ 7	,	1012 m				
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Agencies Notified	Type Notification		1 0.2500		dress sau St.					,					د (زو
EPA DEP DOL	InitialAmended		Cit	y, State	e, Zip Coo	de					23 I	ICEN		IT	Ji_
X DOL	Amendment				on, NJ (to be	ILLM	. 15	G	
DOH	Emergency justification)		Na	me of	Contact					Tele	phone N	umber			
DCA	Cancellation		M	att Sa	almon										
				FACIL	ITY INFO	RMATIC	N								
Name of Facility Where		g Place (3)						Ту	pe of Facility	(4)					
Nassau Presbyteria	an Church								School (K-	12)	100	1.2			
Street Address	- 1				9,00				Subchapte Other (i.e.	r 8 (Othe	er than K-	·12) rcial build	linge	home	
61 Nassau Street								×	etc.)	private	x comme	oldi bullo	migs,	Horne	,
City (5)		-				- 000			uare Feet		Floors	100	ldg. A	ge	
Princeton								39	9000	4		1	00		
County (6)		25	Co		Code (7)	37			ırrent Use (Pr hurc∕n	ior if bei	ng demoli ノ	ished)			
Name of Monitoring Firm	Hired by Building	Owner (8)	-	ASCM	No.	-	Name of Abatement Contractor								
Health and Safety S	State of the state			MINERO E		AEi2									
Street Address							Street Address								
318 12th Street							300 South Lenola Road								
City, State, Zip Code		-				City, State, Zip Code									
Hammonton, NJ 08					100		Shade, NJ (18052				0.00			
Project Manager for Mon	itoring Firm			lephor			Telephone No. License No. 609-481-2122 00689								
James Proctor			609-839-2432 Completion Date (11)								00689				
Start Date (10) 7/14/2014		7/15/201		etion L	Date (11)		Name AEi2		OSHA Monitor	ſ					
Occupancy Status During	g Abatement (Che	ck Only One)					Street		dress						
							300 South Lenola Road								
Facility Closed/Vaca Abatement Perform Other - Describe:							City, State, Zip Code								
Other - Describe:							- Maple Shade, NJ 08052								
Scope of Work (Check A	II That Apply)														
× ≥3 sf or ≥3 lf		x Ren	ovatio	n					Full Containm	nent with	Negative	Pressu	re		
≥160 sf or ≥260 lf		-	nolition					-	Mini-Enclosur	re					
							×	-	Glovebag Pro Non-Exempte		d Non-Fri	able Pro	cedur	e	
		1.1.					_		TYON EXOMPLE	1	2 1 1011 1 111	1		ement	t
1			ocation ormally										Ту	ре	
Location Asbestos-Containing		Used S	Solely I		Asbest		scription aining N		erial (ACM)	A	mount			m	
TO BE AB	ATED	Custod	enance	250 Year Land		thermal	system	s ins	sulation,		Specify	Re	Z.	nca	Enc
In Facil (13)			12)				cing, VA niscellar			SF	or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		Yes I	Vo	N/A		011101 11			/			<u> 83</u>	-	late	Гe
Basement Bo	iler Room	XX				TSI-Pip	e Insi	ılat	ion		7LF	XXX			
Bassinsii	110111		+	-								-			
		-							-		-			\vdash	
Name of Registered Was	0.0000000000000000000000000000000000000	EP W		Cubic			Name of Registered Landfill								
American Disposal	202	iler ID 213	No.	of Was	ste		Waste	Mana	gement						
City, State							al Date	6	City, Sta			5			
Lumberton, NJ						7/15/2	2014	7	Morris	ville, P	Α				
Completed by		Title				3	ignatur(JA MAR	Or 1	1,000	Date			
BERNARD D. MCKI	RAL N	MANA	AGER			2	Spirice			7/3/20	14				

Date of Notification (1)					Name	of Building	Owner/Operator (2								
	2	/ 14	_		Bur	lington R	esins		2014 (1111						
Agencies Notified	Type No	tification			Street	Address			· · · · ·	-7 PM	,				
