



Date of Notification (1) 07/09/2013						f Building ( Kids Car		perator	(2)	2010				(2)		
Agencies Notified	Type Not	ification		$\dashv$	Street A						10			(;)	-	
☐ EPA	× Initia	al .			526 B	roadway		11000	_		~					
DEP DEP	Ame	ended	322	Ī		ate, Zip Co			C	e e	,		7.1			
⊠ DOL		endment ergency	# (including	-		son, NJ (	07514		***	14 A.	1 - 1					
X DOH	justi	fication)	90			f Contact	Millor				Tel	ephone Num	ber			
☐ DCA	Can	cellation				ck Burt-		ON								
Name of Facility Where	Abatement	is Takin	g Place (3)	)	FAC	LITTINE	INIVIATI	ON	Тур	e of Facility (	4)					
Love Kids Care II	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<b>3</b> · · (-)						П	School (K-1						
Street Address		100			-				Ħ	Subchapter	8 (Oth	er than K-12	)	#2000on	•	
526 Broadway									×	Other (i.e. p etc.)	rivate (	& commercia	l build	ings,	home	s,
City (5)		-	-						Squ	uare Feet	# 0	f Floors	В	dg. A	ge	$\neg$
Paterson																
County (6)			***			Code (7)			Cui	rrent Use (Pri	or if bei	ing demolish	ed)			
Passaic					(STATE	USE ONLY	1									
Name of Monitoring Fire		Building	Owner (8)		ASCI	VI No.		104339900000		batement Cor	ntractor	(9)				
CA Environmental								Sup								
Street Address	1 5 1 4 2							Street		ress ndel Rd						
2200 Paterson Pla	ink Ka #/								30000							
City, State, Zip Code	rth Bergen, NJ 07047							100000		Zip Code s, NJ 0765	2					
70	orth Bergen, NJ 07047  oject Manager for Monitoring Firm							Telep				License No	1			
	ject Manager for Monitoring Firm armelo Almonte						3			6-0477		01195				
Start Date (10)		<u> </u>	Schedule	ed Co		B64-658 Date (11)			<u> </u>	SHA Monitor	9		-			-
07/19/2013			07/26/2					Test	tor T	ech						
Occupancy Status Duris	ng Abateme	ent (Che	ck Only On	ne)				Street	t Add	ress						
Facility Closed/Va					ment	U		10-5	59 Ja	ackson Ave	•					
Abatement Perform	ned Outside	e of Norr	nal Facility	Hou	rs					, Zip Code						
Other – Describe:							_	LIC,	, NY	11101						
Scope of Work (Check	All That App	oly)						_	-							
≥3 sf or ≥3 lf			- Continues	Renov				-		Full Containm Mini-Enclosur		h Negative P	ressu	re		
2160 sf or ≥260 lf				emol	ition				×	Glovebag Pro	cedure	Status Sassan Wal				
						T		L		Non-Exempte	d (*) ar	nd Non-Friab	le Pro			
			10.00	Loca		1.0									ement pe	•
Location				Norma	ally ely by			scriptio		-:-! (A OM)		A may unt		T		
Asbestos-Containin TO BE Al	•	ACM)	Ma	inten	ance/					rial (ACM) sulation,	1 000	Amount Specify	٦	70	Encapsulate	밀
In Fac	ility		Cus	todial (12)	Staff?		surfa	cing, V	AT, o	r	S	F or LF)	Remova	Repair	apsu	Enclosure
(13	)					-	otner	miscella	ineou	is)			l a	=	late	ure
			Yes	No	N/A								_			
Basen	nent				X		1	Fittings	S			7 LF	Х			
		-				-									100000	
Name of Registered Wa	ete Hauler				NJDEP \	Naste	Cubic	Yards		Name of	Regist	tered Landfill				
1 e e e e e e e e e e e e e e e e e e e	aste maulei			1.0	Hauler II		of Wa			GROV	7.5					
Super, LLC					034893	3										
City, State	0.731							sal Date	е	City, Sta		PA 19067				
Paramus, NJ			T-0				TBD		7	WIOTUS	VIIIC		ite			
Completed by Tailor Dominguez			Title	act N	/lanage	r	;	Signatuı	'e /	red //	4	1	7/09/	2013	3	
Tallor Domlinguez			Floje	JUL IV	arrage				1	701	0					

