NO CK

Date of Notification (1) July 7, 2014				72	Name	of Building	Owner/C	Operator	(2) of Education			# NI/A			112211722	_
Agencies Notified	Туре	Notification			Street	Address			Education	ا با د د	теск	# N/A	i	5:	7.9	
EPA DEP		Initial				unnvale						11				
DEP DOL		Amended Amendment				tate, Zip C on, NJ 0		*	25							
☑ DOH ☑ DCA		Emergency justification) Cancellation		3	Name	of Contact	t	4		Tele	ephone	e Numbe	г			
					FAC	CILITY INF	ORMATI	ION								
Name of Facility Where A Woodglen Elementa	baten	nent is Takin	g Place (3)					Type of Facility	(4)				20,725		
Street Address	lly 3	CHOOL							School (K-1							
70 Bunnvale Road									Subchapter Other (i.e. petc.)	8 (Othe private 8	r than comn	K-12) nercial b	uild	ings	, hom	ies,
City (5) Califon		(9)							Square Feet 10,000	# of	Floors	3		dg. A	Age	
County (6) Hunterdon					County (STATE	Code (7)	n		Current Use (Pri	-	ng dem	nolished)		-	- 30-	
Name of Monitoring Firm	Hired	by Building (Owner (8)	ASC	M No.		Name	of Abatement Cor	ntractor	(9)	-				
Langan Engineering Street Address	and	Enviro. Se	ervices	, Inc.	000	99			le Environmen							
619 River Drive									Address Cutler Avenue							
City, State, Zip Code Elmwood Park, NJ 0	7407	7							tate, Zip Code e Shade, NJ 0	8052			12421			
Project Manager for Monit Vijay Patel	oring	Firm	**		Telepho	one No. 98-4544		Teleph	one No. 755-0099		Licen 0084	se No.				
Start Date (10)			Schedul	ed Cor		Date (11)			of OSHA Monitor		0084		_	_		-8.4
July 2, 2014			July 28	3, 201		, ,	t e		L Analytical, In	IC.						
Occupancy Status During			355-3	-20					Address							
Facility Closed/Vacate Abatement Performed	ed Du	ring Entire P side of Norm	eriod of all Facility	Abaten	nent s	14			Route 130 Nort	in 		-	_			
Other – Describe:							_		aminson, NJ 0	8077						
Scope of Work (Check All ≥3 sf or ≥3 If ≥160 sf or ≥260 If	That i	Apply)	THE PERSON NAMED IN COLUMN 1	Renova Demolit				×	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure					ə	
				Locati					20	S				0.5 %	men	t
Location of Asbestos-Containing M	f lateria	al (ACM)	Use	Normal d Sole	ly by	Ashes		cription	of aterial (ACM)	۸۰۰	ount	-	Т	- ' '		Г
TO BE ABAT In Facility (13)	ED	, , ,	Cus	intenar todial S (12)	Staff?		thermal s		insulation, , or	(Sp	ecify or LF)	Removal		Repair	Encapsulate	Enclosure
Boiler Roo			Yes	No	N/A								1		Ф	
Boiler Roc			X			D 1		Insulat) LF	XXX	+			
Boiler Roo			X	1257.3					nsulation		SF	XXX	-	_		
20101 1100		-				Bollet P	ND Gasi	KenLill	er Insulation	130) SF	XXX	+	_		
Name of Registered Waste	Haul	er		N	JDEP W	/aste	Cubic Y	'ards	Name of R	Registere	ed I an	dfill				
Freehold					auler ID 253	No.	of Wast 80	te	Western				/ L	and	fill	
City, State Mount Holly, NJ 08060)				3		Disposa 7/28/20		City, State Birdsbor		1950	8				
Completed by Christina Lynch			Title Opera	ations	Mana	ger	- Si	nature	100 R			Date July 7	, 20	014		

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

Check 8997

Date of Notification (1)				Mana	- C D - 11-41	<u> </u>								
er an an ee i	7-8-	14	1	Name	of Building		Operator		iiR	Ke				
Agencies Notified	Type Notification	2 m , pm +		Street	Address	68	1 L)illou	3	MC 3	ive	r yž	10 E	
DEP DOL	Amended Amendment		- strajouther.	City, St	tate, Zip C		111	0.1	4	17	۸-		700	
⊅ DOH	☐ Emergency		-	Name o	of Contact		ttle	Silver	\ /\	lephone	<u>U</u>	//.	36	
D DCA	justification) □ Cancellation			\mathcal{N}	large	aret	t B	jurke	1 16	leprione	numbe		_	
Name of Facility Where	Abatement is Takin	g Place ((3)	FAC	ILITYUNF	ORMAT	ION	Type of Facility	(4)	1=-				
Single	family	-		lling	. 1/			☐ School (K					,•	
Street Address / Q	16111	~		_) .			Subchapte Other (i.e.	er 8 (Oth	er than k	(-12) ercial b	uildina	s hon	nes
City (5)	Willow	<u></u>	Rive					etc.) Square Feet		f Floors		Bldg		
Little	Silven	N	17		773	39		•		Z		(00-	1 -
County (6)	outh	¥		County (STATE	Code (7) USE ONLY	n		Current Use (P	rior if be	ing demo	olished			
Name of Monitoring Firm	Hired by Building (Owner (8		ASCI	M No.		Name o	of Abatement Co		-	~ ~ ~		7	
Street Address	30× 3	37			0-40-	•	Street	Address	.33	nole Z	3"	50	41	AC
City, State, Zip Code		A/	7	00	53	3	City St	ate, Zip Code	- 00	Al	7	10	2 9	19
Project Manager for Mon	ri gFirm	M	_ ر	Telepho	one No.	3	Telepho	one No.	PT	License	No.	10	36	13
Start Date (10)	then he	Sahadul	lad Car	609	758- Date (11)	3365		758-33 of OSHA Monito		(0	3	14	
7 - 5	21-14	Guledu		- 21 ·				EPC Tec	70000	منهما		Fac	•	
Occupancy Status During					12	37	Street A	Address				- "		
Facility Closed/Vaca	ated During Entire P ed Outside of Norm	eriod of al Facilit	Abaten y Hours	nent S			City. Sta	ate, Zip Code	ئد :) 	•			
☐ Other – Describe: _						_		w Egypt	- 4	J	08	53	33	
Scope of Work (Check A	li That Apply)					1		5 (1	- 57			1 -		
23 sf or ≥3 if □ ≥160 sf or ≥260 if			Renova Demolit					Full Containn Mini-Enclosus	nent with re	Negativ	e Press	sure		
							7	Glovebag Pro Non-Exempte	ocedure ed (*) an	d Non-Fri	iable P	rocedi	ire	
		10	Locati				*				T	Aba	temen	ıt
Location Asbestos-Containing		Use	Normal ed Sole	ly by	Aches		scription o	of aterial (ACM)	١.	mount	-	76	ype	Т
TO BE ABA	TED		intenar todial S			thermal	systems	insulation,	(8	pecify	200		Encapsulate	Enc
In Facili (13)	ty		(12)				cing, VAT niscellane		SF	or LF)	Kemova	Repair	psul	Enclosure
2		Yes	No	N/A				**			=		ate	100
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Name of Registered Wast	te Hauler		I N	JDEP W	/aste	Cubic '	Yards	Name of	Registe	red I and	fill	Ц_	<u></u>	
FA	hnologies	•	1.50000	auler ID	No.	of Was				anago		, f o	e f	A
City, State New Eq	2	VJ.	i,	T			al Date	City, Star	te	- 157/L	PA		-	
Completed by Scher	11	Title	sid	+			ignature	250			Date		3-1	4
JANE JUNE	11164	THE	Dich	SO I		6	Men	10 10 CM	4		1	- (, ,	1