⊠ EPA	☐ Initial				36 E	Beverly R	d.	2	6	. 11	1:	34			
□ DOLWD					City, S	tate, Zip C	ode		4 4 101	day :	34	2460			
□ DHSS □		ndment # <u>1</u>	•			lington, N			101	N. Tur	(13)	Ĺ			
☐ DCA (NJAC 5:23-8)		rgency (indication)	cluaing		Name	of Contact			Telephone N	IImho=					
(140/10/0.20-0)	☐ Cano				Dav	e Axman	n		1,000						
			-		FΔC	III ITY INI	FORMATION								
Name of Facility Where A	hatemen	t is Taking	Place	(3)	IAC	×1111 1141	ORMATION	Type of Facility (4	Ω						
Colorite Specialty R				3793	k)			☐ School (K-12)							
Street Address								☐ Subchapter 8	(Other than K						
36 Beverly Rd.								homes, etc.)	vate and com	mercial bu	ercial buildings,				
City (5)								Square Feet	# of Floors Bldg. Ag						
Burlington, NJ 0801	6							Outside/Site	N/A		N/A				
County (6)				-00 -125-	Coun	tv Code (7)	(STATE USE ONLY)								
Burlington						, , , ,	,	Abandoned S		•					
Name of Monitoring Firm I	Hired by	Building C	wner (8)	ASCM I	No.	Name of Abateme	ent Contractor (9)							
EHS Environmental		3		'	NA			ronmental Syst	tems						
Street Address							Street Address					_			
9 S. Main St.							550 East Unio	on St.							
City, State, Zip Code							City, State, Zip Co	ode							
Mullica Hill, NJ 0806	32						West Cheste								
Project Manager for Monit		m		Tele	ephone I	No.	Telephone No.	License No.							
Jack Carney				10000000	56-224		610-701-9000 00508								
Start Date (10)		Sched	uled C	omple	etion Dat	te (11)	Name of OSHA M	lonitor							
7 / 14 /	14	172.75 4.75			8_ / _		EHS								
Occupancy Status During	Abateme	ent (Check	only o	ne)			Street Address								
☐ Facility Closed/Vacate							9 S. Main St.								
Abatement Performed Time of Abatement: 7/						cribe	City, State, Zip Co	ode							
_		- 10-2-35 -	ğı ıvı		, AIVI		Mullica Hill, I	1J 08062							
Scope of Work (Check all	that appl	ly)					□ Full Con	tainment with Neg	otivo Propovro						
≥3 sf or ≥3 lf			☐ Re	novat	tion		☑ Mini-End		alive Flessule	3					
☐ ≥160 sf or ≥260 lf			□ De	moliti	on			g Procedure	Fishla Dasa						
			la.	1	4100		Non-Exempted (*) and Non-Friable Procedure								
Location	of			Loca Norma			Description of	of .		-	atem				
Asbestos-Containing N		ACM)	52,20,00000		lely by	Asbes	stos Containing Ma		Amount	Ren	Repair	Enc	Enc		
TO BE ABA					ance/ Staff?	(i.e.	., thermal systems		(Specify		a:	aps	Enclosure		
IN Facilit (13)	У		040	(12)			surfacing, VAT other miscellane		SF or LF)) =		Encapsulate	le l		
()			Yes	No	N/A							Ф			
Outsite/Abandoned S	ite/On (Ground			\boxtimes	VAT De	bris		400 SF						
Outside/Abandoned S	Site/On	Ground				Transite	e Debris		500 SF						
Outside/Abandoned Site/On Ground						Pipe Ins	sulation		70 LF						
Outside/Abandoned Site/Shed					\boxtimes	Exhaus	t Insulation		100 SF						
Name of Registered Wast	te Hauler			100	NJDEP		Cubic Yards of	Name of Regist	tered Landfill						
David Geppert			100		Hauler II	J No.	Waste 10	Western Be	erks Commi	unity Lar	ndfill				
City, State							Disposal Date	City, State		7					
Phila., PA							TBD	Birdsboro,	PA						
Completed By (Print or Ty	/pe)	Title	9				Signature	.1.		Date		- 100			
Mark Griffin	e secole.	0.000	stima	tor				N/A		7-	2	-12	1		
ASB-41										/	_		_		
MAY 11		*	Do not	use i	this form	for asbest	tos licensure exem	ded activities.							