CK #25231

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

Date of Notification (1) 7/10	0/13			Name	of Building	g Owner/Operator Cham	(2) ibers Propert	ies LLĆ		₹.		
	Type Notification		$\dashv$	Street	Address	Chair	ioeis i iopeii	*C.				=
<b>⊠</b> EPA <b>∑</b>	Initial					20 Na	ssau Street S	uite 129	1			<u>.</u> ,
DEP [	Amended Amendment #	udina		City, S	tate, Zip C		inceton, NJ 0	8542	19			1200
M DOH _	Emergency (incl justification)	uuiiig	-	Name	of Contac			Telephone Numb	or	-		=
DCA [	Cancellation				Je	remiah Obert						
to the second se				FAC	ILITY INF	ORMATION						
Name of Facility Where Ab							Type of Facility					
	Retail	Stor	e				School (K-1)	2) 8 (Other than K-12	)			
Street Address	20 Nassa	ıu St	reet		100000000000000000000000000000000000000			rivate & commercia		dings,		
City (5)							Square Feet	# of Floors	BI	dg. A		
	Princ	eton					30,000	3		8	0	_
County (6) Me	ercer				onty Code (7	7) (STATE	Current Use (P	rior if being demolis offices/retail				_
Name of Monitoring Firm H		vner	7	ASCM	No.	Name of Abatem						
	IECS		_   .				ens Environi	mental Service	s, Ir	IC.		
Street Address	treet Address PO Box 341 ity, State, Zip Code					Street Address	PO F	3ox 322				
City State Zip Code	1 O DOX 341	200				City, State, Zip C		30H 322	_	_	_	_
	sswicks, NJ 08	8515					Allentow	n, NJ 08501				
Project Manager for Monito				phone	The State of the S	Telephone No.		License No.	0.40			
William Wei					8-4070	(609) 25		0	0493	3	_	_
Start Date (10) 7/20/13	Schedu		omplet /23/]		te (11)	Name of OSHA		ECS				
Occupancy Status During	Abatement (Check					Street Address						
☐ Facility Closed/Vacated								3ox 341			_	_
Abatement Performed C  Other - Describe: 5p		acility	/ Hour	S		City, State, Zip C		ks, NJ 08515				_
Scope of Work (Check all	that apply)					П						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Re De	novati molitio			☐ Mini-End ☐ Gloveba	ag Procedure	on-Friable Procedu	re			
		ls L	ocatio	n					T = T	bate		
Location of			mally Solely			Description of	r I			Тур	e —	_
Asbestos-Containing Ma	aterial (ACM)	Main	tenan	ce/		tos Containing Mat	terial (ACM)	Amount (Specify	R	R	Ē	四四
TO BE ABATE IN Facility	<u>:n</u>	S	taff?		(i.e.,	thermal systems i surfacing, VAT,	or	SF or LF)	Removal	Repair	caps	Enclosure
(13)	-		(12)			other miscellaned	ous)		la la		Encapsulate	ure
		Yes	No	N/A				CIP	ļ.,		O O	
Retail Sto				×		Pipe Insulat		6 LF	×			
Basemen	ıt					Pipe Insulat	10n	8 LF	×			
		_							-			
Name of Registered Waste	e Hauler			JDEP \		Cubic Yards	Name of Reg	istered Landfill				
Stevens Environme	ental Services,	Inc.	_   H	auler ID 182	No. 292	of Waste 1_CU	T	.R.R.F., Inc. L	and	fill		
City, State	Allanto NI	т				Disposal Date 7/23/13 /	City, State	Tullydown	DΛ			
Completed By	Allentown, N.	J				Signaturé	1 1/ /-	Tullytown,	I A			
Mahlon E. Stev		Pr	oject	Mar	ager				7/10	)/13		

