

Date of Notification (1) 7/8/15				Name of Bob S	f Building (wain	Owner	r/Operator	(2)			JUL			15		
Agencies Notified	Type Notification			Street A 200 B	ddress asking R	ld										
× EPA × DEP × DOL	Amended Amendment		_ [ite, Zip Co ngdale, N		Jersey (7727	7							
DOH DCA	Emergency (justification) Cancellation	including		Name o	f Contact					Tele	enhone	Num	ber			
				FACI	LITY INFO	RMA	TION			-						
Name of Facility Where	Abatement is Takin	Place (3)						Туре	of Facility (4	4)						
Swain Property								П	School (K-12	2)						
Street Address								П	Subchapter 8	8 (Othe						
465 Georgia Taver	n Rd								Other (i.e. pr	rivate &	comm	nercia	build	dings,	home	es,
City (5)									etc.) re Feet	# of	Floors		B	ldg. A	ge.	
Howell								180		2			1 0000	5+	3-	
County (6)			1	County (Code (7)		-	Curre	ent Use (Prio	r if bein	ng dem	olishe	ed)			
Monmouth				(STATÉ I	USE ONLY)	-			dence							
Name of Monitoring Firm	n Hired by Building (Owner (8)		ASCN	I No.		Name	of Aba	atement Cont	tractor	(9)					
2000-000-000-000-000-000-000-000-000-00							Ace	Insula	ation Co.,	Inc.						
Street Address							Street	Addre	SS							
							95 N	iontro	se Road							
City, State, Zip Code					7- 7-7-7		City, S	tate, Z	ip Code							
V 1442 W 76							Colts	s Nec	k, N.J. 07	722						
Project Manager for Mon	nitoring Firm			Telepho	ne No.		Teleph 732-	none N 294-1			Licens 0002					
Start Date (10)		Scheduled	Con	npletion !	Date (11)		Name	of OSI	HA Monitor				-	****		
7/17/15	1	7/22/15														
Occupancy Status Durin	g Abatement (Chec	k Only One)				Street	Addre	SS							
Facility Closed/Vac Abatement Perform X Other – Describe:	ated During Entire F ned Outside of Norm 7am-7pm	eriod of Ab al Facility F	aten	nent			City, S	tate, Z	ip Code							
Scope of Work (Check A	II That Apply)		_													
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			nova molit				×	Mir	Il Containme ni-Enclosure ovebag Proce n-Exempted	edure	1550					
		T						1 INU	II-Exempled	() and	NOIT-I	Habit			ment	
		10000000	ocati rmal									7.0			pe	
Location Asbestos-Containing		Used	Sole	ly by	Ashest		Description Intaining N		L(ACM)	An	nount				-	
TO BE AB	ATED	Main Custo				therm	al systems	s insula		(S	pecify		Re	æ	Encapsulate	Enc
In Faci (13)			(12)	rum.			facing, VA r miscellar			SF	or LF)		Remova	Repair	ıpsu	Enclosure
(10)		- V		T		Outo	misociai	icous					/al	=	llate	лге
1		Yes	No	NVA							Carrier to				7,500	
outdoo	ors			Х			siding			18	00sf		Х			

		+ +						-1								
Name of Registered Wa	ete Hauler		NI	JDEP W	laste	Cub	ic Yards		Name of R	Onciete-	rod I a-	ASII				
			1000	auler ID	200000000000000000000000000000000000000		aste			kegister	eu Lar	iailli				
Ace Insulation Co.,	inc.		12	2086		2			Chrins							
City, State	Constant						osal Date		City, State							
Colts Neck, New Je	rsey	,				7/22			Easton,,	, PA			VIII			
Completed by		Title		_			Signature					Date				
Bree McGuire		Secret	ary	Treasu	rer							//8	/15			

CKH2490 7

State of New Jersey

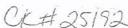
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)					Building (perator	(2)			1151					
7/6/15	1= 11 00 0				f Manas	quan					7.1				Ĺ	
Agencies Notified	Type Notification			Street Ad 201 E	idress Main St											
× EPA × DEP × DOL	Amended	44			te, Zip Co		26									
× DOL	Amendment				quan, N	13 087	30			T Tal	enhana M	unahas		_		
DOH DCA	justification) Cancellation		- 1	Name of Mike	Contact					l lei	BUHUUN.					
				FACII	LITY INFO	RMATI	ON									
Name of Facility Where		Place (3)						Type	of Facility (4))						
Manasquan Little	League Field								School (K-12		4 10	10)				
Street Address 69 2nd Ave								X	Subchapter 8 Other (i.e. pri				Iding	js, l	home	≥S,
City (5)		2-35-112							etc.) re Feet	# 0	f Floors	- 1	Bldg	. Ac	ne e	-
Manasquan								1200		1			55+			
County (6)				County C	Code (7) USE ONLY				nt Use (Prior	if bei	ng demoli	shed)	1			
Monmouth	en I liend by Duilding (Numar (0)		ASCN		-	Namo		house tement Contr	ractor	(0)			-		
Name of Monitoring Fin	m Hirea by Bullaling C	JWHEI (0)		ASCIV	I INU.		A SERVICE CONTRACTOR		ation Co., I		(5)					
Street Address								Addres	TO 1995 W							
0: 0: -7: 0 1									se Road ip Code							
City, State, Zip Code									k, N.J. 077	722						
Project Manager for Mo	onitoring Firm		1	Telephor	ne No.			none No			License	No.				
Start Date (10)		Scheduled	Con	onletion (Data (11)			294-1	157 HA Monitor		00029					_
Start Date (10) 7/7/15		7/10/15	COII	ipietion	Jale (11)		Ivanie	01 001	i Nioriitoi							
Occupancy Status Dur	ing Abatement (Chec	k Only One)				Street	Addres	SS							
	acated During Entire F med Outside of Norm						City S	toto 7	ip Code						200007	200-527
Other – Describe:		ar r active r	10015			_	City, S	naic, 2	ip Code							
Scope of Work (Check	All That Apply)															100
≥3 sf or ≥3 lf			nova					Ful	l Containmer	nt with	Negative	Press	ure			
x ≥160 sf or ≥260 lf		× De	moliti	ion				Glo	ni-Enclosure ovebag Proce	edure						
		_					×	I No	n-Exempted	(*) an	d Non-Fria	able Pr				
		100	ocati ormal									1	Ab	Typ	ment pe	
Locati Asbestos-Containir	File of File of the comment of the comment	Used	Sole	ly by	Asbes		scription taining N		(ACM)	A	mount				ш	
TO BE A	BATED	Main Custo	itenar dial S			thermal	system	s insula		(Specify	Rer	1 2	0	inca	Enc
In Fa			(12)				cing, VA niscellar			51	or LF)	Removal	repair	2	Encapsulate	Enclosure
	*	Yes	No	N/A								1 2			ate	re
outdo	oors			Х		f	lashing]		:	200lf	x				
indo	ors			Х		fl	loor tile	•		3	300sf	X				
											101013 - 22 - 2010					
			1 5	IDED IA		Louis	Vand.	-	I Name of D	\ ! - t		CII				
Name of Registered W			Н	JDEP W lauler ID		of Wa	Yards ste		Name of R Chrins	egisti	ered Landi	1140				
Ace Insulation Co.	, 1116.	<u> </u>	12	2086		2	15:									
City, State Colts Neck, New J	ersey					7/10/	sal Date '15		City, State Easton,,							
Completed by		Title					Signature	2)	1	_	10	Date				
Bree McGuire		Secre	tary	Treasu	ırer		12	1	1			7/6/15	5	angus		

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



Date of Notification (1)			1		f Building		perator	(2)			J.L	15	71			
7/7/15					Residen	ce		1799					11.000	**		
Agencies Notified	Type Notification		1		ddress Iarrison	Ave										
× EPA × DEP × DOL	X Initial Amended Amendmen	t#	C	City, Sta	ate, Zip Co and Park	de		-								
× DOH	Emergency justification				f Contact	1.000		-		To	lost tr					
DCA	Cancellation		1	Meliss	sa											
				FAC	ILITY INFO	ORMATI	ON									
Name of Facility Where Qual Residence	Abatement is Takir	ng Place (3)						T)	rpe of Facility (4))	2642HP-12-					
									School (K-12							
Street Address 218 Harrison Ave								×					ildin	gs, h	nom	es,
City (5)								So	etc.) juare Feet	T#0	f Floors	-	Bldg	Ag	ie.	
Highland Park									200	2			55+			
Middle Sey	<				Code (7) USE ONLY)			urrent Use (Prior esidence	if be	ing demolis	shed)				
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASC	√ No.				Abatement Conti		(9)					_
Charact Address								_	ulation Co., I	nc.						
Street Address							Street 95 M		iress trose Road							
City, State, Zip Code				2			1-1-200-200		e, Zip Code eck, N.J. 077	722			<u> </u>			
Project Manager for Mo	nitoring Firm		T	elepho	ne No.		Teleph	none	e No.		License I	No.		100		
Start Date (10)		Scheduled	Come	alation	Data (11)				4-1757		00029					
7/16/15		7/21/15	•	Dieuon	Date (11)		Name	OI C	OSHA Monitor							
Occupancy Status Durin	ng Abatement (Che	ck Only One)					Street	Add	dress							
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Non	Period of Aba nal Facility H	ateme ours	ent			City, S	tate	, Zip Code		**					
Scope of Work (Check A	All That Apply)													_		_
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	TF3 /		novatio nolitio	70.00			×	-	Full Containmer Mini-Enclosure Glovebag Proce		n Negative	Press	ure			
					I		L		Non-Exempted	(*) an	d Non-Fria	ble Pr	oced	ure		
			cation											aten Typ	nent	
Location Asbestos-Containing		Used S	mally Solely		Ashaai		scription						T	170		
TO BE AB		Mainte					systems		rial (ACM) sulation,		mount Specify	D D	_		Enc	Ш
In Faci (13)	*	Custod	12)	anr	1020		cing, VA			SF	or LF)	Remova	Kepail		aps	Enclosure
(10)		Yes 1	No	N/A		outer it	niscellan	ieot	is)			Va	1		Encapsulate	sure
basem	ent			Х		pip	oe wra	р		2	200lf	X	+	+		
											7.7.10.20		+	+		
		9										+	1	+		
														+		
Name of Registered Was	ste Hauler		100.200	DEP W		Cubic			Name of Re	egiste	ered Landfil	I I	1			
Ace Insulation Co.,	Inc.		2000	uler ID 086	No.	of Was	ste		Chrins							
City, State Colts Neck, New Je	rsev					Dispos 7/21/	al Date		City, State Easton,,	D۸						
Completed by		Title							Laston,,	r A		ata.				
Bree McGuire		Secreta	ary T	reasu	irer	3	ignature	2	1			ate /7/15				
			-				11	X	1//						1337	