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-14 Date of Notification (1) Name of Building Owner/Operator (2) July 7, 2014 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address DEPA ☑ Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. DCA ☐ Amended Notification 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS X DOL ■ Emergency (including City, State, Zip Code X DEP- No Longer REQUIRED justification) PISCATAWAY, NJ 08854 X DOH Cancelled Name of Contact Telephone Number MICHAEL SMITH, ENV. **HEALTH & SAFETY FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ALEXANDER JOHNSON HALL, BLDG # 3100 ☐ School (K-12) Subchapter 8 (other than K-12) Street Address COLLEGE AVENUE CAMPUS Other (i.e. private & commercial buildings, homes, etc.) # of Floors: 2 Bldg. Age: 60+ years Sq. Feet: N/A County (6) County Code (7) **NEW BRUNSWICK** MIDDLESSEX (State Use Only) Current Use (prior if being demolished): ACADEMIC Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Cardno ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 0 07/16/14 07/18/14 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours -20-21 WARGARAW ROAD Describe City, State, Zip Code ☑Other - Describe: Shift Hours: 5:00 PM - 5:00 AM FAIRLAWN, NJ Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥ 3 sf or ≥ 3 lf **X**Renovation Mini-Enclosure ■ ≥ 160 sf or > 260 Demolition Glovebag Procedure ■ Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) VAT, or other miscell.) or LF) Remove Repair Encap Enclose YES NO NA Rooms 103 X VAT <150 SF Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste: Name of Registered Landfill See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 100 New Ford Mill 07/18/14 Hauler #2) STG - 58 Pyles Lane, New Castle, De 19720 Rd. Morrisville, Pa NJ DEP# 20990 19067 215-736-1700 Completed by (Print or Type) Signature Date RAYMOND C. PEDALINO SENIOR PROJECT Raymand C. Pedalino July 7, 2014 MANAGER

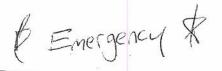
State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1)					Maria of D. N.E. O.	,					
July 7, 2	2014				Name of Building Owner RUTGERS, THE	STATE (<u>r (2)</u> JNIVEI	RSITY O	FNJ		
Agencies Notified ☐ EPA ☐ DCA ☒ DOL ☒ DEP- No Longer REQUIRS ☒ DOH	ED _	new start	Notific ded No & con gency cation	otification # 1 – inpletion dates (including	Street Address ENVIRONMENTA 27 ROAD 1, BLDG City, State, Zip Code PISCATAWAY, N. Name of Contact MICHAEL SMITH,	L HEAL 6 4086, I J 08854 ENV.	TH & S LIVING	AFETY	DEPT.	S	
N (5)				FACILITY II	<u>HEALTH & SAFE</u> T	Y					
Name of Facility Where Abatemers BISHOP QUAD, MULTII STRUCTURES COMMO BLDG#s 3055/3054/305 Street Address COLLEGE AVENUE CA	PLE A ON BA 3/305	BOVE GF SEMENT/ 1	ROUNE	D	Type of Facility (4) School (K-12) Subchapter 8 (other Other (i.e. private & o	commercial # of Floo	rs: 3 Bl	dg. Age:	80+ ye	ars	
NEW BRUNSWICK		LESEX		ty Code (7) e Use Only)	Current Use (prior if being	ng aemolis	inea): A	CADEMIC	į		
Name of Monitoring Firm Hired by ATC ASSOCIATES	y Bldg. (Owner (8)	ASCN 009		Name of Contractor (9) GREENWOOD ABA	TEMEN	T CONS	CIII TAN	TO INC		
Street Address 3 TERRI LANE					Street Address	ILLINEIA	CON	SULTAN	13, INC	··	
	8				268 MAIN STREET						
City, State, Zip Code BURLINGTON, NJ 080	16				City State, ZipCode BUTLER, NJ 07405						
Project Manager for Monitoring Fi BRIAN KEARNEY	irm	Telephone 609-386			Telephone Number			ense Numb	er ==		
Scheduled Start Date (10) 07/14/14		Scheduled (08/14/14		on Date (11)	973-492-0477 Name of OSHA Monitor 1			840	-5	-	
Occupancy Status During Abate Facility Closed/Vacated During Abatement Performed Outsid Describe Other – Describe: Shift Ho Nonconsecutive	e of No	e Period of A rmal Facility 3:00PM —	batemer Hours -	M	ENVIROVISION, IN Street Address 20-21 WARGARAW City, State, Zip Code				를 다 기	*	
Scope of Work (Check all that app					FAIRLAWN, NJ						
≥ 3 sf or ≥ 3 lf≥ 160 sf or ≥ 26	0			☑Renovation ☑ Demolition		Mini-Er Gloveba	nclosure ag Proce	with Nega -WRAP & dure and Non-F	CUT		
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Loc Solely Staff? YES	cation Normal by Maint./Cu (12) NO	ly Used istodial	Description of Asl (ACM) (i.e. therm VAT, or other mis	bestos Containing Material nal systems insulation, surfaci	Am	ount ecify SF	Abatem	ent Type		lose
Various Rooms		X		TSI		<9	LF	X	F		
	-	+									
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Wast See Below			Cubic Yards of Waste:	5 CY		ne of Regist			
Hauler #1) Greenwood Abatemen NJDEP # 12561 Hauler #2) Horizon Disposal Servi NJ DEP # 22612	ices, Inc	., Trenton, N				Disposal 08/14/1		1 R		Ford Mill sville, Pa	
Completed by (Print or Type) RAYMOND C. PEDALING	1 1 2 2 2 2 2	<u>lle</u> ENIOR PR ANAGER	OJEC	т	Signature Raymand C. Pea	lalino	Date				