ASB-41

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

CK#25250

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

Date of Notification (1)	/9/13			Name	of Building	g Owne	er/Operator ( Educa	<sup>(2)</sup> tional Testin	g Servi	ce		<	7	
Agencies Notified	Type Notific	ation	_	Street	Address						Mar			-
EPA DEP	Initial	d						Rosedale Ro	ad		(L)	3		=
M DOL	Amende Amendn		-	City, S	tate, Zip C	Code	Pri	nceton, NJ (	8541			17	Ų,	_
<b>⊠</b> DOH	justifica	tion)	1	Name	of Contac				Telepho	)[			-	7.7
□ DCA	☐ Cancella	ition					Bailey							<u>\$</u>
		<del></del>	(2)	FAC	ILITY INF	ORMA	TION	Type of Facility	(4)					_
Name of Facility Where		Facilities		ding				School (K-1						
Street Address	BIO 2	delinities						Subchapter Other (i.e.,	8 (Other t	han K-12)	l Lbuild	inas		
	R	osedale R	oad					homes, etc	.)					
City (5)		Princeto	n					Square Feet 5000	# of F	loors 2	Bio	ig. Aq 51		
County (6)		Princeto	ш	T Cour	nty Code (	7) (ST	ATE	Current Use (P	rior if bein	g demolis	hed)			=
	Mercer			USE	ÓNLY)				aintenar	nce Bui	lding	3		_
Name of Monitoring Firm		lding Owner		ASCM	No.	Nam		ent Contractor (		Comico	c Te	0		
(8)	MECS					Stro	Stev et Address	ens Environ	mental	Service	8, <u>I</u> II	C.	_	-
Street Address	PO Bo	x 341			73	Stiet	et Address	PO I	Box 322	2				
City, State, Zip Code						City,	State, Zip C		277.0	0.501				
-	rosswicks,	, NJ 0851						Allentow					_	_
Project Manager for Mo William W		T <del>r</del>	100000000000000000000000000000000000000	ephone	No. 8-4070	Telep	ohone No. (609) 25	59-9688	Licen	se No. 0	0493	3		
Start Date (10)	eisgaidei	Scheduled (				Nam	e of OSHA		<u> </u>					_
7/18/13			7/26/					N	ŒCS_					_
Occupancy Status Duri						Stre	et Address	DO.	Box 341					
☐ Facility Closed/Vaca ☐ Abatement Performs						City	State, Zip C		DUX 341		_			_
Other - Describe:			,			——————————————————————————————————————	Otato, Zip O	Crosswic	ks, NJ (	08515				_
Scope of Work (Check	all that apply)						☐ Full Cor	ntainment with N	egative Pre	essure				
≥3 sf or ≥3 lf			enova				Mini-End		-9					
≥160 sf or ≥260 lf		По	emoliti	on			Non-Exe	empted (*) and N	on-Friable	Procedur	e			
			Locati Iormall								A	bater. Typ		
Location		Use	d Sole	ly by	A-6		escription of		Amo	wint		7.		
Asbestos-Containing TO BE ABA	ATED		ustodi	al		, therm	ntaining Mat al systems i	insulation,	(Spe	cify	Re	Ŗ	Enca	Enc
IN Facili	ty	2	Staff? (12)	6			acing, VAT, miscellaned		SF or	rLF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							<u> </u>	- 88	ate	æ
Grounds	Shop	×				Asb	estos fitt	ings	20 fit	tings	×			
	_, ,, ,			LUDED	A/a atc	LCut	ic Yards	Name of Reg		ndfill				
Name of Registered W				NJDEP Hauler II	O No.	of W	/aste	Name of Reg						
Stevens Environ	mental Se	rvices, in	C	182	292	-	1 CU osal Date	City, State	1.K.	R.F., Ir	10.	_	-	_
City, State	Allento	wn, NJ					/25/13 /_/	/_^/	Tull	ytown,	PA			
Completed By		Title				_	Signature	177		Date		/1.2		
Mahlon E. St	tevens	P	rojec	et Mai	nager		11:11	/			//9	/13	- 12-2	_