Date of Notification (1) 05/12/15					Building Owner rmy Corps of			(New	York Dis	strict)			
Agencies Notified	Type Notification		71 3	Street A	ddress Ieral Plaza					-	7		
EPA DEP DOL	Initial Amended Amendment #				te, Zip Code ork, NY 1027	·))						
DOH DCA	Emergency (in justification) Cancellation	ncluding	1	Name of Mr. Eri	Contact c Hall			Tel	ephone Nu	mber			
				FACI	LITY INFORMA	TION							
Name of Facility Where a Caven Point Marine		Place (3	5)				Type of Facil School	-70 5056 					
Street Address 3 Chapel Avenue									er than K-1 & commerc		lings,	home	es,
City (5) Jersey City							Square Feet 40,000	# 0	f Floors	1935	ldg. A 0 +	ge	
County (6) Hudson					Code (7) USE ONLY)		Current Use Building	(Prior if bei	ng demolis	hed)			
Name of Monitoring Firm PARS Environment		wner (8)		ASCN	l No.		of Abatement Contracting			Cons	ultin	g, In	С.
Street Address 500 Horizon Drive,	Suite 540					Street	Address Route 23						
City, State, Zip Code Robbinsville, NJ 08	691						State, Zip Code						
Project Manager for Mor Julien Fernandez-C	nitoring Firm			Telepho	ne No. 90-7277	Telep	hone No. 628-9200		License I	No.	<u> </u>		
Start Date (10) 05/26/15		Schedul 09/30/	ed Com		Date (11)	Name	of OSHA Mon		s Inc				
Occupancy Status Durin							Address	, rounding	-,				
	ated During Entire P			ent			1 Wagaraw	Road, B	ldg. #34/	A			
Abatement Perform	ned Outside of Norma Hours: Mon - Fri - 7:0	al Facility	Hours			100	State, Zip Code Lawn, NJ 0						
Scope of Work (Check A	II That Apply)											00,0-10	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		_	Renovat Demoliti	COCCUPATION OF THE PARTY OF THE			Mini-Enclo Glovebag	sure Procedure	n Negative			e	
		1	Locati	nn .				1				ement	:
Location	n of		Vormall	У	.	escription	n of				Ту	pe	
Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED	Ma Cus	ed Solel intenar todial S (12)	ice/ taff?	Asbestos Co (i.e. therm sur	ntaining I	Material (ACM) is insulation, AT, or	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A									
Administration		1		X		nsite Pa			500 SF	X			
Administration				X		nsite Pa			600 SF	X			
Tool Shop Rm 109/	Storage Rm 110			X	Tra	nsite Pa	anels	1,3	200 SF	X			
					See attache	d Conti							
Name of Registered Was J.R. Contracting & E		onsul.,	Inc H	JDEP Wauler ID 7819	CC244 (%) 50.45%	ic Yards /aste	0.000	- 100 m	ered Landfi al Landfil				
City, State Wayne, New Jersey					Disp	osal Date			ennsylva	nia			
Completed by Jerry Bijelonic		Title Proje	ect Ma	nager		Signatur	e		3.0	ate /7/15			

State of New Jersey Notification of Asbestos Abatement Continuation Sheet

Location of Asbestos-Containing Material (ACM)	1	Loca Norma	ition ally ely by	Description of				temer ype	nt
TO BE ABATED In Facility (13)	Ma	intena	ance/ Staff:	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
Paulo	Yes	No	N/A					ate	ľ
Bay 8			X	VAT	200 SF	Х			H
Bay 9			Х	Transite Siding	100 SF	X			-
Bay 10			X	VAT	1,800 SF	х			-
Bay 10			Х	Pipe Insulation	20 LF	Х		\dashv	
2							\dashv		
							-	-	
			\top			-	-	-	
		\dashv				-	_		
	+	+	+				_	1	
	+	+	+						
	+	+	+						
	+	+	+						
	-	-	+						
						\top	+	1	
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		\top				-	-	+	
	\top	+	+			_	_		
	+	-	+			_			
	+	+	-						The Party of the P
	+	-	-						

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.TAC 8:60-7 and 12:120-7)

Date of Notification	(1)	((Pursu					12:120-7 r/Operator					-0	
7-7-15					role				(2)					
Agencies Notified	Type Not	ificati	ion	Stre	et Addr	222								
[]EPA	[X]Init			1000000)2 Ne									
[]DEP		ificat	ion	City	, State	Zin	Codo							
700000000000	[]Amen	ided						07111						
[X] DOL	Not	ificat	ion				110 /	0 / 1 1 1						
[X] DOH	[]EMER	RGENCY		1	of Cor				Telepho	ne Number				
[]DCA	[]Cano		0.0	Ca	role	War	ren		1					
	[]Cano	errati	on		ENC	TTTMV :	TATEOD	MATION					270015	
Name of Facility Whe	re Abatem	ment is	Taki	ng Pi			INFOR	MATION	Type of Facil	lity (4)				
Same as above						5								
									[]School	(K-12) oter 8 (Othe	r than	K-12)	
Street Addres									[X]Other	(i.e., priva	te & c	ommer		
										ouildings, h		etc.)		
City (5		Co	unty	(6) Es	Yes	Con	nter C	Code (7)	Square Feet	# of Floo	rs Bl	.dg. A	ge	
- 1			<u>1</u>	(0) 11	JULA	100000		JSE ONLY)	0	(2)				
									Current Use	(Prior if be	ing de	molish	ned,)
Name of Monitoring F	irm hired	i by Bu	ildin	g A	SCM No.		Name	of Abate	ment Contracto	or (9)				
Owner (8) N/A		3	• •	-					ANAGEMENT		7.4			
Street Address								et Addres						
									topher St					
City State Zip Cod	ty, State, Zip Code													
orally occurry arp cour					100000000000000000000000000000000000000	, State, : ontclai	r, NJ 070	42						
Project Manager for	Monitorin	g Firm	Te	Lepho	ne Numb	oer		phone Numb			icense	Numbe	37	-
			N	_				73) 744			0037			
Scheduled Start Date	(10)	100			n Date	(11)		of OSHA N	Monitor					
7-20-15	Tentro	A someone	7-21		55		N/A	Ā						
Month Day Ye Occupancy Status Dur	ar ing Abate	Montl	h I Check	only	Year		Stro	et Address						
[X]Facility Clos	ed/Vacate	ed Duri	ing En	tire	Period		0010	er humes:	•					
of Abatement []Abatement Per		ıtside	of No	rmal	Facili	tv	C	Ctoto f	* C- 1-					
Hours - Descr	ibe: «Off	Hours D	escri	pt»		-1	CICY	, State, 2	ip code					
[]other - Descr Scope of Work (Check			200-1 100 M	Des	cript»									
scope of work (check	all that	apply)					וומדון (Containment wi	th Negative	Pressi	ira		
[X]≥3 sf or					ovation				-Enclosure	ar negacive	riess	ire		
[] <u>></u> 160 sf o	r ≥260 lf		1] Den	olition	ı			oag Procedure riable Procedu	70				
				Is				[]Itoli II			Aba	temen	t T	vpe
Location Asbestos-Con				ocat: orma:	Lly			escription			R		E	E
Material (Used Sole:				estos-Cont Material (Amount (Specify	E	F	C	C
TO BE ARA	TED		B	y Mai	ln-			, thermal		SF or	M	P	A P	O
In Facil:	ity			enand		ins			cing, VAT,	LF)	V	A	S	S
(13)		-	St. Yes	aff No	(12) N/A		or ot	her miscel	laneous)		A L	P	T I	U R
Basement			163	140	X	Din	0 T	nsulat	07	40 lf	X			E
					-		ler		1011		~	-	-	
					-	DOI	Ter			35 sf	-		_	
Name of Registered Wa	ete U1	0.20	hra	DEE .	Waste	<u></u>			-k-					
AZTECH MANAGE			Ha	uler	ID No.	115000000	oic Ya Waste	ards = 1.5	Name of Regi G.R.O.W.		Eill			
City, State			1	704	U	Dia	moesi	L Date						
Montclair, NJ	07042					100	-22		City, State Morrisvi	lle, PA	1906	7		
Completed By (Print o	у Пита	m: +7 -												
Constantine Vi		Pres	- 1 - 1 -	n +				Signature			Date	102142		
VI	4 - 211	TTES	- LUE	44 6				CV;	um		7-7	-15		



Date of Notification (1) 07/06/2015					f Building outh Re				ol Board of E	Educat	ion		.5		
Agencies Notified	Type Notification			Street A One N	ddress orman J	J. Field	Way								
EPA DEP DOL	Initial Amended Amendment #				ite, Zip Co Falls, N		24								
X DOH X DCA	Emergency (in justification) Cancellation	ncluding			f Contact Anne Pa	arry				Teleph	one Nun	nber			
		411-47		750000000000000000000000000000000000000	LITY INFO		ON							-	
Name of Facility Where Monmouth Regions		Place (3)						of Facility (4) School (K-12)						
Street Address One Norman J. Fie	ld Way								Subchapter 8 Other (i.e. privetc.)	(Other th			dings.	home	es,
City (5) Tinton Falls									re Feet	# of Flo	oors	723	ldg. A		
County (6) Monmouth	1				Code (7) USE ONLY)				ent Use (Prior lic High Sch		iemolish	ed)			
Name of Monitoring Firm AHERA Consultant		wner (8)		ASCN 0057					atement Contra						
Street Address PO Box 385								Addre Route	ss e 46 Suite 1	5					
City, State, Zip Code Oceanville, NJ, 082	231-0385						And the second s		ip Code		11, 77, 72				
Project Manager for Mor John Smoyer	250 33950			Telepho	ne No.		Teleph	none N 339-9	0.		cense N	0.			
Start Date (10) 06/29/2015		Schedule	ed Con		Date (11)		Name	of OSI	HA Monitor						
Occupancy Status Durin									struction C	υρ					
								Addre: Route	ss e 46 Suite 1	5					
Abatement Perform	ated During Entire Priced Outside of Norma occupied building from	al Facility	Hours				City, S	State, Z	ip Code					7 (5)	
Scope of Work (Check A	Il That Apply)						1010	wa, iv	10 0/012	-					
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		Contract of the Contract of th	enova emolit				×××	Mir	Il Containment ni-Enclosure ovebag Proced n-Exempted (1	dure					
		1.		exes				140	II-Exempled () and ive	JIFFIIabi	e FIO		ement	
Location	of	10.000	Locati Iormal											ре	
Asbestos-Containing TO BE AB. In Facil (13)	Material (ACM) ATED	Mai	d Sole intenar odial S (12)	nce/		tos Cont thermal surfac		iaterial s insula T, or		Amou (Spec SF or	cify	Removal	Repair	Encapsulate	Enclosure
A602,G305,G322JC	-A H-Hall H B/G		X	13023	Di	ipe-Fitt	ing inc	culatio	20	420 1	E				
D-515 and			X			loor Til				1650		x	-	x	
D500A, Library, D5			X			ipe-Fitt				460 1		X		×	-
						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9	Jaiatic		1001				^	
Name of Registered Was	te Hauler		N	JDEP W	aste	Cubic '	Yards		Name of Re	aistered	Landfill				-
Newark Carting				auler ID 1509	No.	of Was	ste		GROWS						
City, State Newark NJ						Dispos 07/31	al Date /2015		City, State Morrisevil	le, PA	1				
Completed by Milos Savic		Title Proje	ct Ma	nager		S	ignature	1/	· id-	734	Dat Q7	e /06/2	015		