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-14					,						
Date of Notification (1)					Name of Building Owner/0	Inorotor /	0)				
June 27	2014	1			RUTGERS, THE ST	ATE		OUTV O			
Agencies Notified		Notificati	on Type		Street Address	AIEU	AIAEL	SITYO	- NJ		
☐ EPA		■Initia	I Notifi	cation				1 <u>0</u> 41 <u>00-</u> 1443			80.00
□ DCA	4				ENVIRONMENTAL	HEALTI	1 & S	AFETY [DEPT	-	
X DOL				otification#	27 ROAD 1, BLDG 4	086, LI	VING:	STON C	AMPL	IS	
		☐ Eme	rgency	(including	City, State, Zip Code					_	
DEP- No Longer REQUIRE	ED		fication		PISCATAWAY, NJ 0	2251					
⊠ DOH		☐ Cand		.,	Name of Contact	0034				15	
		- Can	Jelleu		REICHAEL OBSITE		le	lephone N	umber		
1		1			MICHAEL SMITH, E	NV.					
	_				HEALTH & SAFETY						
Nome of Facility 140				FACILITY II	VFORMATION						
Name of Facility Where Abateme	nt is Ta	king Place (3	3)		Type of Facility (4)						_
BISHOP QUAD, MULTIF	PLE A	BOVE G	ROUN	D	School (K-12)						
STRUCTURES COMMO	N BA	SEMENT	/FOLIN	IDATION							
BLDG#s 3055/3054/305	3/305	4	,, OO,	IDAIION	Subchapter 8 (other tha	n K-12)					
Street Address	3/303	<u> </u>			Other (i.e. private & con	mercial be	uildings,	homes, etc	c.)		
		2			Sq. Feet: N/A # c	of Floors	3 Blo	lg. Age:	80+ v	ars	
COLLEGE AVENUE CA	MPUS	5					-	3.7.90.		J41 3	
City (5)					Current Use (prior if being	demolishe	-d). Δι	CADEMIC			
ALTERNATION OF	ounty (6			nty Code (7)	, , , , , ,		,. A	CADLINIC			
IAEAA DKOMZAAICK	MIDE	LESEX	(Stat	e Use Only)							
Name of Monitoring Firm Hired by	Bldg. (Owner (8)	ASC	M No.	Name of Contractor (9)						
ATC ASSOCIATES			009		Name of Contractor (9)						
ASSET			00.	,,,	CREENIMOOD ADATE						
Street Address					GREENWOOD ABATE	MENT	CONS	ULTANT	S, INC	Э.	
3 TERRI LANE					Street Address						
011 0		_			268 MAIN STREET						
City, State, Zip Code			W - 3-43		City State, ZipCode		-				
BURLINGTON, NJ 0801	6				BUTLER, NJ 07405				150		
Project Manager for Monitoring Fir	m	Telephone	Number						19		
BRIAN KEARNEY		609-386	9900		Telephone Number		Lice	nse Numbe	r		- 1
		003-300	-0000		070 100 1						
Scheduled Start Date (10)		Cohodulad	O1-1		973-492-0477		008	40	1-1-10		
07/07/14		Scheduled	Complet	ion Date (11)	Name of OSHA Monitor						
01/01/14	1300	07/30/14			1				\bigcirc	305	2
Occupancy Status During Abate	1//	o			ENVIROVISION, INC.			74	32.		
DEscribe Objects During Abate	ment (C	Sheck only o	one)		Street Address						- 0
☐ Facility Closed/Vacated During	g Entire	e Period of A	Abateme	nt				7-1			- 1
Abatement Performed Outside	of No	rmal Facility	Hours -		20-21 WARGARAW RO	DAD			< n		7
Describe					City, State, Zip Code						
☑Other – Describe: Shift Hou	urs: 3	:00PM -	5.00 A	M				·	-1		
 Nonconsecutiv 	o Day	c Phase	d								
	e Day	s Fliase	u as n	eeaea -	FAIRLAWN, NJ						
Scope of Work (Check all that appl-	()										
Torrest di triat appr	X.7										
[7]		*8		1202	□ F	ull Contai	nment v	with Negati	ve Pre	SSLIFE	
≥ 3 sf or ≥ 3 lf				▼Renovation	X	Mini-Encl	neura	WRAP & C	NIT	Joure	
≥ 160 sf or ≥ 260	0			Demolition					,01		
					3	Blovebag					
Location of Asbestos-Containing	Is loc	ation Norma	ly Head	Deparintion of Ast	□ Nor	-Exempte	ed (*) ar	nd Non-Fria	able Pr	ocedu	re
Material (ACM) in Facility (13)	Solely	by Maint./Ci	istodial	(ACM) (i.e. there	estos Containing Material	Amou		Abateme	nt Type		
	Staff?	(12)	aotoului	VAT, or other misc	al systems insulation, surfacing,	(Speci				ē	
	YES	NO	NA	VAT, or other misc	æii.)	or LF)		Remove I	Repair E	ncap	Enclose
Various Rooms		X		TOI							
				TSI		<9LF		X			
											