ASB-41

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

1303-4613 Check #5414

Date of Notification	Maria Company Company Company						Owner / Operato	0.00000				(	(1)
America Netical	7/8/13						ergy Company	<u> </u>	- 3				24
Agencies Notified    EPA	Type Notifica	ation			et Ado		D.:!!.!! A	9220-23	4				
DEP	☐ Initial					& Zip	e- Building A				_(1		
⊠ DOL	The state of the s	nded #4					J 07960						
□ DOH	:	gency				ontact				Telepho	no N	lumb	
DCA		ellation			in Co				. 4	eleptic	me iv	LUITIO	jei
							CORMATION		. %				*
Name of Facility Wh	ere Ahateme	nt is Taking D	laco (		CILI	I Y INI	ORMATION	ih. (4)			111		-11394
JCP&L/FirstEner		in is raking r	iace (	3)			Type of Facil						
Street Address	97		00.11	-				oter 8 (Other th	on K 12\				
90 Ridgedale Ave	nue								nmercial building	ae hom	100 0	atc )	
oo magaana ma	,,,,,,						Square Feet			Bldg. Ag		,	
City (5)	-	County (6)	ICc	untv	Code	(7)		# 01110	.013	iug. Ag	50÷		
Morristown		Morris		, and	0000	(,)	Current Use	Prior if being o	lemolished)		507	-	
OITIOLOWIT		MOTTIS					Utility Build		iemonsneu)				
Name of Monitoring	Firm Hired b	v Building Owr	ner (8)	,	Δς	CM No		tement Contra	ctor (9)				
1 Source Safety 8	& Health	y Danding Own	101 (0)	9	1,10	OWI INC	AbateTech		cioi (a)				
Street Address		3011					Street Addres						
140 South Village	Ave. Suite	130					PO Box 25						
City, State & Zip Co	de						City, State &	Zip Code					
Exton, PA 19341					e Nun		Lumberton	, NJ 08048					
	ect Manager for Monitoring Firm I <b>n Hovendon</b>						Telephone N		License N	umber			
	n Hovendon						609-265-21	-		0052	29		
	duled Start Date (10) Scheduled Cor 3/25/13					1)	Name of OSI						
	)	1 (0)	7/31				EMSL Anal					-0.0	
Occupancy Status D  Facility Clos	uring Abater ed∆/acated [	nent (Check of During Entire P	nly on eriod	e) of Ah	atem	ent	Street Addres	7.77					
		stside of Norma				Cill	108 Haddor City, State &						
Describe:	chomica ot	atolde of North	ai iio	uis –			Westmont,						
	pied During	Abatement					westinont,	143 00 100					
Scope of Work (Che					-								
200	26 15-15-15-15-15-15-15-15-15-15-15-15-15-1	,						Full Cor	ntainment with N	egative	Pres	sure	9
≥3 sf or ≥3 lf			$\boxtimes$	Re	novat	ion		Mini-En	closure				
≥160 sf ≥260	) If			De	moliti	on			ag Procedures (				
									empted and Non				
2000	cation of	20		Loca			Description		Amount	Aba	atem	ent T	ype
	os-Containing erial (ACM)	9		nally olely	Used		Asbestos-Con Material (A		(Specify SF or LF)				
	E ABATED				nce o		(i.e., thermal s		SF OI LF)	Z	_	Enc	ш
in	Facility		Cust	odial	Staff	?	insulation, surfac			Remova	Repai	aps	100
	(13)			(12)			or other miscell	aneous)		ova	ar	Encapsulate	Enclosure
Crawispace			Yes	No	N/A	\	Transite Duct	Sloovo	42 CE			é	(b)
1 <sup>st</sup> Floor			П	П		+	Mastic		12 SF 6,900 SF				$\vdash$
1 <sup>st</sup> Floor			H	H		-	Pipe Fittir		68 LF		H	H	H
2 <sup>nd</sup> Floor			H	H			Floor Tile & I		6,900 SF		H	H	H
2 <sup>nd</sup> Floor			H	H			Roof Drai		11		H	H	H
2 <sup>nd</sup> Floor			Ħ	Ħ			Pipe Fittir		17 LF		H	Ħ	H
Crawlspace	***		Ħ	Ħ		1	Pipe Fittir	Married Townson	15 LF		H	H	H
Name of Registered	Waste Haule	er		N.		Waste	Cubic Yards		stered Landfill			_	
						D No.	of Waste	Traine or riog	otoroa Larrami				
AbateTech, Inc.					187	′50	12	TRRF Land	fill				
City, State			5/9/13				Disposal Date	City, State		-	285-E-1-		
Lumberton, NJ							7/31/13	Tullytown, I	PA				
Completed By (Print	or Type)	30		0.000	lle	2 /2/40	Signature	٨		Date			
Gwen Trumbetti				O	ops. (	Coord.	V1	Nr		7/8/	13		
				_			· \ \	-					