Date of Notification (1)	****	Name	of Building		erator (2)							
Agencies Notified Type Notification		Stree	STAT Address	E OH	<u>-</u>						-	
☐ EPA ☑ Initial		000	571	1 ar	cano	wa 1	NU	0				
DEP Amended		City,	State, Zip Co		I	ATTE	1100	×				
DOL Amendment Emergency (Englo	MOOC	d	NJ 6	276	031		81.000		
DOH justification) DCA Cancellation	.	Name	of Contact	-			T-1				-	
Cancellation			CILITY INF	ORMATION	<u> </u>	-7					10 0	
Name of Facility Where Abatement is Taking	Place (3)		OILIT III	O'CHIPATION		pe of Facility	(4)					
CVS						School (K-			200			
Street Address		. Do	- 1		×	Subchapter Other (i.e. p	r 8 (Oth orivate 8	er than K-1 & commerci	2) ial build	lings,	home	es,
135 Kinder Kin	W.Co	, PC	aa			etc.) uare Feet		f Floors		ldg. A		
RING Edgo NI	+					2000	"	1		60		
County (6)	<u> </u>		ty Code (7)	•		urrent Use (Pri	or if bei			100		
Dersen			E USE ONLY			Reta			Q			
Name of Monitoring Firm Hired by Building C	Owner (8)	AS	CM No.			Abatement Con Contracting		(9)		O.		
Street Address					Street Add	dress well Road			· 6 .	2		
City, State, Zip Code			-			, Zip Code			17/4/	7117		1912
Distance of the second		- T+			2	f.,		=				
Project Manager for Monitoring Firm		Telep	hone No.		elephone 201-26			00156	lo.	-	-	
Start Date (10) / 7/12/14	Scheduled	Completion	n Date (11)			SHA Monitor Environme		ervices li	nc.	=	Ü.	
Occupancy Status During Abatement (Check	Only One				Street Add				-		•	
Facility Closed/Vacated During Entire F					280 Hu	yler Street			€-		٠.	
Abatement Performed Outside of Norm Other – Describe:	al Facility F	Hours			1 (T (T (T (T (T (T (T (T (T (, Zip Code nsack, NJ 0	7606					
Scope of Work (Check All That Apply)												-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novation molition				Full Containm Mini-Enclosure Glovebag Pro Non-Exempte	e cedure				۵	
	ls L	ocation		,		Ton Estample	3 () 4.1.	u man		Abate	ement	t
Location of		ormally Solely by			iption of				-	Ту	pe	-
Asbestos-Containing Material (ACM) TO BE ABATED	Main	tenance/		tos Contain thermal sy:			9 0000	mount Specify	م	_	Enc	m
In Facility (13)		dial Staff? (12)	,		g, VAT, o	or		or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes	No N/A		oaler mist	ochaneoe	.5/			/al	=	late	ите
Basement	+ +	>		ortile	0 M	astic.	52	4 SF	×			
Basement	大	>	2 7	20110		astic	1 - 00) SF	X			\Box
Basewer	T. T	7	- 1	ار الم		norte	48	3,	V			
15t F000	† "+	1	3 300				<u>40</u>	S S C	1			\vdash
Name of Registered Waste Hauler	<u> </u>	NJDEP	The State of the S	Cubic Ya				red Landfill	IX			
Rovic Transport	i	20785		of Waste	4	IESI PA	A Beth	ilehem La	andfill	Cor	p.	