State of New Jersey Check # 15219 NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) Mary Shea 7-7-15 Agencies Notified Type Notification Street Address 35 Ernst Ave []EPA [X]Initial Notification []DEP City, State, Zip Code []Amended Bloomfield, NJ, 07003 [X]DOL Notification Name of Contact [X] DOH Telephone Number []EMERGENCY Mary Shea []DCA []Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Same as above []School (K-12) []Subchapter 8 (Other than K-12) Street Addres [X]Other (i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5 County Code (7) County (6) Essex (STATE USE ONLY) Current Use (Prior if being demolished) Name of Monitoring Firm hired by Building ASCM No. Name of Abatement Contractor (9) Owner (8) N/A AZTECH MANAGEMENT, Inc. Street Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number N/A (973) 744-8800 00371 Scheduled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor 7-16-15 7-20-15 N/A Month Day Year Month Day Occupancy Status During Abatement (Check only one) Street Address [X]Facility Closed/Vacated During Entire Period of Abatement []Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: «OffHours Descript» []other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) []Full Containment with Negative Pressure $[X] \ge 3$ sf or ≥ 3 lf [X] Renovation []Mini-Enclosure []>160 sf or >260 lf []Demolition [X] Glovebag Procedure []Non-Friable Procedure Abatement Type Is Location Location of Description of Normally Asbestos-Containing NCAPSU MOHON Used Asbestos-Containing Amount Material (ACM) Material (ACM) Solely EP (Specify By Main-TO BE ABATED (i.e., thermal systems SF or 0 AIR tenance/ In Facility insulation, surfacing, VAT, LF) Custodial Staff (12) U (13)or other miscellaneous) RE Yes No N/A Basement X Pipe Insulation 185 lf X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste 1.5 AZTECH MANAGEMENT, INC. G.R.O.W.S. 17040 City, State Disposal Date City, State

7-21-15

Signature

Morrisville, PA 19067

Date

7-7-15

Montclair, NJ 07042

Completed By (Print or Type)

Constantine Vivian

Title

President

Date of Notification (1) July 7, 2015					f Building ord Leas				nunitv	311	C	heck	# 2	217		
Agencies Notified	Type Notification			Street A												
EPA DEP DOL	Initial Amended Amendment	#		City, Sta	ate, Zip Co	ode		-						200000		
DOH DCA	Emergency (justification) Cancellation	including			f Contact					Tel	ephone	Numb	er			
			_	FACI	LITY INF	ORMATI	ON			1					-	
Name of Facility Where Medford Leas Retir	Abatement is Taking ement Commur	Place (3) nity						Туре	of Facility (4) School (K-12)							
Street Address 1 Medford Leas Wa	ау								Subchapter 8 Other (i.e. pri etc.)	(Oth			ouilo	lings,	home	es,
City (5) Medford								Squa 10,0	are Feet	# o	f Floors		336	ldg. <i>A</i>	ge	
County (6) Burlington					Code (7) USE ONLY)			ent Use (Prior irement Co			lished)			
Name of Monitoring Firm Management & Env				ASCN	/ No.				atement Contr							
Street Address PO Box 341								Addre Cutle	r Avenue							
City, State, Zip Code Chesterfield, NJ 08	515								Zip Code ade, NJ 08	052						
Project Manager for Mor Bill Weisgarber	nitoring Firm			Telepho 609-29	ne No. 98-4070			none N 755-0			Licens					
Start Date (10) July 16, 2015		Scheduled July 20, 2			Date (11)				HA Monitor alytical, Inc							
Occupancy Status Durin	g Abatement (Check	Only One)					Street									-
X Facility Closed/Vac	ated During Entire P	eriod of Aba	atem	ent			200 I	Route	a 130 North							
Abatement Perform Other – Describe:	ed Outside of Norm	al Facility H	ours						ip Code son, NJ 086	077						
Scope of Work (Check A	II That Apply)															
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City, State Freehold, NJ						Dispos 7/20/2	al Date 2015		City, State Newburg,	, PA						
Completed by		Title				S	ignature	M	· 00			Date	^ -			
Christina Lynch		Operati	ons	iviana	ger		IN	SYD	(JEST)			7/7/2	U1:	5		

CK 3752

Date of Notification (1) 7-1	5	Nam.	ol Bulldir	Owner Operator	(2) -: -11/2 = 5		
Agencies Notified Type H BA DEA DEA DEA DEA DEA DEA DEA	olification	Svee	11 Address 2	25 Fn8	PEMUNT	A co	S/AF
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Ø DON _ just	inication) collation	Rame	d Contac	I FISHER		Telephone Humber	4
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Name of Facility Where Abatemen					Type of Facility ()	
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CAPE MAY	,		OYL Y) -) (STATE	VAC	or K being demoksni	
Name of Maritoning Firm Hired by	Building Owner	iscu	No.		on Convigor (9)	C1	·,
Sireet Appress					. SPRUC	E Ave.	
City, State Zip Code	8.	٠,		CRY, State, Zip Co	CO SHAD		805 - =
Practi Hanager la Montaina Fin	m , i	elephone	NO.		9-0472	0044 0044	4
Sian Date (10)	Screduled Com		le (!1)	Hate OLOSHAH JOSEA	oxylery	M	
Occupancy Status During Abatem	ent (Check only on	9)			Spruce		
Facility Closed/Vacated During Abatement Performed Obtside to Other - Describe	Entre Penco of Aci	ours			-	=, N, J, o	8052
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Name of Registered Waste Hauter Kiémco INC		Hauler I	0 HO.	Ospsal Date		, C, M, U	
CIT SLALE MAPLE SHADE	N,J,08	052			Wood	DBINE, A),) ·
Compeleo By KLEMM	Tion O W	いさん		Signature	sigh! Sl	7.	-7-15
				V	actualist		



Date of Notification (1)			Name of	f Building Owner/	perator	20108	NI	>				
Agencies Notified Type Notification			Street A	ddress	0-0	DINO						
EPA Initial Amended Amendment # Emergency (in justification)		-	Vi	VINCOUP Atte, Zip Code OCH MOC F Contact Lackis	ma	eth, NS) Tel)775 ephone Nu	mber			
Cancellation			Charles and Charles	LITY INFORMATI	ON							
Name of Facility Where Abatement is Taking	Place (3)	.,,,,,			Type of Facility School (K-						
Street Address Pinchurst	Ave	2				Subchapte Other (i.e. etc.)				dings,	home	es,
City (5) PO(+ Monno	ith					Square Feet		Floors 2		Ildg. A	ge 7	
County (6) Manuel	`		STATE	Code (7) USE ONLY)	_	Current Use (Pr			hed)			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCN	l No.		of Abatement Co Industries In		(9)				
Street Address						Address Box 915						
City, State, Zip Code					1 100 100 200	tate, Zip Code						
					Brick	, New Jersey	08723					
Project Manager for Monitoring Firm			Telepho	ne No.		one No.)899-7499		License N 01196	lo.			
Start Date (10) - 7 8 (5	Schedule		pletion I	Date (11)	Name	of OSHA Monitor						
Occupancy Status During Abatement (Check	Only On	e)			Street	Address						
Facility Closed/Vacated During Entire Portion Abatement Performed Outside of Normal Other – Describe:					City, S	tate, Zip Code		17				
Scope of Work (Check All That Apply)	***				_	/						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti			XI.I.	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	re ocedure				e.	
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			Δ	Ashesta	05 0	iding	pu)31	5			
Name of Registered Waste Hauler		2000	JDEP W			Name of	Registe	red Landfil	-			
Brick Industries Inc.		200	602			GROV						
City, State Brick, New Jersey					al Date	City, Sta	te					
Completed by Eric Plackis	Title Presi	dent		S	ignature	END		Da	ate 7	11	15	

Jh# 3693

Date of Notification (1) 07/06/2015					f Building (lair Publi			(2)					7	1		
Agencies Notified	Type Notification			Street A	22-7-10-170-170-170-170-170-170-170-170-17			200		J	1	0	115			
× EPA × DEP × DOL	Initial Amended Amendment #	i		City, Sta	ite, Zip Co lair, NJ (de	1									
X DOH X DCA	Emergency (in justification) Cancellation			Name o	f Contact Sapona		T			Tele	ephone I	Numb	er			
N DOA	Cancellation	_			LITY INFO		TION									
Name of Facility Where		Place (3	3)	FACI	LIIT INFO	KIVIA	HON	Туре	of Facility (4	1)						
Watchung school (s	sub-8)							×	School (K-1)		6l l	(10)				
14 Garden Street									Subchapter Other (i.e. p				build	ings,	home	es,
City (5) Montclair								Squa	etc.) are Feet	# of	Floors		В	ldg. A	ge	
County (6) Essex					Code (7) USE ONLY)			Curr	ent Use (Pric	or if bei	ng demo	olishe	d)			
Name of Monitoring Firm Detail Associates	Hired by Building C	wner (8)		ASCN	I No.				atement Con poration	tractor	(9)					
Street Address 300 Grand Ave	1			-			Street	Addre					22-11-11			
City, State, Zip Code Englewood, NJ 076	nglewood, NJ 07631						City, S	State, 2	Zip Code d Park, NJ	0742	1					
Project Manager for Mor	Englewood, NJ 07631 roject Manager for Monitoring Firm Stephen Jaraczewski						Teleph		lo.	0142	Licens					
Start Date (10)		Schedul			59-6708 Date (11)				HA Monitor		01104	+	, a co. c			
07-20-15		07-24-							ronmental	Labo	ratorie	S				
Occupancy Status Durin	g Abatement (Check ated During Entire P	20	100	. ant				Addre Rou	ess ite 22 Wes	st						
Abatement Perform Other – Describe:	ned Outside of Norma	al Facility	/ Hours) }			The state of the s		Zip Code J 07083							
Scope of Work (Check A	II That Apply)						Offic	11, 140	07003							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ğ	processory .	Renova Demolit				>	Mi GI	ill Containme ini-Enclosure ovebag Proc on-Exempted	edure					e	
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Name of Registered Was	ste Hauler		333	IJDEP W lauler ID		V3000000000000000000000000000000000000	ic Yards /aste		Name of F							
Lilich Corporation			1	8724		n/a			G.R.O.\		andfill					
City, State Woodland Park, NJ				200000000000000000000000000000000000000		Disp n/a	osal Date		City, State Morrisvi		A					
Completed by Momo Glavatovic		Title vice	presid	dent			Signature	6		,		Date 07/		2015		