1303-4613 Check #5414

Date of Notification	(1) 7/8/	13	200000000000000000000000000000000000000							Owner / Operator	(2)			2	17		
Agencies Notified	gencies Notified Type Notification EPA								ess	igy company					A		
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	tomoc								Building A					*.	· .	
☐ DEP	П	Initial							Zip C				1		3		-
⊠ DOL			nded #4							07960							
□ DOH			gency						ntact	0.000			Teleph	on	e Ni	ımhe	er
DCA			ellation		1.00			Coff						1000	3200000		
		140-30-410-1000		-11-11						ORMATION		-					
Name of Facility W	hara Ah	ateme	nt is Taking P	lace	2 /3		(CI	LII	IIIVI	Type of Facili	hy (4)						110000
JCP&L/FirstEne		ateme	TILLIS TAKING F	iact	5 (3	,				School (F							
Street Address	ЭУ										ter 8 (Other tha	n K-12)					
The state of the s											e. private & con	(5)	nge ho	me	۰ ۵	to )	
90 Ridgedale Av	enue									Square Feet	# of Flo		Bldg. A			.,	
City (5)			County (6)	-	Col	ıntv	Co	de (	7)	- Square reet	# 01 F100	015	blug. A	-	i0+		
			3 2 2	-	CUI	шц	CO	iue (	1)	Current Llee /	Prior if being d	omolichod)		•	דעו		
Morristown			Morris							3		emonsned)					
N (N :: :	F: 1	e 11	<u> </u>		(0)		_	100		Utility Build		. (0)		_	200		-
Name of Monitoring			y Building Owr	ner	(8)		1	ASC	M No.		ement Contrac	tor (9)					
1 Source Safety	& Hea	ith						_		AbateTech,			11	_		minutes -	-
Street Address 140 South Villag	e Ave.	Suite	130							Street Addres PO Box 25	S						
City, State & Zip Co				=50				-15,511		City, State & 2	Zip Code						
Exton, PA 19341	tton, PA 19341									Lumberton,							
	oject Manager for Monitoring Firm							lumb	er	Telephone Nu	ımber	License	Numbe	r	V-TE		(Ku 1922)
Brian Hovendon	ian Hovendon							25		609-265-210	7		005	29		200.00	
	ian Hovendon heduled Start Date (10) Scheduled Cor						ate	(11)		Name of OSH							
	ian Hovendon heduled Start Date (10) Scheduled Col 3/25/13									EMSL Analy							
	tian Hovendon theduled Start Date (10) 3/25/13 Scupancy Status During Abatement (Check of						ote	ama	nt	Street Addres 108 Haddon	·						
	oject Manager for Monitoring Firm  rian Hovendon  cheduled Start Date (10) 3/25/13  ccupancy Status During Abatement (Check o Facility Closed/Vacated During Entire F  Abatement Performed Outside of Norm							eme	ııı	City, State & 2	201000000000000000000000000000000000000			-	-		
Describe:	renom	neu Ot	diside of North	aı	HUL	115 -				Westmont,	-						
Facility Occ	runied F	Jurina	Abatement							westinoni,	142 00 100						
Scope of Work (Ch							0010							-			
osopo o: rro (o:.	oon an	and up	(2.7)								Full Cor	tainment with	Negativ	e I	res	sure	1
≥3 sf or ≥3	lf			D	ব	Re	nov	vatio	n		Mini-End	closure	=				
≥160 sf ≥26	60 If			Ē	ī	De	mo	litio	n		Glove B	ag Procedures	(wrap	& 0	ut)		
											Non-Exe	empted and No	n-Friab	le	Pro	cedu	ire
	ocation					oca				Description	of	Amount	A	bat	eme	ent T	уре
	tos-Cor		g	N		ally				Asbestos-Conf		(Specify		T			
	terial (A					olely				Material (AC		SF or LF)	_			ᄪ	m
	BE ABA n Facili					ena dial				(i.e., thermal sy insulation, surfac			<u> </u>		Re	car	nc
,	(13)	ty		01	JSIC	(12)		an:	١ '	or other miscella			Neillova		Repair	Encapsulate	Enclosure
	(,			Ye	es	No		N/A					2	-		ate	ē
Exterior						888			Caulk	ing on exterior	metal panels	1,108SF					
1 <sup>st</sup> Floor								$\boxtimes$		Floor til	е	40 SF					
1 <sup>st</sup> Floor								$\boxtimes$		Roof Drai	ns	2					
1 <sup>st</sup> Floor								$\boxtimes$		Window Gla	zing	10 SF		1			
2 <sup>nd</sup> Floor										Window Gla		20 SF					
Exterior								$\boxtimes$	Caulk	ing on exterior	metal panels	20 SF		_			
Crawlspace										Pipe Fittin		38 LF					
Name of Registered	d Waste	e Haule	er			1 1 2 2 2				Cubic Yards	Name of Regi	stered Landfill					
AbateTech, Inc.						Н		er II 1 <b>87</b> 5	0 No. 50	of Waste	TRRF Land	Fill					
City, State										Disposal Date	City, State			_			
Lumberton, NJ										7/31/13	Tullytown, I	PA					
Completed By (Prin	t or Tyr	oe)				Ti	tle			Signature	1-		Date	е			
Gwen Trumbetti		Vedi <b>*</b> FF							oord.		ut		7/8	/1	3		