City, State Riverdale, New Jersey 07457	1000			Disposal	Date 15	City, Stat		PA 18015				
Completed by	Title			11. 1	nature n	7			ite)	1.	$\overline{}$
R. McDonald	Presid	lent		XK	11/1	1 mg	1		7	12	111	P

Date of Notification (1)		Name of	Building Owne	1	١٨ ٠						
Agencies Notified Type Notification		Street Ad		DW	no 416	12 71	16	<u> </u>			
☐ EPA ☑ Initial		1	051	OS	om-fiel	d An	2				
DEP		City, Stat	te, Zip Code								
Emergency (in		Name of	11 from	1	13	Telephone N	umber			_	
DOH justification) Cancellation		Name of	ala St	ntiv	110	relephone iv	idilinei .			ŧ	
		FACIL	LITY INFORMA	ATION	EVI						
Name of Facility Where Abatement is Taking	Λ		.).		Type of Facility (
Street Address	uhou-	tmos	JTO			8 (Other than K-					
1-1 Garden	POUR	1			Other (i.e. petc.)	private & comme	rcial build	lings,	home	£S,	
City (5)					Square Feet	# of Floors	В	ldg. A	ge		
County (6)		County C	ode (7)		Current Use (Pri	or if being demol	0.00	60			
Passin			ISE ONLY)		APT'S	or it being demoi	isricaj				
Name of Monitoring Firm Hired by Building O	wner (8)	ASCM	No.		of Abatement Cor		201	2014	-		
		1			lac Contracting	g Inc.	- 				
Street Address				105							
City, State, Zip Code		i e e e e e e e e e e e e e e e e e e e		City, S	12.7						
				Glen Rock, N.J. 07452						**	
Project Manager for Monitoring Firm		Telephor	ne No.	Telephone No. License No. 201-262-5841 00156							
Start Daté (10)	Scheduled Co		Date (11)		of OSHA Monitor						
7/14/17	///	114			ega Environme	ental Services	Inc.		ه 		
Occupancy Status During Abatement (Check				A 100 TO	Address Huyler Street						
Facility Closed/Vacated During Entire Po				-	State, Zip Code						
Other – Describe:				Had	kensack, NJ 0	7606				1	
Scope of Work (Check All That Apply)	~			V-	A						
≥3 sf or ≥3 if ≥160 sf or ≥260 if	Renov Demo			\$	Full Containm Mini-Enclosur	ent with Negative	e Pressu	re			
				7	Glovebag Pro	cedure d (*) and Non-Fri	iable Pro	cedur			
	Is Loca	ation				- (/ =::= ::=:::::::::::::::::::::::::::		Abate	ement	t	
Location of	Norm Used So			Description			-	1 1 1	pe	Г	
Asbestos-Containing Material (ACM) TO BE ABATED	Mainten	ance/			Material (ACM) is insulation,	Amount (Specify	Z.	70	Enc	E	
In Facility (13)	Custodia (12			rfacing, Variation of the control of		SF or LF)	Remova	Repair	Encapsulate	Enclosure	
	Yes No	N/A	1896.00			2 8	<u>B</u>		ate	6	
Boiler Room 1-1		×	0	, oc		15015	V				
	\frac{1}{5}	X	Panne	No.	moultatra	150 LF	1				
Doiler Room 1-1	-	+>	01 60	A TUNG	II IS AN CALLO	MIDOF					
							+				
Name of Registered Waste Hauler	1	NJDEP W		bic Yards	Name of	Registered Land	ifill .			1	
Rovic Transport		Hauler ID 20785	No. of	Waste 🗇	IESI P	A Bethlehem	Landfil	l Cor	p.		