MOCK

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

Date of Notification (1)				Name o	of Buildin	g Owner/Operator	(2)		and decision of the				
7-9-15				ATLA	NTIC	COUNTY	HISTORIC	CAL SOCIET	Ϋ́				
Agency Notified	Type Notification			Street /	Address	***************************************							
CKEPA	□ Initial			907	SHO	RE ROAD							
Q DEP	Amended	7		City, St	ate, Zip (Code							
₹ DOL	Amendment #	-		SOM	ERS	POINT, NO	J 08244						, li
ПДДОН	☐ Emergency (includ justification)	ng			of Contac			Telephone Num	ber				
DXDCA	☐ Cancellation		-	JIM	SIMI	PKINS		1					
				FACIL	ITY INF	ORMATION					1,000		
Name of Facility Where	Abatement is Taking Pla	ace (3)					Type of Facility	y (4)					
ATLANTIC COUNT	V HISTORICAL	COLLE	ידי די	OTTER.	-tunn	a 7	☐ School (K-1						
Street Address	I HIDIORICAL	COOL	(T 11	OODII-	Cullin	21		8 (Other than K-12)				ı
EOO1 MATH OF	מכוכוכו						Gr Other (i.e. p	rivate & commercia	ıl buildin	gs,			ĺ
5901 MAIN ST City (5)	KEEI						homes, etc	# of Floors	Bldg.	Апа		-	_
										5.			
MAYS LANDING	j			Caushi	Ondo (7	VOTATE HOE	25,000		+/	- 1	00		
County (6)				ONLY)	Code (7) (STATE USE		Prior if being demoli	snea)				
ATLANTIC							COURT				9		
Name of Monitoring Firm		er	ASCN	No.		Name of Abaten	prominent of the property of the Co.		1		_		
(8) WHITMAN CO	MPANY						nvironme	ntal Serv	ices	5,	LI	10	::3
Street Address						Street Address							
7 PLEASANT H	IILL ROAD		71				aley Sti	reet					
City, State, Zip Code						City, State, Zip (x 10127					***********
CRANBURY, N						Philadel	.рпта, Рг						
Project Manager for Mon	itoring Firm	101		ne No.		Telephone No.	E1 EE	License No.					
KEVIN LOVELY				390-5	858	215-533-		01166					
Start Date (10)	Scheduled C			ite (11)		Name of OSHA							
7-20-15	8-			- 3		WHITMAN	COMPANY						
Occupancy Status During	Abatement (Check'on	ly one)				Street Address							
☐ Facility Closed/Vacate						7 PLEASA		ROAD					
☐ Abatement Performed ☐ Other – Describe: ○	Outside of Normal Fac	lity Ho	urs			City, State, Zip C CRANBURY		510					
						CRANDORI	, NO 00.	J.T.Z				-	_
Scope of Work (Check al	that apply)			1		₫ Full (Containment wit	h Negative Pressur	9				
□ ≥ 3 sf or ≥ 3 lf	ž.			Rend Dem			Enclosure						
ङ्क् ≥ 160 sf or ≥ 260 lf				C Delli	OILION		ebag Procedure Exempted (*) ar	nd Non-Friable Prod	edure				
		1e	Locat	ion						A	oate		nt
			Vorma				00 .2 0			-	Typ	oe T	
Locatio Asbestos-Containing			ed Sole		Ashe	Description stos Containing M		Amount				m	
TO BE A		2000000	Dustod	0000000	(î.e.	., thermal systems	insulation,	(Specify		Re	20	nca	Enc
IN Fac			Staff?			surfacing, VAT other miscelland		SF or LF)		Removal	Repair	ncapsulate	Enclosure
(13)	M		(12)			other miscellane	eous)			181	7	late	ие
		Yes	No	N/A									
					see a	ttached shhet							
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			-	1							_	1	
Name of Registered Was	te Hauler	INJ	DEP V	Vaste H	auler	Cubic Yards of	Name of Reg	stered Landfill					-
			No.		-10101	Waste							
Service Tran	sport						A & L S	alvage					
City, State		-				Disposal Date	City, State						
Morrisville,	PA						Libson	, OH					
Completed by	Title				/	Signature	71		Date	-	_		
Jennifer Niv	ren Dir. of	OF	pera	itioi	ns (lon	11_		7-9	-1	5		9900

ASB-41

* Do not use this form for asbestos licer(sure exempted activities.

ATLANTIC COUNTY COURT HOUSE

DESCRIPTION OF MATERIAL	LOCATION OF MATERIAL	Amount	Code**	Code***
CEILING PLASTER AND WALL PLASTER	TUNNEL	312	SF	REM.
PIPE INSULATION INCLUDING ELBOWS	TUNNEL	100	LF	REM

NOCF

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

Date of Notification (1)			IN	lame of	f Building	Owner/Operator	(2)						
7-9-15			Z	ATLA	NTIC	COUNTY	HISTORICA	AL SOCIET	Y				
Agency Notified	Type Notification		S	Street A	ddress			-					
	D leitiel			907	SHO	RE ROAD							
CKEPA CL DEP	☐ Initial ☐ Amended ☐	ç	1	City, Sta	ate, Zip C	Code							
E DOL	Amendment # 4	_	1			POINT, NJ	J 08244						
cynon	☐ Emergency (includi	ng	- Contract		f Contac			Telephone Num	ber			-	
DÎNDOH I DCA	justification) Cancellation		1	MIT	SIME	KINS							
					200	ORMATION				1 17		-	
Name of Facility Where	Ahatement is Taking Pla	ice (3)		TAGIL		DAWATION	Type of Facility	(4)					7
			~~			~=							-
ATLANTIC CO	UNTY HISTOR.	LCAL	. CO	URT.	HOU.	SE	☐ School (K-12) (Other than K-12))				1
Street Address							Other (i.e. pri	vate & commercia	l building	ngs,			
5901 MAIN ST	TREET						homes, etc.)	The state of the s	1 513-				_
City (5)							Square Feet	# of Floors	Bldg.				
MAYS LANDING	3						25,000	4	+/-	-1	00		
County (6)					Code (7) (STATE USE	Current Use (Pr	for if being demoli	shed)				
ATLANTIC			(ONLY)			COURTH	OUSE				3	
Name of Monitoring Firm	Hired by Building Own	er /	ASCM	No.			nent Contractor (9	T.					
(8) WHITMAN CO						Pepper E	nvironme	ntal Serv	rices	1	II	10	
Street Address	The second secon					Street Address							
7 PLEASANT I	HILL ROAD					2251 Fr	aley Str	eet					
City, State, Zip Code						City, State, Zip (Code					16.337	
CRANBURY, N	TT 08512				Philadelphia, PA 19137								
Project Manager for Mor		Te	lephon	e No.		Telephone No. License No.							
KEVIN LOVELY	storing i min	2333		90-5	5858	215-533-5155 01166							
Start Date (10)	Scheduled C	ompleti	on Dat	e (11)		Name of OSHA	Monitor					-	
6-8-15		15-1				WHITMAN	COMPANY	02 I t					
Occupancy Status Durin				Street Address									
The state of the s			omost.			7 PLEASA	ROAD						
☐ Facility Closed/Vacate ☐ Abatement Performed	ed During Entire Period d Outside of Normal Fac	of Abate	ement urs			City, State, Zip	Code					-17.5	
☐ Other – Describe:							Y, NJ 085						
Scope of Work (Check a	all that apply)			,		17 lin	Containment with	Negative Pressur	.e	175,000			
□ ≥ 3 sf or ≥ 3 lf				A STATE OF THE STA	ovation	☐ Mini	-Enclosure	respense i ressur	*				
Br≥ 160 sf or ≥ 260 lf	*			□ Dem	nolition	□ Glov	vebag Procedure	d Nam Erichia Das	0040				
		1			1	⊌ Non	I-Exempted (*) an	d Non-Friable Prod	cedure	A	bate	mei	nt
		1 555	Locati									pe	17.7
Locati	on of		Vormall d Sole			Description	of .						
Asbestos-Containing	ng Material (ACM)	Ma	intenar	nce/	Asbe	stos Containing M	Naterial (ACM)	Amount (Specify		D	_	Enc	En
TO BE A	BATED	0	Custodi		(1.6	., thermal system surfacing, VA		(Specify SF or LF)		emo	Repair	aps	clos
(1:			Staff? (12)			other miscellar				Removal	air	ncapsulate	Enclosure
2000	391			1				E21	: #fi			9	
		Yes	No	N/A	-	1	1			-	-	-	-
					Su	attantel	Sheet			-	_	-	-
										-	-		
										_	_		
Training of Fregretors Freetre				Vaste H	lauler	Cubic Yards of	Name of Regi	stered Landfill					
Service Transport ID No.						Waste	A & L S	alvage					
						Dieposal Data	City, State						
City, State						Disposal Date	Libson	OH .					
Morrisville						Signature	TITDSOIL,	, 011	Date		_		
Completed by Jennifer Ni	ven Dir. o	f Or	era	atio	ns	Signature	11		7-9	-1	.5		
OCILIAL CA IVA					(1 pm	- /	_		-			

ASB-41

ATLANTIC COUNTY COURT HOUSE

DESCRIPTION OF MATERIAL	LOCATION OF MATERIAL	Amount	Code**	Code***
12X12 TAN SPECKLED FLOOR TILE & MAS	TEASTERN SIDE OF BASEMENT	1800	SF	REM
12X12 TAN FLOOR TILE AND MASTIC	WESTERN SIDE OF BASEMENT	50	SF	REM
12X12 GREY FLOOR TILE AND MASTIC	WESTERN SIDE OF BASEMENT	120	SF	REM
	CORRIDOR			
debris	grandjury crawlspace	2500	SF	REM
pipe	grandjury crawlspace	326	LF	REP