						-					
Name of Reg. Waste Hauler	T	NJDEP Was	le Haute	ID#							
See Hauler Below #1 & 2				10#	Cubic Yards of Waste: 5 C	Y	Name	of Register	red Lan	dfill	-
	100	See Below		1		W.	G.R.	O.W.S. N	orth L	andfi	ill
Hauler #1) Greenwood Abatement	Consul	tants. Inc	Butler 1	VI 07405	15:					ecocococo	
NJDEP # 12561						sposal Da	te		y, State		
Hauler #2) Horizon Disposal Service	es. Inc	. Trenton N	JI 02611		07	//30/14	7 -	220000	New F		0000
NJ DEP # 22612	-,	, archeon, I	00011			- Crept			. Morris	ville,	Pa
)67		
Completed by (Print or Type)	Titl				Signature		<u> </u>	215	-736-1	700	
RAYMOND C. PEDALINO		NIOR PE	O.IFC	т			Date .	3 E			
	10000000				Raymand C. Pedal	ino	J	une 27,	2014		
	IAIN	ANAGER			,			100			





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

CK 4204

Date of Notification (1) 7/7/14		E			Name Rob	of Building	g Owi	ner/Operato	r (2)					1, 1.	,		
Agencies Notified	Ту	oe Notification			Street	Address Harry Dr		ate Home							. 15	4	7
EPA DEP DOL DOH	×	Initial Amended Amendmen Emergency justification)	(including)	City, S Medf	tate, Zip Cord NJ (ode 0805	5		i	Tele	phor	ne Nu	ımber			
DCA		Cancellation	1		Gary		-0.01										
Name of Facility Where Rob Van Zile Priva	Abate te H	ement is Takir ome	ng Place ((3)	FAC	CILITY INF	-ORN	IATION	Тур	e of Facility	, ,						
Street Address 117 Harry Dr.									×	School (K- Subchapte Other (i.e. etc.)	8 (Othe	r tha	n K-1 merc	2) ial bu	ilding:	s, hon	nes,
City (5) Manahawkin NJ 08	3050					23			Squ 100	are Feet	# of	Floor	S		Bldg. 35+	Age	
County (6) Burlington		Ö.			County (STATE	Code (7)	n _		Cur	rent Use (Pri	or if bein	ig dei	molis				
Name of Monitoring Firm N/A	n Hire	d by Building	Owner (8)	ASC	M No.		Name Pern	of Ab	atement Cor Inc.	ntractor (9)	_			•	
Street Address								Street PO E									
City, State, Zip Code						-		City, S	State,	Zip Code lin NJ 080	191						
Project Manager for Mor	nitorin	g Firm			Telepho	one No.		Teleph 856-	none i	No.	- T	Licer		lo.			
Start Date (10) 7/8/14			Schedul 7/10/1		mpletion	Date (11)			of OS	SHA Monitor	L	0072					
Occupancy Status During	g Aba	tement (Chec	k Only Or	ne)				Street	_	966							
Facility Closed/Vaca Abatement Perform Other – Describe:	red Or	Ouring Entire I	Period of a	Abater Hour	ment s					Zip Code				-	·		
Scope of Work (Check A	II Tha	t Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Personne	Renova Demolii				×	Mi Gi	Ill Containme ni-Enclosure ovebag Proc on-Exempted	edure					-	
	*			Locat							() and	14011-	Hau	T	Abat	emen	t
Location Asbestos-Containing	of Mate	rial (ACM)	Use	Normal d Sole	ly by	Ashaa		Description			7.27			-	T)	/pe	
TO BE ABA In Facili (13)	ATED	- (/	Cust	intena odial S (12)	Staff?	(i.e.	therr su	ontaining M nal systems rfacing, VA er miscellan	insul T, or	ation,	(Sp	ount ecify or LF)		Removal	Repair	Encapsulate	Enclosure
exterior si	idina		Yes	No	N/A				+							te	Ф
Kitche					X		FI	oor Tile O			12	00		x			
raterie	11			-	X			Floor Tile			200	SF		х			
												-	-	-			
Name of Registered Wast	te Ha	uler		1000000	JDEP W		1503000	oic Yards		Name of F	egistere	d Lar	ndfill				-
United Containers					auler ID 2459	No.	of V	Vaste		G.R.O.V							
City, State Elm NJ								oosal Date 0/14		City, State Morrisvil		1906	57				F
Completed by Anthony T Perna			Title Presid	dent				Signature	7				Dat	e 7/14			\dashv
			-						-	2			1000				