City, State Riverdale, New Jersey 07457			Dis	posal Date	City, Sta Bethle	te hem, PA 180	15				
Completed by	Title			Signatur	/	7	Date	1	1 .	ſ	
R. McDonald	Presider	nt		1/6	17/)12	//	7	2	1)4	b .	

(K 3335

Date of Notification (1) 07/02/2014	.			owner/Opera			0514	it 11 _		- 1-		
Agencies Notified Type Notification		Street Ad		. 00000		7020	414.	<u> </u>	PH	1: ;	1	
Land Control of the C			TTAGE	PLACE		1	4				•	
DEP Amended Amendment #_			e, Zip Coo WOOD	de NJ 07451	1		Č,	Licei	VOIN.	j Në	i.	
	luaing	Name of STEVE	Contact TICHE	NOR		8	Tele	ephone N	lumber		2	
		FACIL	JTY INFO	RMATION	-							
Name of Facility Where Abatement is Taking Pl BEN FRANKLIN MIDDLE SCHOOL	lace (3)					pe of Facility (4	5/15 ********					
Street Address			-		×	School (K-1) Subchapter		er than K-	-12)			
15 N.VAN DIEM AVENUE						Other (i.e. prefc.)			dings	, home	es,	
City (5) RIDGEWOOD				·	100000000	quare Feet 0,000	# of	Floors		3ldg. /	Age	
County (6) BERGEN		County C	ode (7) SE ONLY)			urrent Use (Prio		ng demol	ished)			
Name of Monitoring Firm Hired by Building Own ENVIROVISION CONSULTANTS INC		ASCM 00079			me of Abatement Contractor (9) AKO CONSTRUCTION & RESTORATION INC							
Street Address			1000000		treet Address							
20-21 WAGARAW ROAD BLDG. 35E					265A ROUTE 46 SUITE 3D							t
City, State, Zip Code FAIR LAWN, NJ 07410		- Control - Cont			City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm GUILLERMO M. MORALES		Telephon 973-63		10 Hillion	Telephone No. License No. 973-256-7010 0666							
	heduled Co. 7/25/2014		ate (11)	-		OSHA Monitor CONSTRUC	TION	& RES	TORA	TIOIT	N INC	5
Occupancy Status During Abatement (Check O	nly One)				eet Ado							
Facility Closed/Vacated During Entire Peri Abatement Performed Outside of Normal F	od of Abater	ment				OUTE 46 SI	JITE	3D				
Other - Describe: OCCUPIED SECOND S	HIFT MAY B	s BE REQUIF	RED			e, Zip Code VA, NJ 0751	2					
Scope of Work (Check All That Apply)					X							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	X Renova Demoli				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure							
					Ц_	Non-Exempted	(*) and	d Non-Fri	able Pro		-	
Location of	Is Locat Norma			Б	0.00000000000						ement /pe	·
Asbestos-Containing Material (ACM)	Used Sole Maintena			Descript os Containin	g Mate		A	mount		T	m	
TO BE ABATED In Facility	Custodial	Staff?	(i.e.	thermal syste surfacing,				pecify or LF)	Remova	Repair	псар	Enclo
(13)	(12)			other misce	llaneou	us)			oval)air	Encapsulate	Enclosure
	Yes No	N/A									e	
ROOM B-8 AND B-9	X			OUSTICA	(a) 2000-10		20	50 SF	x			
ROOM B-8 AND B-9	X		FLO	OR TILE A	ND N	MASTIC	26	00 SF	x			
Name of Pogistared Wests Having		LIDED		· · · · · · · · · · · · · · · · ·								
Name of Registered Waste Hauler BAKO CONSTRUCTION & REST. INC.	, 1	NJDEP Wa Hauler ID I	200	Cubic Yard of Waste	3							
	0889		30	30 G.R.O.W.S								
City, State	Disposal Date City, State 07/28/2014 MORRISVILLE, PA											
TOTOWA, NJ Completed by				07/28/201	14	MORRIS	SVILL	E, PA				1

CK#24577

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

Date of Notification (1	7/2/14			Name	of Buildin	g Owner/Operator	(2) Epstein	2814	JUL	-7	DI.		