JUL 1 0 2015

PAGE 1 of 2

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

Date of Notification (1)				Name	of Building	Owner/Operator (2	()		-		4.0		
6 /	19 / 1	5		New J	ersey Ovis	Pharmacy LLC		/ Job #1506-1	990 C	hk. i	1//	+	
Agencies Notified	Type Notification	n		Street	Address								
⊠ EPA	_ Initial			One C	DVS Drive								
⊠ DOFMD	☐ Amended			City, S	tate, Zip Ci	ode					777		
☑ DHSS	Amendment	-		Waar	ispaket R	G2896							
DCA	Emergency (of Contact			Telephone Numh	er				
(NJAC 5:23-8)	justification) Cancellation					ed Developer	ł	relegitorii: reni					
	□ Cancellation										-		
				FAC	ILITY IN	FORMATION							
Name of Facility Where A	Abatement is Taki	ing Place	(3)				Type of Facility (4						
CVS Property/Campus							School (K-12)						
Street Address							☐ Subchapter 8	(Other than K-12)		ildina			
111 & 119 Beachwood, 3	00 Atlantic City B	lvd, 110 l	118	Seama	n Ave		homes, etc.)	vate and commen	Jai bu	lianig	3,		
City (5)							Square Feet 2400, 1500	# of Floors	Bio	ig. Ac	ie		
Beachwood							2400.1500 9500.2800 1400	2		45. 5		55	
County (6)				TCoun	by Code (7)	(STATE USE ONLY)	Current Use (Prio			-	-		
Ocean				Court	ity Code (1)	NOTATE USE ONLT)	Vacant	i ii being demons	icu)				
	5		n T	10011									
Name of Monitoring Firm		g Owner ((8)	ASCM	No.	Name of Abateme		192					
RT FINING	n mental					Asbestos and	d Mold Services	, Corp.					
Street Address			0.			Street Address							
570 Heron	Drive, S	VIITE	200			3859 Sylon B	oulevard						
City, State, Zip Code						City, State, Zip Co	ode						
_ Bridge port	NT U8014					Hainesport, N	NJ 08036						
Project Manager for Mon	itoring Firm		Tele	phone	No.	Telephone No.		License No.					
Tony Auss			1		1-2276	609-702-0400 00862							
Start Date (10)	Ultill Till	neduled C	-	- C	the second second	Name of OSHA N		1 0000					
6 / 29 /		7/				Many trees as a more							
						EMSL Analyt Street Address	icai, iiic.						
Occupancy Status During													
☐ Facility Closed/Vacate	A CONTRACTOR OF THE PROPERTY O												
Abatement Performed						City, State, Zip Co							
Time of Abatement: _	Alvi-	P (VI/			AW	Cinnaminson	i, NJ 08077						
Scope of Work (Check al	Il that apply)						70.57	V68 258 940	390-27-300-0 19				
□ >2 of or >2 if							tainment with Nega	ative Pressure/Na	gative	Pres	sure	Enc	
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		☐ Re 図 De					g Procedure						
			,,,,				mpted (*) and Non	-Friable Procedu	e				
**See Page 2 for Add	litional Scope	ls	Loca	tion	T				Ab	atem	ent T	vpe	
Location			Norma			Description of	of		-	_		1	
Asbestos-Containing			ed Sol	ely by		stos Containing Ma		Amount	len	Rep	nca	Encl	
TO BE ABA				Staff?	(i.e	thermal systems surfacing, VAT		(Specify SF or LF)	Removal	air	psi	losure	
(13)	ity		(12)			other miscellane		SF OF LF)	=		Encapsulate	Te.	
0.0250		Yes	No	N/A							0		
111 Beachwood Blvd					Transite Sidi	ng		3 924 SF	×	П	П	П	
		-12-	=	-	Transite Side	FLOORING		150 SF 3 222 SF	-		_	_	
119 Beachwood Blvd	Ш		Sheet Froots	no		144 SF		Ш	Ш	Ш			
119 Beachwood Blvd (cont)					Duct Wrap	FLUDCING		102 SF 452 LF					
118 Seaman Ave				\boxtimes	Flue Packing Transite Sign			2 SF 1 755 SF	\boxtimes				
Name of Registered Was	ste Hauler		100	NJDEP!		Cubic Yards of	Name of Regist	ered Landfill					
Freehold Cartage, Inc.					D No	Waste 5	GROWS La	ndfill					
City, State		02265		Disposal Date	City, State								
Freehold, NJ						7/17/15	Morrisville,	PA 19067					
Completed By (Print or T		itle	_			Sinhati)ra		Da		10			
Kimberly A. Trumb	etti	Office	Coor	dinato	Г	DXI	ý		6-	14-	15		
100 41						18/1.0			-		-		

ASB-41 MAY 11

* Do not use this form for espestos licensure exempted activities

PAGE 2 of

Date of Notification (1)	10 11					g Owner/Operator (,	
- 0	19 / 18			Nev	v Jersey	CVS Pharmacy	/ Job	#1506-1990	CH	1K.#	NA	+
Agencies Notified	Type Notification			Street	Address					-		
⊠ EPA ⊠ DOLWD	(, Initial			One	CVS Dr	rive						
⊠ DHSS	Amended Amendment #				state, Zip (
	☐ Emergency (in			Wo	onsocke	t, RI 02895						
(NJAC 5:23-8)	justification)			Name	of Contac	†		Telephone Num	ber			00.00
	☐ Cancellation			AIS	Stein, Pre	eferred Develope	er					
				FAC	CILITY IN	FORMATION						
Name of Facility Where At	batement is Takin	g Place	€ (3)				Type of Facility	4)	-			
CVS Property/Camp	us						School (K-12					
Street Address								Other than K-12		. Wallaco		
111 & 119 Beachwood	od, 300 AC Blv	d, 110	& 11	8 Sean	nan Ave.		homes, etc.)	ivate and comme	rcial bi	uliding	IS.	
City (5)							Square Feet	# of Floors	В	ldg. A	ge	
Beachwood												
County (6)				Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)			
Ocean							Vacant	•	C.10:270.16#			
Name of Monitoring Firm H	tired by Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
KT FINVIONIN	nental					Asbestos an	d Mold Service	s. Corp.				
Street Address						Street Address		7		-		
570 Heron Pn	W. Suite3	06				3859 Sylon B	oulevard					
City, State, Zip Code						City, State, Zip Ci						
BNU LPDY- Project Manager for Monito	WJ 08014					Hainesport, N						
Project Manager for Monit	oring Firm		Tele	phone !	No.	Telephone No.		License No.				
Tony Ausian	unn.		8197	-4107	1.2276	609-702-0400)	00862				
Start Date (10)	Sche	duled C		tion Dat		Name of OSHA M	fonitor		****		_	_
6 / 29 /				1		EMSL Analyt						
Occupancy Status During	Abatement (Chec	к опіу	one)			Street Address					-	
☐ Facility Closed/Vacated				ment		200 U.S. Rou	te 130 North					
☐ Abatement Performed (Outside of Norma	Facilit	y Hour	s - Des	cribe	City, State, Zip Co					-	
Time of Abatement:	AMP	M/	PM-		AM	Cinnaminson						
Scope of Work (Check all t	that apply)				-		1, 140 00011		-	-		
							tainment with Neg	ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or >260 lf 			enovati			⊠ Mini-Enc	dosure g Procedure					
		20,		ett.			mpted (*) and Nor	n-Friable Procedu	re			
		91	Locat						Ab	atem	ent T	vpe
Location o		1 1	Norma	lly elv by		Description o					-	1
					Acho	eine Containing Ma						Enclo
Asbestos-Containing M TO BE ABAT	faterial (ACM)	Use	intena	4 4		stos Containing Ma		Amount	Remo	epa	Enca	00
TO BE ABAT IN Facility	faterial (ACM)	Use Ma	iintena todial	nce/		thermal systems surfacing, VAT	insulation,	Amount (Specify SF or LF)	Removal	Repair	ncapsu	1
TO BE ABAT	faterial (ACM)	Use Ma Cus	todial (12)	nce/ Staff?		thermal systems	insulation, , or	(Specify	Removal	epair	capsulate	ure
TO BE ABAT IN Facility (13)	faterial (ACM)	Use Ma	iintena todial	nce/ Staff?	(î.e	surfacing, VAT other miscellane	insulation, , or	(Specify SF or LF)	Removal	epair	ncapsulate	ure
TO BE ABAT IN Facility	faterial (ACM)	Use Ma Cus	todial (12)	nce/ Staff?	(i.e	surfacing, VAT other miscellane	insulation, , or ous)	(Specify SF or LF)	Removal	epair	ncapsulate	ure
TO BE ABAT IN Facility (13)	faterial (ACM)	Use Ma Cus	todial (12)	nce/ Staff?	(i.e	thermal systems surfacing, VAT other miscellane te ck on Joint Compos	insulation, , or ous)	(Specify SF or LF)	noval	epair 🔲 🗆	ncapsulate 🔲 🗀	ure
TO BE ABAT IN Facility (13)	faterial (ACM)	Vse Ma Cus	intena todial (12) No	nce/ Staff?	Floor Til Sheetro Pipe Ins	thermal systems surfacing, VAT other miscellane te ck on Joint Compos	insulation, , or ous)	(Specify SF or LF) 1.438 SF 2.800 SF	noval	epair	ncapsulate 🔲 🔲 🛭	ure
TO BE ABAT IN Facility (13) 300 Atlantic City Blvd	faterial (ACM)	Vse Ma Cus Yes	intena todial (12) No	nice/ Staff?	Floor Til Sheetro Pipe Ins	thermal systems surfacing, VAT other miscellane le ck on Joint Compositulation & Mastic	insulation, , or ous)	(Specify SF or LF) 1.438 SF 2.800 SF 612 LF	noval	epair	ncapsulate 🔲 🔲 🔲	
TO BE ABAT IN Facility (13) 300 Atlantic City Stvd	faterial (ACM) TED /	Vse Ma Cus	intena todial (12) No	nce/Staff?	Floor Til Sheatro Pipe Ins Floor Til Transite	in, thermal systems surfacing, VAT other miscellane le ck on Joint Compositulation e & Mastic Siding	insulation, , or ous)	(Specify SF or LF) 1.438 SF 2.800 SF 612 LF 332 SF 455 SF	noval	epair	ncapsulate 🔲 🔲 🔲	
TO BE ABAT IN Facility (13) 300 Atlantic City Slvd 110 Seaman Avenue	faterial (ACM) (ED) (Vse Ma Cus Yes	intena todial (12) No	nce/Staff?	Floor Til Sheatro Pipe Ins Floor Til Transite	in, thermal systems surfacing, VAT other miscellane le ck on Joint Compositulation e & Mastic Siding	insulation, , or ous) ind	(Specify SF or LF) 1.438 SF 2.800 SF 612 LF 332 SF 455 SF	noval	epair	ncapsulate 🔲 🔲 🔲	
TO BE ABAT IN Facility (13) 300 Atlantic City Blvd 110 Seaman Avenue Name of Registered Waste Freehold Cartage, Inc.	faterial (ACM) (ED) (Vse Ma Cus Yes	intena todial (12) No	nce/Staff?	Floor Til Sheatro Pipe Ins Floor Til Transite Vaste) No.	in, thermal systems surfacing, VAT other miscellane le ck on Joint Compositulation e & Mastic Siding	insulation, , or ous)	(Specify SF or LF) 1.438 SF 2.800 SF 612 LF 332 SF 455 SF	noval	epair	ncapsulate 🔲 🔲 🔲	
TO BE ABAT IN Facility (13) 300 Atlantic City Blvd 110 Seaman Avenue Name of Registered Waste Freehold Cartage, Inc. City. State	faterial (ACM) (ED) (Vse Ma Cus Yes	intena todial (12) No	N/A N/A D JDEP V auler IE	Floor Til Sheatro Pipe Ins Floor Til Transite Vaste) No.	thermal systems surfacing, VAT, other miscellane is called the cal	Name of Regist GROWS La	(Specify SF or LF) 1.438 SF 2.800 SF 612 LF 332 SF 455 SF ered Landfill	noval	epair	ncapsulate 🔲 🔲 🔲 🔲	
TO BE ABAT IN Facility (13) 300 Atlantic City Slvd 110 Seaman Avenue Name of Registered Waste Freehold Cartage, Inc. City, State Freehold, NJ	faterial (ACM) (ED) (Hauler c.	Vse Ma Cus Yes	intena todial (12) No	N/A N/A D JDEP V auler IE	Floor Til Sheatro Pipe Ins Floor Til Transite Vaste) No.	thermal systems surfacing, VAT, other miscellane is can Joint Composition in the Strategy of Strategy of Waste 5	insulation, or ous) Ind Name of Regist GROWS La	(Specify SF or LF) 1.438 SF 2.800 SF 612 LF 332 SF 455 SF ered Landfill	noval	epair	ncapsulate 🔲 🗎 🔲 🔲	
TO BE ABAT IN Facility (13) 300 Atlantic City Blvd 110 Seaman Avenue Name of Registered Waste Freehold Cartage, Inc City. State Freehold, NJ Completed By (Print or Typ	faterial (ACM) (ED) (Hauler c.	Vse Ma Cus Yes	intenatodial (12) No	N/A N/A N/A D D JDEP V Buller ID 02265	Floor Til Sheetro Pipe Ins Floor Til Transite Vaste) No.	thermal systems surfacing, VAT, other miscellane is called the cal	Name of Regist GROWS La	(Specify SF or LF) 1.438 SF 2.800 SF 612 LF 332 SF 455 SF ered Landfill ndfill	noval	epair	ncapsulate 🔲 🔲 🔲	ure
TO BE ABAT IN Facility (13) 300 Atlantic City Blvd 110 Seaman Avenue Name of Registered Waste Freehold Cartage, Inc. City, State	faterial (ACM) (ED) (Hauler c.	Vse Ma Cus Yes	intenatodial (12) No	N/A N/A D JDEP V auler IE	Floor Til Sheetro Pipe Ins Floor Til Transite Vaste) No.	thermal systems surfacing, VAT, other miscellane lie ck on Joint Compositulation e & Mastic Siding Cubic Yards of Waste 5 Disposal Date 7/17/15	Name of Regist GROWS La	(Specify SF or LF) 1.438 SF 2.800 SF 612 LF 332 SF 455 SF ered Landfill ndfill	loval	epair	apsulate 🔲 🔲 🔲 🔲	losure