CK 4203

Date of Notification (1) 7/7/14				Name Garv	of Building F Gard	g Owner/	Operator	(2)				10.			
Agencies Notified	Type Notifica	ation		Street	Address Gravelly				fine e i	1	, , , , , , , , , , , , , , , , , , , ,	į i	7 1	Z	
EPA DEP DOL	Initial Amende	ment #		City, S	tate, Zip (Code	Tioau								
DOH DCA	Emerge justification Cancelli		,		of Contac				Tel	ephone	Numb	er			
			_		CILITY IN	FORMAT	ION								
Name of Facility Where Former F&M Bank	Abatèment is T	aking Place (3)			O'THING !		Type of Facility			*				
Street Address 15 Main Street				19	1			School (K- Subchapte Other (i.e.	r 8 (Oth	er than & comm	K-12) nercial b	uild	ings,	hom	ies,
City (5) Medford NJ 08055							-	etc.) Square Feet 1000+	# of	Floors		BI 35	dg. A	ge	
County (6) Burlington					Code (7)			Current Use (Pr		ng dem	olished			A. C	-
Name of Monitoring Firm N/A	Hired by Build	fing Owner (8)	ASC	M No.			of Abatement Co	ntractor	(9)	Yar				
Street Address					•		Street	Address					•		
City, State, Zip Code							City, S	tate, Zip Code			-				
Project Manager for Mon	itoring Firm		П	Telepho	one No.		Teleph	Berlin NJ 080 one No.	91	Licens	se No.				
Start Date (10)		l Cabard						753-9800		0072	7				
7/17/14		7/24/1	4	mpletion	Date (11))	Name o	of OSHA Monitor				•			
Occupancy Status During Facility Closed/Vaca	ated During En	tire Period of	Ahater	ment			Street /	Address							
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of N	Normal Facility	/ Hour	S			City, St	ate, Zip Code						and the	200
Scope of Work (Check A	II That Apply)											-		_	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Manager 1	Renova Demoli				×	Full Containm Mini-Enclosure Glovebag Prod Non-Exempted	e cedure						
	+	Is	Locat	ion				- Ton Exemple	y und	14011-1	Table 1	-/.	bater		
Location			Norma	lly		Des	cription	of			L	-	Тур		
Asbestos-Containing TO BE ABA In Facilii (13)	TED	Ma	d Sole intena todial 3 (12)	nce <i>i</i>	Asbes (i.e.	stos Conta thermal surfac	aining Ma	aterial (ACM) insulation, , or	(S	nount pecify or LF)	Zellova		Repair	Encapsulate	Enclosure
1st Floor hollus	0	Yes	No	N/A										ŧ	Ф
1st Floor hallwa 2nd Flo				X			Tile O			0 SF	x				
2110 1 10	01			X		Floor	Tile O	nly	60	0 SF	x	+	+		
None (D.)			- 200-210								+	+	+		
Name of Registered Wast United Containers	e Hauler		Н	JDEP Wauler ID 2459	10000	Cubic \ of Was	KARIAN STEEL	Name of F		ed Land	dfill				
City, State Elm NJ						Disposi 7/24/1		City, State Morrisvi		19067					
Completed by Anthony T Perna		Title Presi	dent				gnature	100			Date 7/7/14	1			
						(.,,,,,				

Date of Notification (1) July 7, 2014		Na	me of Buildin	g Owner / Operato	or (2)	Che	CK#	893	55	
Agencies Notified Type Notification			nk of Americ	a	- PC	2.17				
□EPA □DEP		64	Princeton H	ightstown Road	Shoum of We					
	ElAmended	100	, State & Zip							
DOH Amended	ent #	Pri	nceton Junc	tion, NJ 08550						
DCA Cancellat	ion	Nar	ne of Contac	t Nimmer, o		T	eleph	one N	Jumh	ner
33839		Rya	ın Schnupp				оюри	5110 1	varri	JGI
Marcol Carlon Mary Atanonics of the	E. Blendle		ACILITY I	NFORMATION	V					
Name of Facility Where Abatement is Ta Bank of America	king Place (3)			Type of Fa	cility (4)					
Street Address					ol (K-12)					
64 Princeton Hightstown Road					napter 8 (Other th					
ov i iniceton riigitistown Road				○ Othe	r (i.e., private &	commercial building	s, ho	me.	etc.)
City (5)			1.0161	Square Fee	et # of I		dg. Ag			_
Princeton Junction				4,1		2	T) ()	48	3	
English transfer Conserving				Bank	e (Prior if being d	emolished)				Sec. 212.
County (6)	County Cod	de (7)		Bank	OD A SATEM	ERT PERMIT				
Mercer	USE ONLY			S that bodrous						
Name of Monitoring Firm Hired by Buildin Environmental Testing Consultants, LI	g Owner (8)		ASCM N		patement Contrac	ctor (9)			_	
Street Address				Synatech,						
One Mall Drive, Suite 404				Street Addr 829 Radio						
City, State & Zip Code	THEODONE NUM			City, State						-
Cherry Hill, NJ 08002 Project Manager for Monitoring Firm	505-382-4	100		Little Egg I	Harbor, NJ 0808	37				
Howard Zenobi	T	elephone 56-482-1	Number	Telephone	Number	License Num	ber		-	
	duled Complet	tion Date	(11)	609-296-69			008	17		
July 17, 2014	Augu	ust 16, 2		Synatech, I	SHA Monitor			OH) Code		
Occupancy Status During Abatement (Ch Facility Closed/Vacated During E	ntire Period of	Abatem	ent	Street Address	ess					
Abatement Performed Outside of	Normal Hour	S		City, State 8	& Zip Code			_		_
Other – Describe: Facility Occupied During Abatem	ent		11	Little Egg H	larbor, NJ 0808	7				
Scope of Work (Check all that apply)				(BELITER WAY	1 No 00004					
Comment of the second control of the second				Г	7 Full Containme	ent with Negative Press				
≥3 sf or ≥ 50 lf		Renova	tion	F	Mini-Enclosure		ure			
≥160 sf or ≥260 lf		Demolit	ion		Glovebag Proc					
				$\overline{\triangleright}$		d(*) and Non-Friable Pr	ocedu	ro		
Location of Asbestos-Containing Material (ACM)	Is Locat	ion Norm	ally Used	Descrip	tion of	- Tong Habit 11		atem	ent T	Type
TO BE ABATED			nance or	Asbestos-C	Containing	Amount (Specify	1	utom	Citt	ype
IN Facility	Cusic	odial Stat	(12)	Material (i.e., therma		SF or LF)	L			
(13)		B	100	insulation, sur	facing, VAT				Ш	_
				or other misc		100	Remova	R	пса	Enclosure
							l ou	Repair	psu	sols
The second secon	Yes	No	N/A			Mamarol Asouth	la la	7	Encapsulate	ure
Main Roof			X	HVAC Curb	Flachina	60.05	1		لتا	
Main Roof			X	Vent Fla		60 SF	X			
Main Roof	Con williams	The state of the s	X	Roof Pa		32 SF	X			
ame of Registered Waste Hauler	NJDEP V	Vaste		ds of Waste		20 SF	X			
	Hauler ID		Oubic Tal	us of vvaste	Name of Regis	tered Landfill				
ynatech, Inc.	27	429	1		Grows Landfil	II.				
ty, State			Disposal D	Date	City, State			_		-
ttle Egg Harbor, NJ 08087			August 47	2044		V.				
ompleted By Title	HOR FEO.		August 17 Signature	, 2014	Morrisville, PA					
rica Vanaralli			5	1/-	000	Date				
rica Vanarelli Finar	nce Administr	ator	Cho	a Kina	relli'	July 7, 2014				