Date of Notification (1)	8 /	13				e of Buildineton Hall I		ner/Operator (		o # 1305-4644	(\) I Che	k i	<del>‡</del> 541	3	
						et Address									
Agencies Notified  ⊠ EPA	Type Notifica ☐ Initial	ation				o Northfi	A 612			ζ' ί					
☑ DOLWD	☐ Amended	i							- a					Seattle 2	
☐ DHSS	Amendm	ent # <u>4</u>				State, Zip	*		100	9					
☐ DCA	☐ Emergen		cluding	ı		est Orang		3 07017		() A					
(NJAC 5:23-8)	justification	200 (S.M.)			1	e of Contac	ct			Telephone N	umber				
	☐ Cancellat	lion			IVI	ke Gallo				1					
					F	CILITY II	VFOF	RMATION							
Name of Facility Where A	Abatement is 7	Taking	Place	(3)					Type of Facility						
Seton Hall Prep									School (K-1)		(10)				
Street Address										8 (Other than K orivate and com		bui	ldina	s,	
120 Northfield Ave.									homes, etc.				•		
City (5)		75.2							Square Feet	# of Floors		Bld	lg. A	ge	
West Orange															
County (6)					Co	inty Code (	7)(STA	TE USE ONLY)	Current Use (Pr	rior if being dem	nolished	)			
Essex									Prep School	ol					
Name of Monitoring Firm	Hired by Build	ding O	wner (	(8)	ASC	l No.	Na	me of Abateme	ent Contractor (9	)					
Omega Environmen	ntal						1	AbateTech, I	nc.						
Street Address							Str	eet Address					V		
280 Huylar Street							3	0 Maple Ave	e. PO Box 25						
City, State, Zip Code	y, State, Zip Code							y, State, Zip Co				_			
South Hackensack,	y, State, Zip Code South Hackensack, NJ 07606							umberton, I							
Project Manager for Moni				Tel	ephone	No.		ephone No.		License No					
Geiser Fajardo	J			1 00		9-8700	100	09-265-2107	•	00529					
Start Date (10)	18	Schedi	uled C			ate (11)	Nai	me of OSHA M	Ionitor						
6 / 10 /	113	8			2 /	_13	E	MSL Analyt	ical						
Occupancy Status During		Chack	only					eet Address			2.140.456.156				
☐ Facility Closed/Vacate	St				ement			08 Haddon	Δνα						
☐ Abatement Performed						scribe		y, State, Zip Co			61.10-51				
Time of Abatement: _								Vestmont, N							
Scope of Work (Check all	I that annly)				-			vesunoni, iv	3 00 100			-			
ocope of work (offect all	triat apply)							☐ Full Conf	tainment with Ne	gative Pressure	•				
☐ ≥3 sf or ≥3 lf			⊠ Re		X017073			Mini-End		70					
≥160 sf or ≥260 lf			☐ De	molit	ion				g Procedure mpted (*) and No	on-Friable Proce	edure				
			Is	Loca	ation	T	2.00	<u> </u>				Δha	tem	ent T	me
Location	of		1	Norm	ally			Description of	of						
Asbestos-Containing I		1)			lely by ance/			Containing Ma		Amount		Removal	Repair	nce	Enclosure
TO BE ABA					Staff?	(1.6		ermal systems surfacing, VAT		(Specify SF or LF)		2	¥.	ısqı	nso
(13)	·y			(12	)			her miscellane		0. 0. 2.		-		Encapsulate	9
			Yes	No	N/A										
Rm140,232,233,318,3	19,321,322,	325		$\boxtimes$		Double	Lay	er Floor tile	& Mastic	7,528 SF	: [	<b>a</b>			
Rm 228,229,231	5364 XV 3					Single	Laye	er Floor tile 8	& Mastic	2,550 SF		3			
Elevator Area								tion		10 LF	0	3			
Crawlspace		$\boxtimes$		Pipe In	sula	tion	-	10 LF	0	3					
Name of Registered Was	te Hauler			1	NJDEF	Waste	Cut	oic Yards of	Name of Regi	stered Landfill					
AbateTech, Inc.				1	Hauler 1875	ID No.	Wa	ste <b>2</b>	TRRF Lan	dfill					
City, State					.010			posal Date	City, State						
Lumberton, NJ							8	/2/13	Tullytown	, PA					
Completed By (Print or Ty	/pe)	Title					1	Signature	:		Date	. 1	o i		
Gwendolyn Trumbe		Or	oerati	ons	Coor	dinator		X	nut		(	1	8/	13	