Agencies Notified	Type Notific	cation		Stree	t Address	190	9 S. Harrison					1:	
EPA DEP DOL	Initial Amende	nent#	_	City, S	State, Zip 0	Code	inceton, NJ (11.7	· N.S	///į	3	
M DOH □ DCA	justifica		ng	Name	of Contac		miceton, 145	Telephone Nu	mber				
				FA		ORMATION					_	_	
Name of Facility When	e Abatement is	Taking Place	æ (3)				Type of Facility	(4)					
		Resident	ial				School (K-1	2)	40\				
Street Address	199	S. Harri	son S	t.			Other (i.e., phomes, etc.	8 (Other than K- private & comme)	rcial build	dings,			
City (5)							Square Feet	# of Floors Bldg. Ag			S		
	P	rinceton	, NJ				2000			90	+/-		
	Mercer				nty Code (ONLY)	7) (STATE		rior if being dem	olished)				
Name of Monitoring Fi		ilding Owne		ASCM	No.		nent Contractor (9		т.	00000000			
(8)	MECS					Street Address	vens Environ	mental Servi	ices, Ir	ıc.	_	_	
Street Address	PO Bo	x 341				PO Box 322							
City, State, Zip Code	City, State, Zip Code Crosswicks, NJ 08515					City, State, Zip Code Allentown, NJ 08501							
	Project Manager for Monitoring Firm					Telephone No.				=			
	Project Manager for Monitoring Firm Lou Laureti					(609) 25	License No.	00493	3				
Start Date (10)		Scheduled			8-4070 ate (11)	Name of OSHA	Monitor						
7/11/14			7/14/	14			M	ECS				_	
Occupancy Status Du		- 3		mont		Street Address	PO F	3ox 341					
Facility Closed/Vac Abatement Perform Other - Describe:	ned Outside of I	Normal Faci				City, State, Zip C	ks, NJ 08515						
Scope of Work (Chec	The second second second						CIUSSWICI	XS, IVJ 00313	,		_	_	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	cui ilucupiy)		Renova Demoliti			☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
			Locati Vormali	y				19		bater Typ			
Locatio Asbestos-Containing		4 - 1923 EA	ed Sole iintenar		Asbes	Description of tos Containing Ma		Amount		_	-	_	
TO BE AB	ATED		Custodi Staff?		(i.e.,	thermal systems surfacing, VAT		(Specify SF or LF)	Remova	Repair	nca	Enclosure	
(13)			(12)			other miscellane		SF ULLE)	oval	=	Encapsulate	Sure	
		Yes	No	N/A							ate		
Crawl:	space			×		Duct Insulat	ion	12 lf	×				
						(Wrap and (Cut)						
Basement				×		Duct Insula	tion	1 sf	_ ×				
	Name of Registered Waste Hauler				X NJDEP Waste Cubic Yards Name of Registered Landfill								
				Hauler II		of Waste	Name of Regi	T.R.R.F.,	Inc				
City, State				104	<u> </u>	Disposal Date	City, State	4.1.11.1.,			_		
Allentown, NJ						7/14/14	10/	Tullytown	ı, PA				
Completed By Mahlon E. S		Title	roiec	t Mar	nager	Signature	77	Date	7/2	/14			
	10100			-1 /////									

ASB-41 MAR 00 * Do not use this form for asbestos licensure exempted activities.