EMERGENCY .CK 1552

Date of Notification (1)	-8-2014	/	Name of Build	ing Owner/Operator D'AMI	(2) (CO)1111.	r in Ale	(· į.			
Agencies Notified /	Type Netfication		Street Addres	HARD	ING H	VE			2000	
O DOP	Amended Amendment Emergency		City, State, Zig	Code Ley Bel	gcy N.	1 087	57			
☐ DCA	justification) Cancellation		Name of Cont	PLACKIS	3	Telephone Num	ber			
			FACILITY	FORMATION		7				
Name of Facility Where	Abatement is Tald	ng Place (3)			Type of Facili		21			
Street Address	ARDING	AVE.			Other (i.e. homes, el	private & commerce.) HOME	lal bull			
City (5) OR TLE	BEA-C	4			Square Feet	# of Floors	_ _	dg. A	ge 	_
County (6)	AN		USE ONLY)	(7) (STATE		Prior if being demoli	shed) SAN	Dy)	
Name of Monitoring Firm (8)	Hired by Building	Ovmer	ASCM No.	Name of Abatem BRICK		(9) STRIES IN	Q.			
Street Address				Street Address	ATTICK	TRAIL				
City, State, Zip Code		No. of Street, or other parts of the		City, State, Zip C		08/24				
Project Manager for Mor	•	Tel	ephone No.	Telephone No.	7-1490	License No.	26			
Start Date (10) 1-7	-14 Sche	duled Comple	etion Date (11)	Name of OSHA1	Vicinitor					
Occupancy Status Durin	g Abatement (Che			Street Address			AT A STATE OF THE	ga g	TERMINA	
Facility Closed/Vacate Abatement Performed Other - Describe:	Outside of Norma	eriod of Abate al Facility Hou	ement es	City, State, Zip C	ode				, especially and the second	ᅱ
Scope of Work (Check a ≥3 sf or ≥3 ff ≥160 sf or ≥260 ff		Renoval		Mini-End Glovebs	closure sa Procedure	legative Pressure	re			
		is Locati Normali	y :				-	baten Typ		
Asbestos-Containing N TO BE ABAT IN Facility (13)	laterial (ACM) ED	Used Sole Maintenar Custodi Staff? (12)	nce/ Asbe	Description of stos Containing Mat , thermal systems in surfacing, VAT, other miscellaneo	ertal (ACM) nstilation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
11=0	8	Yes No	N/A	0.1517	5.	12	1	\dashv	-	-
HSBESTOS - SI	DING		- 15	ANSITE		- 8		\dashv	\dashv	
Name of Registered Was	£		UDEP Waste lauter ID No.	Cubic Yards of Waste		pistered Landill	Ш			-
City, State			21602	Disposal Date	City, State	20				=
BRICK	. NJ.			1-16-14	1	17				_
Completed By ERICPU	1-ck is Title	res		Signature	Mtach	Date	8-	14		

(K 4562

Date of Notification (1) 07/01/2014				Name	of Buildin	g Owne	r/Operato	r (2)			(2)				-	
Agencies Notified	Type Notificati	ion			Sfield To	wiisn	b ROF						11		4	
₩ EPA	× Initial				ort Murr	ay Rd				25.70	t: a.					
⊠ EPA ⊠ DEP ⊠ DOL	Amended			City, S	State, Zip (Code				-	1	10		1 -7	-63	
	Amendm Emergen	ent #_ cy (including	_	Port	Murray,	NJ 07	865							2.5	• •	
DOH DCA	justification	on)		5.55	of Contac					T	elepho	ne N	ımber			-
П вох	Cancellat	lion		Control of the	Roszko					^	^				٠.	
Name of Facility Where Mansfield Townshi	Abatement is Ta	king Place (3)	FA	CILITY IN	FORMA	TION	Тур	e of Fac	ility (4)					180	
Street Address	p Corloci							×	School	(K-12)					ž.	
50 Port Murray Rd									Subcha Other	apter 8 (Ot	her tha	n K-	12)			
City (5)								Ш	etc.)	i.e. private			iai bu	ıldıng	s, hor	nes,
Port Murray								Squ	are Fee	#	of Floo	rs		Bldg.	Age	
County (6)				County	Code (7)			Curr	ent Lico	(Prior if be		3				
Warren			-	(STATE	USE ONL	Y)		Sch	1001	(110111)	ang de	molis	ned)			
Name of Monitoring Firm RKO Environmenta	Hired by Buildir	ng Owner (8)		100000000000000000000000000000000000000	M No.		Name	of Ab	atement	Contracto	r (9)	#				
Street Address	,			009	0		VMC	Con	npany,	Inc	. (0)	H				
403 St. James Ave							Street									
City, State, Zip Code									et Ave			P				
Philipsburg, NJ 088							City, S	tate, Z n N.	ip Code J 0701	1						
Project Manager for Mon	itoring Firm			Telepho			Teleph	.55		'	Lico	nse N	lo.			
Jon Glbert					54-6316		973-2				007		10.			
Start Date (10) 07/28/2014		Schedule	d Co	mpletion	Date (11)		Name	of OS	HA Mon	itor						
	A1-1-1-1-101	08/13/2					VMC	Co.	Inc							
Occupancy Status During							Street /	Addre	ss		-	7				
Facility Closed/Vaca Abatement Performe Other – Describe:	ited During Entire ed Outside of No	e Period of A rmal Facility	bater Hour	ment 's			City, St	ate, Z	ip Code							
Scope of Work (Check Al	That Apply)															
☐ ≥3 sf or ≥3 lf	· · · · · · · · · · · · · · · · · · · ·	[V] D			- 1		G.					1				
× ≥160 sf or ≥260 lf			enova emoli				P	Ful	I Contai	nment with	Nega	tive F	ressu	re		
								Glo	vebag F	rocedure						
	~	lo	Locat	ion.	T		×	No	n-Exem	pted (*) an	d Non-	Friab				
Location	of	N	orma	lly	1	D	a a simbi s -							Abate	emen pe	t
Asbestos-Containing I TO BE ABA	Material (ACM)	Used	i Sole ntena	ety by nce/	Asbes	tos Con	escription of taining Ma	aterial	(ACM)	A	mount					
In Facilit		Custo	dial S	Staff?	(i.e.	therma	I systems icing, VAT	insula	ition,		pecify or LF		Re	R	inca	Enc
(13)			(12)			other	miscellane	eous)		"	OI LF,	,	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A									<u>a</u>		ate	ē
Boiler Ro	om	x			E	Breach	ing insu	lation	1	47	5 SF		x		-	_
						Tank	c insulati	ion	-		0 SF		x			
					-		tin insul									
Classroon	ms	+ +					site Pan				DEA		х			
Name of Registered Waste	e Hauler		IN	JDEP W	aste		Yards	eis	Namo	Land to the same of the same	348 S		Х			
reehold Cartage, Inc	;		Н	auler ID		of Wa			GRO	of Registe	eu Lai	IGIII				
City, State			13	5939		Diam	nal Data									
reehold, NJ						Dispos	sal Date		City, S Morri							
Completed by		Title				5	ignature	-	1710111			D-4				
oytek Roszkowski		Presid	ent			1	1 1 2	anner.	rlo o	12		Dat 07	e '01/2	014		
	-1/10						V 0	0	W C	V00		011	0 1/2	U 17		