Date of Notification (1)			Nam	e of Buildin	g Owner/Operator	(2)					-
7 / 8 /	13		Se	ton Hall I	g Owner/Operator (	/ Job	# 1305-4644	l Check	#541	3	
Agencies Notified Type Notific	ation		Stree	et Address							
☐ Initial			12	0 Northfie	eld Ave.	1811	* 4				
☑ DOLWD ☑ Amended			City,	State, Zip (	Code						
☑ DHSS   Amendm     ☐ DCA   ☐ Emergen	A CONTRACTOR OF THE PARTY OF TH		1000	100	je, NJ 07017	757					
DCA Emergen (NJAC 5:23-8) Emergen		ing		e of Contac			Telephone N	umber			
☐ Cancella				ke Gallo				$\neg$			
			FA	CILITY IN	FORMATION						
Name of Facility Where Abatement is	Faking Pla	ce (3)				Type of Facility	(4)				
Seton Hall Prep						School (K-12					
Street Address		5		72		Subchapter 8	(Other than K	12) mercial hi	ildina	c	
120 Northfield Ave.						homes, etc.)	ivate and com	norda be	manig	٥,	
City (5)						Square Feet	# of Floors	BI	dg. Ag	je	
West Orange											
County (6)			Cou	nty Code (7	(STATE USE ONLY)	Current Use (Pri	or if being dem	iolished)			
Essex						Prep School					
Name of Monitoring Firm Hired by Build	ling Owne	r (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Omega Environmental					AbateTech, I	nc.					
Street Address					Street Address						
280 Huylar Street					30 Maple Ave		- A				
City, State, Zip Code					City, State, Zip Co						
South Hackensack, NJ 07606		1			Lumberton, I	NJ 08048					
Project Manager for Monitoring Firm		3	ephone		Telephone No.		License No.	W.			
Geiser Fajardo			01-489		609-265-2107		00529			2	
Start Date (10) Start Date (10	Scheduled 8				Name of OSHA M EMSL Analyt						
Occupancy Status During Abatement (0	Check only	one)			Street Address						-
☐ Facility Closed/Vacated During Entir	re Period o	of Abate			108 Haddon	Ave.					
☐ Abatement Performed Outside of No	ormal Faci	lity Hou	rs - Des	scribe	City, State, Zip Co	ode					
Time of Abatement:AM	PM/	PM		_AM	Westmont, N						
Scope of Work (Check all that apply)					ПЕЛО						
≥3 sf or ≥3 If	⊠F	Renovat	ion		☐ Mini-Enc	ainment with Neg	ative Pressure				
≥160 sf or ≥260 If		Demoliti	on		☐ Glovebag	Procedure					
				T		mpted (*) and Nor	-Friable Proce				
Location of		Is Loca Norma			D			Aba	ateme	nt Ty	/pe
Asbestos-Containing Material (ACM	1 1	sed Sol	ely by	Asbe	Description o stos Containing Ma		Amount	Re	Repair	E	En
TO BE ABATED		laintena stodial		(i.e.	., thermal systems i	insulation,	(Specify	Removal	pair	cap	Enclosure
IN Facility (13)	00	(12)			surfacing, VAT, other miscellane		SF or LF)	<u>a</u>	1	Encapsulate	ure
(13)	Yes	No	N/A		other miscenane	ousy				可	
Exterior			6	Window	/ Caulk		4,000 LF		1		
			石								
									$\Box$	П	
			$t_{T}$					ᆖ	$\overline{\Box}$		
Name of Registered Waste Hauler			JDEP \	Naste I	Cubic Yards of	Name of Regist	ered Landfill		<u>-</u>		
AbateTech, Inc.		1.0	lauler II	No.	Waste	TRRF Land					
City, State			18750		Disposal Date	City, State					
Lumberton, NJ					8/2/13	Tullytown, I	PA				
Completed By (Print or Type)	Title				Signature			Date ,	. 1 -		-
Gwendolyn Trumbetti	Opera	tions	Coordi	nator	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	U		7/8	11-	5	



Date of Notification (1)			Name	e of Buildin	g Owner/Operator (	2)		6	77		-
7 / 8 /	13		Ric	der Unive	ersity	∂(/	b # 1306-465				
Agencies Notified			20		nceville Road	*		٠ ئ			
☑ DHSS Amendm				State, Zip	_	,					
☑ DCA ☐ Emergen		ng			Ile, NJ 08648		IT. II.				
(NJAC 5:23-8) justificati			A COMPANION	e of Contac	364		Telephone I	Number			
Li Cancella	uon		1	. Jim Zale			1				
N			FA	CILITY IN	NFORMATION						
Name of Facility Where Abatement is 1 Memorial Hall	aking Plac	e (3)				Type of Facility  ☐ School (K-1)  ☐ Subchapter	2)	K-12)			
Street Address 2083 Lawrenceville Rd.						Other (i.e., p	rivate and con		uildin	gs,	
						homes, etc.				5000 K T	
City (5)  Lawrenceville						Square Feet	# of Floors		ldg. A	ge	
			10	-1-0-1-6	7\/OTATE (10E ON )A	30,000	3		50÷		_
County (6) Mercer					7)(STATE USE ONLY)	Current Use (Pa	S	nolished)			
Name of Monitoring Firm Hired by Build	ding Owner	(8)	ASCM		Name of Abateme		)				
Pennoni Associates			001	02	AbateTech, I	1C.					
Street Address					Street Address						
515 Grove Street, Suite 1B					30 Maple Ave				-200		
City, State, Zip Code					City, State, Zip Co						
Haddon Heights, NJ 08035					Lumberton, N	IJ 08048					
Project Manager for Monitoring Firm			ephone		Telephone No.		License No	).			
Alan Lloyd			56-547		609-265-2107		00529				
Start Date (10) Start Date (10	Scheduled (	The state of the state of	etion Da		Name of OSHA M EMSL Analyti						
Occupancy Status During Abatement (0					Street Address						
☐ Facility Closed/Vacated During-Entir					108 Haddon A	\ve.					
Abatement Performed Outside of No. Time of Abatement: 7AM-3:30PM/3				scribe	City, State, Zip Co Westmont, N.						
Scope of Work (Check all that apply)				7.555	_						
☐ ≥3 sf or ≥3 if ☑ ≥160 sf or ≥260 if		enovat emoliti			☐ Mini-Encl						
	1	s Loca						Al	atem	ent T	уре
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	) Us Ma	Norma ed Sole aintena stodial (12)	ely by ince/ Staff?	Asbe (i.e	Description of stos Containing Mat ., thermal systems i surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			,				O	
Individual Classrooms				Spray-	on Ceiling Insula	tion	1,000 SF				
(25 SF per classroom x 40 rooms			Ē		<b>J</b>		**************************************		П		
(20 or per classroom x 40 rooms		-							닏		ᆜ
- 11										Ш	Ц
Name of Registered Waste Hauler AbateTech, Inc.		10000	JDEP V	No.	Cubic Yards of Waste	Name of Regis					11.55
City, State			18750		2 Disposal Date	City, State		-			_
Lumberton, NJ					8/2/13	Tullytown,	PA				
Completed By (Print or Type)	Title				Signature			Date			
Gwendolyn Trumbetti	Operat	ions (	Coordi	nator	Signature	MAK		7/	8/1	3	
SB-41 IAY 11	* Do not	use th	is form	for asbesto	os licensure exempt	ed activities.		1	1.		1.00