Date of Notification (1)				Name	of Building	Owner/Operator (2	2)					
7 / 2	_ /	15		The	College	of New Jersey		/ Job #1504-197	5 Ch	k. #4	009	
Agencies Notified Typ	e Notificati	on		Street	Address							
	Initial			200	0 Pennin	gton Road						
	Amended	or all a		City, S	tate, Zip C	Code						
	Amendmen			Ewi	ng, NJ 0	8618						
	Emergency justification		1	Name	of Contac	t		Telephone Numb	er			
	Cancellatio	1.0		Mat	thew Bo	nomo		1				
				FAC	ILITY IN	FORMATION						
Name of Facility Where Abate	ment is Ta	king Place	(3)			***************************************	Type of Facility	(4)				
Brower Student Center							School (K-1)					
Street Address		7						8 (Other than K-12) private and commerc		ildina	•	
2000 Pennington Road							homes, etc.		JIAI DU	illuli ig	٥,	
City (5)							Square Feet	# of Floors	Bl	dg. Ag	ge	
Ewing							95000	3	- 1 -	40		
County (6)				Coun	tv Code (7)(STATE USE ONLY)	Current Use (P	rior if being demolis	hed)			
Mercer					,,	,,,	Student Ce		,			
Name of Monitoring Firm Hire	d by Buildir	na Owner (8)	ASCM	No	Name of Abateme						
Langan	a by bullan	ig Owner (,	7100111	140.	HOSTIC SALOUS SCHOOL DADGE MEN SCHOOL	d Mold Service					
Street Address						Street Address	a Mola Sel Vici	55, OUIP.				_
River Drive Center 1							aulovard					
particular in in increase and a second						3859 Sylon B						
City, State, Zip Code	27					City, State, Zip Co						
Elmwood Park, NJ 0740			T = 1			Hainesport, I	NJ 08036					
Project Manager for Monitorin	g Firm			phone		Telephone No.		License No.				
Vijay Patel				1-281		609-702-0400		00862				
Start Date (10) 7 / 20 / 1:		heduled C 12 /				Name of OSHA N EMSL Analyt						
						The state of the s	icai, iric.					
Occupancy Status During Aba						Street Address						
□ Facility Closed/Vacated Du □ Abatement Performed Out	V-700				orib o	200 U.S. Rou						
Time of Abatement:						City, State, Zip Co						
Scope of Work (Check all that	apply)											
☐ ≥3 sf or ≥3 lf		⊠ Re	novoti	on		⊠ ⊠ Mini-End		gative Pressure El	10/08	lle		
≥160 sf or ≥260 lf		□ De					g Procedure					
			***********					on-Friable Procedur	е			
			Locat						Ab	atem	ent T	ype
Location of	sial (ACMA)		lorma d Sole		A = b =	Description of			Re	R	Щ	Щ
Asbestos-Containing Mate TO BE ABATED			ntena			stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	ıcar	IClo
IN Facility		Cust		Staff?	(surfacing, VAT		SF or LF)	Val	_	Encapsulate	Enclosure
(13)		Yes	(12) No	N/A		other miscellane	ous)				ate	Co.
SEE ATTACHED Table 1												
ACM TO BE REMOVED			П									
			_			S						
Name of Paristers 1144 - 11	aulac			ПР-2.	\/	0.65	The state of	1222112212		Ш	Ш	Ш
Name of Registered Waste Ha	auler		1 1088	JDEP \ lauler IE		Cubic Yards of Waste	-	stered Landfill				
Freehold Cartage, Inc.		- 11011100		02265		5	GROWS L	andill				
City, State						Disposal Date	City, State					
Freehold, NJ				12/31/15	Morrisville	e, PA 19067						
Completed By (Print or Type)	T.	Title				Signature		Da			_	
Kimberly A. Trumbetti		Office (coord	linato	,	ADX /			7-	7-1)	
.00						- V V			27.0			

ASB-41 PILL 1 173

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

- 10. Project Name "Brower Student Center" " must be included on all asbestos waste manifests.
- Copies of Asbestos Waste Manifests must be included with the Contractor's application for payment in order to receive payment approval.

1.2 SCOPE OF WORK

- A. Work includes filing and permitting all necessary applications, notifications, and fees; insurance; necessary design services; providing skilled, licensed and certified labor; disposal of all identified asbestos-containing materials and contaminated waste from the Federal, State and local regulations.

 B. The Estimated asserting all necessary applications, notifications, and fees; materials; and equipment necessary for proper preparation, handling, removal and legal building included in the scope of work in accordance with all requirements of applicable.
- B. The Estimated quantities of ACM to be removed from the various locations within the building is listed below in the Table 1:

TABLE 1 ESTIMATED QUANTITY OF ACM TO BE REMOVED

Material	Location	ACM/ Assumed ACM	Total Confider AC Assume	M/	Estima Quantit ACM/ Ass ACM to	y of sumed	Comments
Sink undercoating (black)	Spaces G-2, G-9	1011	. 10001116	u ACIVI	Remov	ed	
	Spaces G-28, 126,	ACM	4	0 SF	40		
Fountain undercoating	133, Corridor of 102, Lounges 218 and 226, Corridor 209	ACM	2	0 SF	20	0.	
Interior window glazing putty	Spaces 137, 133, 128, 126, 119B, lounge 201	ACM	1,000) LF	1,000	LF	
Transite wall panel	Storage 138			+++			
Pressed particle board	Spaces G-27, G-15,	ACM	120	SF	120	SF	
fided between two layers If Transite wall panels	G-14, G-13, G-11, G- 10; Mechanical Rooms 215 and 234	ACM	350	SF	350	SF	
ipe floor penetration ealant							-
2-inch beige w/brown	Mechanical Rooms	ACM	60	SF	60	SF	
esign floor tile	Ground Floor - Spaces G-4A, G-4B,	ACM				O!	
astic under floor tile Add 624	G-9, G-9A, G-8, G-10, G-11, G-13, G-14, G- 15, G-17, G-27, G-28	ACM	2,840	SF	2,760	SF	
es floor tile	1st Floor - Space 130	ACM	640	SF	640	SF	

Brower Student Center Addition and Renovation The College of New Jersey KSS Project #21931



Material	Location	ACM/ Assume ACM	ed of ic	Quantity lentified CM/ ned ACM	ACM/ A	mated ntity of assumed to be loved	d Comments
	1			-	1		
			-	-			
						-	
-				++		-	
						1	
			1	++		-	
Main electrical switch boxes with suspect Transite elements	Mechanical Room	Assumed ACM	200	SF	200	1	TBD
Air handling unit seam sealant	Mechanical Room 215	Assumed ACM	60	+	200		100
Air intake cover seam		1.01		1	60	LF	~~-
ealant ir intake cover paint	Roof	ACM	60	LF	60	LF	
xterior light fixture wire	Roof West and South	ACM	800	SF	700	SF	
form sewer nine line	Sides - Ground Parapet Walls	ACM	60	LF	60	LF	
ransite pipe, Tar/Mastic over cast iron pipes, etc.)	Exterior - South Side; West Side Courtyard	Assumed ACM	530	LF	530	LF	TBD
						+	
				!	1		4
	-	1	1				

JUL 1 0 2015 Brower Student Center Addition and Renovation The College of New Jersey KSS Project #21931