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

Checky 2151

Date of Notification	(1)				Name o	of Building Owner / Old Development Inc.	perator (2)			7 -11	200
Agencies Notified	Type of	Notific	ation		Street /	Address		-			
☐ EPA					1 Plaza	CONTRACTOR OF THE CONTRACTOR O					
		100000000000000000000000000000000000000	70 miles			ate, Zip Code IUS, NJ 07652			49		- E-
☑ DOH	ified Type of Notification Initial Amended Amendment Emergency w/ ju Cancellation Cancellation			of Contact		Tolonh	one Nun	-1-	Ye.		
☑ DOL		/ w/ justification on		NKNER		Treleph	one wiin	nner			
					ACILITY	INFORMATION					
Name of Facility Wh GARDEN STATE PL	ere Abate AZA	ment is	Takir	g Place (3)		Type of Facility (4)		ill.		
						☐ School	(K-12)		1		
Street Address 1 Plaza Way							pter 8 (Othe	r than K-	12)		
						☑ Other (I	.e., private & homes, etc.)	cmmerc	ial		
City (5) PARAMUS				County Code	(7)	Square Feet	# Of Floo		Buildi	ing Age	
7110111100	BERGEN itoring Firm Hired by Bldg. O IRONMENTAL is p Code 07082 For Monitoring Firm rt Date (10) 21 14 07 catus During Abatement (Chee				200,000		3	10	45	5+	
		-	1		Current Use (Prior	if being den	nolished)	П			
Name of Monitoring	Firm Hire	d by BI	da. Ov	mer (8)	IASCM N	RETAIL				***	
EMPIRE ENVIRONMI	ENTAL	,		(0)	ASCIM N	O Name of Abateme	nt Contracto	r (9)			
04						LVI Demolition Serv	ices Inc		1		
Street Address 39 OLD LANE						Street Address	Todo IIIo.		-		
City, State, Zip Code						-			18		
COWACO, NJ 07082						32 Williams Parkwa	y				
Project Mngr. For Mo	nitoring F	irm		Telephone Nu	mber	City, State, Zip Coo	de		10		
JIM BOGGI				973-334-5641		East Hanover, NJ 0	7936				
Sheduled Start Date	' '			pletetion Date (1	1)	Telephone Number		License	Number		
$\frac{-0}{2}$	/_14_	-	07	/31/	14					10.	
Occupancy Status Di	uring Abat	tement	(Chec	k Only 1)		973-772-3660				00860	
Facility Cle	osed/Vaca	ited Du	ring E	ntire Period of		Name of OSHA Mo LVI Demolition Serv			1		
Abatement	t					Street Address	ices inc.				
Abatement	Performe	ed Outs	ide of	Normal Facility							
Other - De	scribe:	/:am -	4:pm			32 Williams Parkway	1				
	scribe	_ IVION-	SAI			City, State, Zip Coo East Hanover, NJ 07	le				
Scope of Work (Chec	k All That	Apply)				Last Hallover, NJ 07	936				
Demolition		ſ	স	Renovation	[2]	Full Cantainment					
≥3sf or ≥3lf				renovation		Full Containment w Mini - Enclosure	ith Negative	Pressure)		
	≥260 If				ö	Glovebag Procedur	e				
						Non-Exempted (*) a	nd Non-Frial	ole Proce	dure		
Location of			s	1	Descript	ion of			N.		
Asbestos Contai		. 88	ation	Ast		Containing		Abateme	nt Type	•	1-
Material (ACN			mally		Material	(ACM)	Amount	R E	R	E N	E N
TO BE ABATE in Facility	D	9/3	ed	(l.e	., therma	systems	(Specify	M	E	c	c
(13)			lely ⁄lain-	insula	ition, sur	facing, VAT,	SF or LF)	0	P	A	L
		55,000	nce/	Or or	mer misc	ellaneous)	1 1	V	A	P	0
		Cust	odial	1			1 1	A L	R	S	S
		Staff						_	K	Ľ	U R
PACE 5A 20B BASEN	ENT	YES N	-							+	T -
TOD BASEIV	LINI			FLOOR TILE			1500 SF	V			
			-		-						
ame of Registered W	aste Haul	er		NJDEP Waste	Cubic	Name of Registered	andfill				
/I DEMOLITION SERV	ICES INC	;		Hauler ID No. Y	'ards	GROWS					
ity, State				-	f Waste						
AST HANOVER, NJ					Disposal	City. State					
The state of the s				ا	ate	TULLYTOWN, PA					
ompleted by (Print or	Туре)			Title		Signature		~		Date	
AUL MAST				VICE PRESIDEN	IT		nn	1,00		Date	- 1
SB-41						The	1 11	101			07/09/14