(K 1668

Date of Notification (1)			Name	of Buildin	g Owner/Operator (2)		-					
07 /03 /	14	Holy Name Medical Center											
Agencies Notified Type Notifie	cation	***************************************	Street	Address			The state of the s	1:01					
☑ EPA ☑ Initial			718	Teanec	k Road	8.	à LICENSIN						
☑ DOLWD ☐ Amende				State, Zip			A That GUE	1,22					
(A) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	ment #			aneck, N			" LILENSIN	I WAL					
□ DCA □ Emerge		ling					1- 1 1 1 1 1 1 1	g					
(NJAC 5:23-8) justifica			100000	of Contac			Telephone Num	ber					
Cancella	ation		Pet	er Appe	lmann								
None of Facility Miles and Alexander	T. I	(8)	FA	CILITY II	NFORMATION			-					
Name of Facility Where Abatement is	Taking Pla	ace (3)				Type of Facility	7,050						
Holy Name Medical Center						School (K-12	2) 8 (Other than K-12	١					
Street Address							rivate and commer		nas.				
718 Teaneck Road						homes, etc.)							
City (5)			A			Square Feet	# of Floors	Bldg.	Age				
Teaneck													
County (6)			Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	shed)		- 00			
Bergen					6.		0	<i></i>					
Name of Monitoring Firm Hired by Bui	ilding Own	er (8)	ASCM	No	Name of Abatement Contractor (9)								
Bio Terra Solutions	ilding Own	0, (0)	7100111	140.	ALL PRO MANAGEMENT LLC								
Street Address				-		MAGEWENT	LC						
P.O. Box 1224					Street Address								
					7,37,500	27 Outwater Lane							
City, State, Zip Code					City, State, Zip Code								
Union, NJ					Garfield, NJ								
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No.		License No.						
Rick Eustaquio		9	73-494	-3762	973-928-4888		1188						
Start Date (10)	Scheduled	Compl	etion Da	ite (11)	Name of OSHA M	lonitor							
07/12/14	08	. / _1	5_/	14	ALL PRO MA	NAGEMENT L	LC						
Occupancy Status During Abatement	(Check on	ly one)			Street Address								
☐ Facility Closed/Vacated During En	tire Period	of Abate	ement		27 Outwater	Lane							
	Normal Fac	ility Hou	ırs - Des	scribe	City, State, Zip Co								
Time of Abatement: 8AM-5PM/	PM	AN			Garfield, NJ								
Scope of Work (Check all that apply)						01020							
						tainment with Neg	gative Pressure						
☐ ≥3 sf or ≥3 lf		Renova			☐ Mini-Enc								
≥160 sf or ≥260 If	Ц	Demolit	ion			g Procedure	n-Friable Procedu	re.					
		Is Loca	ation	T	LI NOTI-EXC	inpled () and 140	THI Habie I Tocedu	100000000000000000000000000000000000000	T				
Location of		Norm	ally		Description o	ıf			ment T	T			
Asbestos-Containing Material (AC	IVII	Ised So		Asbe	estos Containing Ma		Amount	P 2] =	Ē			
TO BE ABATED		Mainten ustodial		(i.e	e., thermal systems		(Specify	Removal	. ap	Enclosure			
IN Facility (13)		(12			surfacing, VAT, other miscellane		SF or LF)	<u> 80</u>	Encapsulate	ure			
(,	Ye	es No	N/A		outer missenanc	000)			6				
5 th Floor Media Room				Transit	re		400 SF			$I_{IIIIIIIIII$			
					9				1				
					"								
Name of Registered Waste Hauler		1	NJDEP	Waste	Cubic Yards of	Name of Regis	tered Landfill						
ALL PRO MANAGEMENT LLC			Hauler II	O No.	Waste	IESI Landf							
City, State			00348	360	As Needed Disposal Date	City, State							
Garfield, NJ					TBD		· DΛ						
						Bethlehem							
Completed By (Print or Type)	Title				Signature	1. 1/	Da	-	1.				
Zvonko Veskov	Presi	ident			BUI	las lu	26	713	311	4			
ASB-41	* ^-	not use	hio fe	for ashas	the licensure event	ated activities		61,	1				