Pace 3 of 3

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

B & G proj. #: 2015-121

Check # 7288

Date of Notification	1 (1)	Na	me of Build	ing Owne	r/Operator (2)								
0 17 1/10 17	1/11/5				Education			and the					
Agencies Notified	Type Notification	on Str	eet Address	S									
☐ EPA	X Initial		340 Homa	ans Ave	nue								
☐ DEP		Cit	y, State, Zip	Code									
X DOL	Amendm	nent	Closter, 1	NJ 0762	4							name of	DURBITED
X DOH		1 1	me of Conta	act				Telephone	Number				
☐ DCA	Cancella	tion	Peter lap	pelli, Bu	usiness Adn	nin/Bo	ard Secretary						
				FACIL	LITY INFORMA	ATION							
Name of facility w	here abatement is	taking plac	ce (3)					Type of Facility (4	4) (K - 12)				
Hillside Elem	entary School	(non sub	8)						apter 8 (Of	ther th	an K-	12)	
Street Address							1	Other (Private/Co	mme			
340 Howard	Avenue								Homes, et		Blo	g. Ag	ae
Ois. (5)		Count	v (6)			Cour	nty Code (7)	oquare rect	01110011			~ .	
City (5)		525	#100F*1D				e use only)	Current Use (Pr	ior if being	g dem	olishe	d)	
Closter, NJ		Berg						Elementary S	School (sub 8	3)		
Name of Monitorin	ng Firm Hired by E	3ldg. Owner	(8)		ASCM No.		Name of Abatement	Contractor (9)					
	2)						B & G Restorat	ion, Inc.					
Street Address	- Aller Aller		S				Street Address 105 Ryerson F	Road					
City, State, Zip Coo	30						City, State, Zip Code			C 300	None of the least	manu-No	DESCRIPTION
City, State, Zip Co.	ue						Lincoln Park,	NJ 07035	7.				
Project Manager fo	or Monitoring Firm		Pho	ne Numb	er		Telephone Number	.0	License		er		
							(973)696-686 Name of OSHA Mon			378			
Scheduled Start D	ate (10)	Sched.	Completion	n Date (11)		B & G Restora						
07/17/2015		07/1	8/2015				Street Address					-	
Occupancy Status	During Abatemer	nt (Check or	nly one)				105 Ryerson R	Road		15			
Facility close	ed/vacated during	entire perio	d of abaten	nent.			City, State, Zip Code						
Abatement p Describe:	performed outside	of normal f	acility hours	5-		_	LincolnPark, N	107035					
Other-Descr	ribe:					<u> </u>	Ellicolli alk, iv	0.07.000				_	
Scope of Work (c							ull Containment w/ne	activo proceure	Glove	220 00	ocedi	re	
Demolition	X	Renovation						22 N	Non-fr				
\times >3 sf or >3	f	≥160 sf or 3					fini-enclosure		A NOTI-II	TR	R	E	
Location of			normally unance/cust		1			Amount	-	е	е	n	E
asbestos-co material to b	0 0000	staff(12)			Description material		sbestos-containing	(Specify S	SF or	m o	p	c a	C
abated in fa		Yes	No	N/A		,		LF)		v e	i	p	L
Classroom C13	30			X	VAT (no r	nastic	:)	100 SF		X			
Classicotti C I.]		4								
													10
											Ш		
Registered Waste B & G Restora	P Hauler II 9563	ubic Yards of 2	Waste	Name of Registered Tullytown	d Landfill Resource & Re	ecovery	Cen	ter	postanul er	MENOTOTICS.			
City, State Lincoln Park, NJ Disposal Date 07/20							City, State Tullytown,	PA					
Completed by (Print or Type) Gordana Luna Title Secretary/Treasurer							Gordana Luna		Date 07/0	7/20	15		
										-		-	

CK#24862

Date of Notification (1)	2/7/15			Name	e of Buildin	g Owner/Operator	(2) McManim	on		-2.0		
Agencies Notified	Type Notificatio	n		Stree	t Address		115 Laning A	1770				
EPA DEP DOL	Initial Amended Amendment Emergency	-	-	City,	State, Zip (Code	nnington, NJ					
M DOH □ DCA	justification) Cancellation	morodari		Name	e of Contac			Telephone Num	ber			
				FA	CILITY INF	ORMATION						
Name of Facility Where		ng Place identi	1.00				Type of Facility School (K-1	2)				
Street Address	115 L:	aning .	Ave.				Subchapter Other (i.e., phomes, etc.)	8 (Other than K-1 private & commerc	2) ial bui	lding	Ξ,	
City (5)	Penningt	on Ni	085	34			Square Feet 3000	# of Floors	E	Bldg. 7	Age 5+/-	
County (6)	/ercer	011, 110	000	Cou	nty Code (ONLY)-	7) (STATE		rior if being demoli	shed)			
Name of Monitoring Firm (8)		Owner	T	ASCM	No.		l ————————————————————————————————————	mental Servic	es I	nc.		
Street Address	PO Box 34	11				Street Address		3ox 322				
City, State, Zip Code						City, State, Zip C	Code	n, NJ 08501				-
						Telephone No.	Anemow	License No.				
	eisgarber		0.000	phone 19) 29	8-4070		509) 259-9688 00493					
Start Date (10)	Sche	eduled C			ate (11)	Name of OSHA I						
7/21/15 Occupancy Status Durir	1_		/31/	15			IVI	ECS				
Facility Closed/Vacat	_			ment		Street Address	PO E	3ox 341				
☐ Abatement Performe ☑ Other - Describe:	d Outside of Norm					City, State, Zip C	ode	wicks, NJ			4	=
Scope of Work (Check a ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	all that apply)		novati molitio			Mini-End Gloveba	ntainment with Ne closure ag Procedure		re			
Landing		No	ocatio mally			D			1	Abate Typ		
Location Asbestos-Containing N TO BE ABA IN Facility (13)	Material (ACM)	Main Cu S	Solely tenand stodia taff? (12)	ce/ I		Description of os Containing Mat thermal systems in surfacing, VAT, other miscellaned	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Baseme	ent	Yes	No	N/A	The	ermal Pipe Ins	gulation	120 lf	×		(b	
Dasement X						ind i ipe ille	, , , , , , , , , , , , , , , , , , , ,	12011	1			
					/							
				NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste								
Stevens Environmental Services, Inc.					.92	2 CU	-	GROWS Lan	dfill			
City, State	Allentown, l	NJ				Disposal Date 7/31/15	City, State	/ Morrisville,	PA			
Completed By Title					ager	oject Manager Signature Date 7/8/15						

Agencies Notified Street Address	Date of Notification (1) 7/8/15			Name of Build	ing Owner/Operato	r (2) Callaway	ur J	U_			16
DEP	promorphic pro-	- TANKS AND	on		Street Addres	S	Callawa	у				
DOL							149 Hodge	Rd.				
		Amendmer		20 0	City, State, Zip		rinceton, NJ	08542				
Normal Callaway FAGILITY INFORMATION		justification	n)			act			nber			
Name of Facility Where Abstement is Taking Pisco (3) Residential Street Address 149 Hodge Rd. Scheduled Carpleton, NJ 08542 Square Feet (5) Other (i.e., private & commercial buildings, homes, etc.) Studbaspier 8 (Other than K-12) Substantial (City (6) Princeton, NJ 08542 Square Feet (7) Officer (8) Studbaspier 8 (Other (10) Other (10) Othe		Caricellation					ay	<u> </u>			_	
Street Address	Name of Facility When	Abstancet in Ta	vias Diago	(0)	FACILITY IN	FORMATION						
Street Address 149 Hodge Rd. Substaplar is 2 (Other fain K-12) Substaplar is 2 (Other fain K-1	Name of Facility viner						I Show and					
County (6)	Street Address	100	bideiti	41			Subchapter	8 (Other than K-1	2)			
Princeton, NJ 08542		149	Hodge	Rd.			Other (i.e., homes, etc	private & commerc :.)	ial bu	ilding	S,	
County (s) Mercer County Code (7) (STATE Current Use (Prior if being damolished)	City (5)						Square Feet		T	Bldg.	Age	-
Mercer Name of Monitoring Firm Hired by Building Owner (8) MECS Street Address PO Box 341 City, State, Zip Code Crosswicks, NJ 08515 Project Manager for Monitoring Firm Bill Weisgarber Crosswicks, NJ 08515 Street Address PO Box 322 City, State, Zip Code Crosswicks, NJ 08515 Project Manager for Monitoring Firm Crosswicks, NJ 08515 Street Address PO Box 322 City, State, Zip Code Allentown, NJ 08501 Feliphone No. (609) 298-4070 (609) 259-9688 Crosswicks, NJ Cocupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Crosswicks, NJ Scope of Work (Check all that apply) Street Address PO Box 341 City, State, Zip Code Allentown, NJ Name of SFHA Monitor MECS City, State, Zip Code Allentown, NJ 08501 Feliphone No. (609) 259-9688 City, State, Zip Code Allentown, NJ 08493 Full Containment Normal Procedure Crosswicks, NJ Crosswicks, NJ Crosswicks, NJ Crosswicks, NJ Scope of Work (Check all that apply) Street Address PO Box 341 City, State, Zip Code Crosswicks, NJ Street Address PO Box 341 City, State, Zip Code Crosswicks, NJ Street Address PO Box 341 City, State, Zip Code Crosswicks, NJ Scope of Work (Check all that apply) Street Address PO Box 341 City, State, Zip Code Crosswicks, NJ Code Crosswicks, NJ Code Crosswicks, NJ Code Crosswicks, NJ City, State, Zip Code Allentown, NJ Abatement Type Abatement Typ	0 + (0)	Princet	on, NJ	08542				_ 3			0+/-	
Street Address Street Address PO Box 341 PO Box 322						(7) (STATE	Current Use (F	Prior if being demol	ished))		17:
Street Address PO Box 341 Street Address PO Box 341 PO Box 322 City, State, Zip Code Crosswicks, NJ 08515 Project Manager for Monitoring Firm Bill Weisgarber Cosswicks, NJ 08515 Project Manager for Monitoring Firm Bill Weisgarber Steheduled Completion Date (11) 7/23/15 8/7/15 Occupancy Status During Abstement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: 7am - 3;30 Scope of Work (Check all that apply) 33 sf or 23 if 2160 sf or 2260 if Asbestos-Containing Material (ACM) IN Facility (13) Name of Registered Waste Hauler Normally (12) Yes No N/A Basement Name of Registered Waste Hauler Allentown, NJ Name of Registered Landfill City, State Cubic Yards of Waste Name of Registered Landfill City, State Cubic Yards of Waste Allentown, NJ Name of Registered Landfill City, State Cubic Yards of Waste Allentown, NJ Name of Registered Landfill City, State Cubic Yards of Waste Allentown, NJ Name of Registered Landfill City, State Allentown, NJ Name of Registered L			g Owner	7	ASCM No.			53				
PO Box 341 PO Box 322 City, State, Zip Code Crosswicks, NJ 08515 Project Manager for Monitoring Firm Bill Weisgarber City State, Zip Code Crosswicks, NJ 08515 Project Manager for Monitoring Firm Bill Weisgarber City State, Zip Code Allentown, NJ 08501 Telephone No. (609) 259-9688 City State State (10) Scheduled Completion Date (11) 8/7/15 MECS Cocupancy Status During Abatement (Check only one) Facility Closed/Acated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City State, Zip Code Crosswicks, NJ Scope of Work (Check all that apply) Asbestos-Containing Material (ACM) IN Facility (13) Normally Used Solely by Mini-Enclosure Monitor Mini-Enclosure Monitor Mini-Enclosure Monitor Mini-Enclosure Monitor Mini-Enclosure Monitor Monitor Monitor Monitor Monitor Mini-Enclosure Monitor Monitor Monitor Monitor Monitor Monitor Monitor Minitor Monitor Moni		MECS					vens Environ	mental Servic	es, I	nc.		
City, State, Zip Code Crosswicks, NJ 08515 Project Manager for Monitoring Firm Bill Weisgarber (609) 298-4070 Steephone No. (609) 259-9688 Coupanatory Status During Abatement (Check only one) Facility Closed/Wacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Crosswicks, NJ Street Address PO Box 341 City, State, Zip Code Crosswicks, NJ Street Address PO Box 341 City, State, Zip Code Crosswicks, NJ Street Address PO Box 341 City, State, Zip Code Crosswicks, NJ Scope of Work (Check all that apply) Sope of Work (Check	Street Address	PO Box 3	41			Street Address	PO I	Boy 322				
Crosswicks, NJ 08515 Project Manager for Monitoring Firm Bill Weisgarber Celephone No. (609) 298-4070 (609) 259-9688	City, State, Zip Code					City, State, Zip C		30X 32Z				
Bill Weisgarber G609) 298-4070 G609) 259-9688 G00493 Stert Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7/23/15 MECS Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Crosswicks, NJ			J 08515	5								
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Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		SGI				Name of OSHA I		(ECS				
Abatement Performed Outside of Normal Facility Hours Other - Describe: 7am - 3:30 City, State, Zip Code Crosswicks, NJ Crosswicks and Non-Friable Procedure Abatement Type Abatement Type Asbestos Containing Material (ACM) (i.e., t		ing Abatement (Cl				Street Address						=
Crosswicks, NJ												
Scope of Work (Check all that apply) Scope of Work (Check all that apply)			nal Facility	y Hours	1							
Saf or ≥3 If						l 	Crossy	Wicks, NJ				_
Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Basement X Thermal Pipe Insulation Name of Registered Waste Hauler Stevens Environmental Services, Inc. Name of Registered Waste Hauler Stevens Environmental Services, Inc. Abatement Type Abbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) About Type Abatement Type Abatement Type About Type Amount (Specify Sport) Apout Type About Type	≥3 sf or ≥3 lf	an that apply)			n	Mini-End Gloveba	closure ag Procedure		ге			
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Page No N/A Basement Name of Registered Waste Hauler Stevens Environmental Services, Inc. Stevens Environmental Services, Inc. State Allentown, NJ Completed By Title Ses Solely by Maintenance/ Custodial Staff? (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Thermal Pipe Insulation Amount (Specify SF or LF) Services, Inc. Thermal Pipe Insulation Amount (Specify SF or LF) Services, Inc. Allentown, NJ Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Thermal Pipe Insulation Amount (Specify SF or LF) Services, Inc. Thermal Pipe Insulation Amount (Specify SF or LF) Services, Inc. Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Services, Inc. Services, Inc. Disposal Date Signature Date	×		No	omally					1			
Custodial Staff? (12) Custodial Staff? (12) Custodial Staff? (12) Per No N/A Custodial Staff? (12) Per No Other miscellaneous								Amount	-	T		
Basement X Thermal Pipe Insulation 400 If X Name of Registered Waste Hauler Stevens Environmental Services, Inc. City, State Allentown, NJ Date Thermal Pipe Insulation Cubic Yards of Waste 5 CU City, State Disposal Date 8/7/15 Morrisville, PA Date	TO BE ABA	TED				, thermal systems in	nsulation,	(Specify	Re	R	Enca	En
Basement X Thermal Pipe Insulation 400 If X Name of Registered Waste Hauler Stevens Environmental Services, Inc. City, State Allentown, NJ Date Thermal Pipe Insulation Cubic Yards of Waste 5 CU City, State Disposal Date 8/7/15 Morrisville, PA Date		У						SF OF LF)	Votu	epair	nsde	Solo
Name of Registered Waste Hauler Stevens Environmental Services, Inc. City-, State Allentown, NJ Completed By NJDEP Waste Cubic Yards of Waste 5 CU Disposal Date 8/7/15 Morrisville, PA Signature Date		8	Yes	No	N/A				a		late	Ire
Stevens Environmental Services, Inc. Hauler ID No. 18292 of Waste 5 CU GROWS Landfill City, State Disposal Date City, State	Basem	ent	×		Th	ermal Pipe Ins	sulation	400 lf	×			
Stevens Environmental Services, Inc. Hauler ID No. 18292 of Waste 5 CU GROWS Landfill City, State Disposal Date City, State												
Stevens Environmental Services, Inc. Hauler ID No. 18292 of Waste 5 CU GROWS Landfill City, State Disposal Date City, State			-						-			_
Stevens Environmental Services, Inc. Hauler ID No. 18292 of Waste 5 CU GROWS Landfill City, State Disposal Date (City, State) Allentown, NJ 8/7/15 Morrisville, PA Completed By Title Signature Date	Name of Registered Wa	ste Hauler	-	NJE	DEP Waste	Cubic Yards	Name of Regis	stered Landfill				
City, State Allentown, NJ Bisposal Date City, State Morrisville, PA Completed By Title Signature Disposal Date City, State Morrisville, PA	Stevens Environ	mental Servic	es, Inc.	Hau	ller ID No. 18292				dfill			
Completed By Title Signature Date	City, State	A llantoren			Disposal Date	City, State	/				=	
	Completed By						14/		PA			_
				oject I	Manager				7/8	/15		