CK 3932

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

Date of Notification (1) 7/9/2014				Nam	e of Build	ing Owne	er/Operator	(2)		+					
EPA DEP DOL	Notification Initial Amended Amendme	nt#		City,	et Address Steelm State, Zip Harbon	Code	Rd NJ 0823	4	5 5255						
H DON	Emergenc justification Cancellation	1)	ng	Name	e of Conta is Terrel	ect	110 0020		T	Telepi	hone Nu	mbe	r		
Name of Facility Where Abatem Old Lenox China Building Street Address 545 Tilton Road City (5)	ent is Tak	ing Place	(3)	FA	CILITY IN	NFORMA	TION	Subcha	ility (4) (K-12) apter 8 (0	Other to	han K-12	2) al bu	ilding	gs, ho	ome
Galloway, NJ 08205								Square Feet 400,000		of Flo	oors	T	Bldg 30+	. Age	1
County (6) Atlantic				Count (STAT	y Code (7 E USE ONL) 		Current Use Abandone	(Prior if I	1 10	demolish	ed)			
Name of Monitoring Firm Hired b Health and Safety Service	y Building	Owner (8)	ASC	CM No.		Name o	Abatement	Contract	or (9)					
Street Address 318 12th Street						·	Street A								
City, State, Zip Code Hammonton, NJ 08037	-						City, Sta	te, Zip Code		-					
Project Manager for Monitoring Fi James Proctor	irm			Teleph 609-	one No. 704-855	n	Telephor	onton, Numer No.	0803		ense No				
Start Date (10) 7/22/2014		Schedu 10/22	led Co	mpletion	Date (11)		Name of	OSHA Moni	tor	11		-			
Cocupancy Status During Abatem Facility Closed/Vacated During Abatement Performed Outside	na Entire D	Pariod of	۸ L _ ۱ _	ment			Street Ac	and Safe dress th Street	Ly Serv	ices					
Abatement Performed Outsid Other – Describe:		al Facilit	y Hour	S 			City, Stat Hamm	e, Zip Code onton, NJ	08037	,					
≥3 sf or ≥3 If ≥160 sf or ≥260 If	pply)		Renova Demolit				~	Full Contain Mini-Enclos Glovebag P Non-Exemp	ure rocedure						
Location of		1	Locati Normal d Sole	ly		Des	cription of			14011	I-i nable		Abate	emen pe	it
Asbestos-Containing Material (A TO BE ABATED In Facility (13)	ACM)	Ma Cus	intenar odial S (12)	ice/ staff?	Asbes (i.e.	tos Conta thermal s surfac	nining Mate systems ins ing, VAT, o iscellaneou	ulation,	(8	mount Specify or LF	200	Removal	Repair	Encapsulate	Enclosure
Warehouse 7		Yes	No	N/A		1Alimalar	v							ate	9
Office 2				X			w caulkir	•		350 st		2			
Various				X			Fittings	TIC		80 st		2			
									<u> </u>		3	+	_	\dashv	
me of Registered Waste Hauler te Enterprises, Inc.			Ha	DEP Water ID 19	No.	Cubic Y of Waste			 f Registe s Landfi		ındfill				
y, State ammonton, NJ 08037						Disposa	Date	City, Sta	te ville, P	Δ					-
mpleted by omas Rock	T	Title PM				Sig	nature	14101118	ville, P/	,	Date				

(K 3932.

Date of Notification (1) 7/9/2014			Name RdI	of Build	ing Owner	/Operator	(2)						n ³⁰
☑ EPA ☑ In	Notification nitial		135		nanville l	Rd		1)* -			•		-
	mended mendment # mergency (includi	ina	City, S Egg	State, Zip Harbor	Code r Twp., N	J 0823		•	1				
JU DOH	stification) ancellation	y		of Conta s Terrel				Те	lephone	Numbe	er ·		
Name of Facility Where Abateme Old Lenox China Building	nt is Taking Place	(3)	FAC	CILITY IN	VFORMAT		Type of Facili	ty (4)	1				
Street Address 545 Tilton Road City (5)							School (I Subchap Other (i.e etc.)	ter 8 (Oth	er than I & comm	(-12) ercial b	uildin	gs, ho	omes,
Galloway, NJ 08205							Square Feet 400,000	# 0	f Floors		Bldg 30+	. Age	
Atlantic			County (STATE	Code (7) 		Current Use (F Abandoned	Prior if bei	ng demo	lished)			
Name of Monitoring Firm Hired by Health and Safety Service:	Building Owner (S	8)	ASCI	M No.		Name of Site E	Abatement C	ontractor	(9)				
Street Address 318 12th Street	9			(9		Street A	ddress 2th Street		1				**
City, State, Zip Code Hammonton, NJ 08037	0					City, Star Hamm	te, Zip Code nonton, NJ	08037	-				-
Project Manager for Monitoring Fin James Proctor	m		Telepho 609-7	ne No. 04-855	0	Telephor		1	License	No.	-		
Start Date (10) 7/22/2014	Schedu 10/22	led Co 2/2014	mpletion I	Date (11)	Name of	OSHA Monito and Safety	r Condo					
Occupancy Status During Abateme	ent (Check Only C	ne)				Street Ad		Service					
Facility Closed/Vacated During Abatement Performed Outside Other – Describe:	Finting Period of	Abota.	ment s			318 12 City, State	th Street		ļ				
Scope of Work (Check All That App	ly)					Hamm	onton, NJ	08037					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				Z	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				**	
Location of		Locati Normal	ly		Des	cription of					Abat		it
Asbestos-Containing Material (A <u>TO BE ABATED</u> In Facility (13)) Ma	ed Sole intenar todial S (12)	nce/	Asbes (i.e.	tos Conta thermal s surfaci	ining Mate ystems ins ng, VAT, o scellaneou	r	(Sp	ount ecify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A							<u> 83</u>	-	late	lre
Roof			Х		Fla	shing		250	O If	X		-	-
Roof			х		A-fram	e Roofin	g	155,0	00 sf	x		-	
Roof			Х		Silver F	at Coati	ng	220,0	00 sf	x			
Various			Х		Pipe	Wrap		5700		x		-	
Name of Registered Waste Hauler Site Enterprises, Inc.		Ha	IDEP Was auler ID N 035220		Cubic Ya of Waste		Name of F	Registered		1000			
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