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



Date of Notification (1) 7/6/15					Building Over				ict							
Agencies Notified	Type Notification		5	Street Ad						=	JU		_	15		
EPA DEP DOL	Initial Amended Amendment	#	0	City, Stat	e, Zip Code	е							_			
⊠ DOH	Emergency (1	Name of	Contact	0100				Tele	phone N	umher				-
□ DCA	Cancellation				aveglio	DREATIO	NI.			1						
Name of Facility Where A		g Place (3)		FACIL	ITT INFOR	KIVIATIC	JN	-	f Facility (4)							
Street Address 51 Brooklawn Drive								T S	chool (K-12) ubchapter 8 ther (i.e. pri	(Othe			ildir	ngs, l	nome	S,
City (5) Morris Plains								Square 20,00		# of	Floors	4.5	Bld 50	g. Ag	je	
County (6)				County C					t Use (Prior	if beir	ng demoli				-	-
Morris	10 11 5 20	0 (0)	1		ISE ONLY)			Scho			(0)					
Name of Monitoring Firm Whitman	Hired by Building	Owner (8)		0110				of Abate -R-Sav	ement Contr re	actor	(9)					
Street Address 7 Pleasant Hill Roa	d							Address Vest St								
City, State, Zip Code Cranbury, NJ 0851	12							State, Zip mfield.	Code NJ 0700)3						
Project Manager for Mor	Project Manager for Monitoring Firm Kevin Lovely						Telepl	none No 680-00			License 357	No.				
Start Date (10)		Scheduled			4-5418 Date (11)		Name	of OSH	A Monitor				-			
7/27/15 Occupancy Status Durin	a Abstamant (Cha	8/15/15		Sar												
Facility Closed/Vac Abatement Perform	ated During Entire	Period of Al	batem	ement							_					
Other - Describe:		1				_	,, ·									
Scope of Work (Check A	All That Apply)	X R					Г	7 - 1	01-		N1	- D	accura			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit					Mini Glo	Containment i-Enclosure vebag Proce	edure						
		T	•				Ľ	△ Non	-Exempted	(*) an	Non-Fr	nable P			ment	
Locatio	n of	N	Locati ormal	ly		De	scription	n of					_	Ту	ре	
Asbestos-Containing TO BE AB		Maii	Sole	nce/		os Cont	taining I	Material ns insula		9903	mount Specify	2		וכ	Enc	Ē
In Fac (13)		Custo	odial 8 (12)	otan?			cing, V/ niscella			SF	or LF)	Vallova		Repair	Encapsulate	Enclosure
=		Yes	No	N/A								2	-		ate	Ĝ.
Windo	ows		Χ			Windo	ow Ca	ulking		1,	500 lf	X				
						-					-					
				0.1.	V 1					1611						
Name of Registered War Progreen Managem	F	IJDEP V lauler ID 2051	0.0000000000000000000000000000000000000	of Wa	Yards		Name of F Grand C			unii						
City, State East Brunswick, NJ						Dispo	sal Dat	e.	City, State		Α					
Completed by		Title VP					Signatu	fé (1 011/119	,,,,,		Date				
Kevin Stack				1	7/6/15											

CK# 24861

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

Date of Notification (1) 7/7/15				Name of Building Owner/Operator (2) SBM									
Agencies Notified Type Notification				Street Address									
EPA DEP	Initial			94 Old Short Hills Rd City, State, Zip Code Livingston, NJ 07039									
DEP DOL	Amended Amendment #		_										
₩ DOH	Emergency (including justification)				Livingston, NJ 07039 Name of Contact Telephone Number								
☐ DCA ☐ Cancellation				IVAIIIC		on Carvalho				40 L	,		
FACILITY INFORMATION													
Name of Facility Where Abatement is Taking Place (3)						Type of Facility (4)							
SBM						School (K-12)							
Street Address						Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings,							
94 Old Short Hills Rd.						homes, etc.) Square Feet # of Floors Bldg. Age							
Livingston, NJ 07039							100000	5			.ge +/-		
County (6)						7) (STATE		rior if being demolis	hed)			_	
Essex				USE ONLY)									
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics					No.		ement Contractor (9)						
Environmental factics						Stevens Environmental Services, Inc.							
Street Address 64 Broad Street						Street Address PO Box 322							
City, State, Zip Code						City, State, Zip Code							
Matawan, NJ 07747						Allentown, NJ 08501							
				phone		Telephone No.							
Tom Geiger (7 Start Date (10) Scheduled Comp				-	0-2217	(609) 259-9688 00493 Name of OSHA Monitor							
7/17/15 Scheduled Comp					ite (11)	MECS							
Occupancy Status During Abatement (Check only one)						Street Address							
☐ Facility Closed/Vacated During Entire Period of Abatement						PO Box 341							
Abatement Performed Outside of Normal Facility Hours						City, State, Zip Code							
★ Other - Describe: 7am - 3;30 Seepe of Work (Check all that apply)					Crosswicks, NJ								
Scope of Work (Check all that apply) Full Containment with Negative Pressure													
≥3 sf or ≥3 lf				on Glovebag Procedure									
					Non-Exempted (*) and Non-Friable Procedure								
Is Locat									Abatement Type				
IN Facility Staf (13) (12					Aches	Description of		Amount					
			ustodia			stos Containing Material (ACM) , thermal systems insulation, surfacing, VAT, or other miscellaneous)		(Specify	R	70	Enca	E	
			(12)					SF or LF)	Remova	Repair	Encapsulate	Enclosure	
			No	N/A			(2)		/al	-	late	lie	
Exterior					X	aterproofing	Mastic	200 sf	×				
DATETIOI			×			aterproofing	200 31		-			-	
									1				
Name of Registered Wa	ste Hauler	Vaste Vaste	Cubic Yards	Name of Reg	stered Landfill			L					
Stevens Environmental Services, Inc.					auler ID No. of Waste 18292 2 CU GROWS Landfill								
City, State	A 11		Disposal Date City, State										
Allentown, NJ Completed By Title						8/31/15 / Signature /		Morrisville,	PA				
Mahlon E. Stevens Project Ma					nager	Signature	1	Date	7/7	/15			
100													

ASB-41

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