howell

Deteration (4)						(D 11)	_	10 1 1	(0)							_
Date of Notification (1)	3 /	13				of Building		ner/Operator (	(2)		# 1305-40	644 Ch	eck	#53(	)4	
Agencies Notified						Address										
⊠ EPA	Type Notifica  ☐ Initial	allon				Northfie	14 V	wa 🗈			4 - 4					
☑ DOLWD		i				State, Zip C			- 4							
☑ DHSS	Amendm	ent # <u>3</u>	3													
☐ DCA	☐ Emergen		cluding	3		st Orang		J 07017				- 11				
(NJAC 5:23-8)	justificati				navano	of Contact	Į.				Telephon	e Numbe	- T			
	☐ Cancellat	lion			IVIII	e Gallo					-					
					FA	CILITY IN	FOF	RMATION								
Name of Facility Where A	Abatement is 1	Taking	Place	(3)					T	ype of Facility (	4)					
Seton Hall Prep										School (K-12)		- K 10)				
Street Address			24713	The s						]Subchapter 8 ]Other (i.e., pr			ial bu	ildino	IS.	
120 Northfield Ave.									-	homes, etc.)			10-14-15-10-10			
City (5)		30.00							S	quare Feet	# of Floo	ors	Blo	ig. A	ge	770110
West Orange																
County (6)					Cou	nty Code (7	)(STA	TE USE ONLY)	С	urrent Use (Pri	or if being o	demolish	ed)			
Essex								787		Prep School						
Name of Monitoring Firm	Hired by Build	ding C	Owner (	(8)	ASCM	No.	Nar	me of Abateme	ent	Contractor (9)						-
Omega Environmen	ntal			.			Δ	bateTech, I	lnc.	-						
Street Address							Stre	eet Address	-2800-							
280 Huylar Street							3	0 Maple Ave	e. F	PO Box 25						
City, State, Zip Code	270000000000000000000000000000000000000							, State, Zip Co			_				_	
South Hackensack,	N.I 07606						- 75	umberton, N								
Project Manager for Moni	A commence of the commence of			Tole	phone	No		ephone No.		00040	License	No				
Geiser Fajardo	itoring i iirii		200		01-489	1	100	09-265-2107	7		0052					
Start Date (10)		20hod	ulod C			ite (11)	100	me of OSHA M	2	itor	0032	9		-71-0-		
6 / 10 /	1	/			2_ /											
	//		- 10		_ ′	13/		MSL Analyt	LICE	41						
Occupancy Status During			5.500	107.00	_		5 881	eet Address								
□ Facility Closed/Vacate     □ Abatement Performed							- 3	08 Haddon /	5.000							
Time of Abatement:							0.75	, State, Zip Co								
			100				V	Vestmont, N	IJ C	08108						
Scope of Work (Check all	that apply)							□ Eull Conf		and with Non	ativa Draga					
≥3 sf or ≥3 lf			⊠ Re	novat	ion			☐ Full Cont		nment with Neg	ative Press	ure				
≥160 sf or ≥260 lf			☐ De						g P	rocedure						
								Non-Exe	emp	ted (*) and Nor	-Friable Pi	rocedure				
	5 II			Loca: Norma				421 122 E	123	4		į	Aba	atem	ent T	ype
Location Asbestos-Containing I		n		d Sol		Ashai	etae i	Description o Containing Ma		ial (ACM)	Amou	ınt	Re	Re	En	m m
TO BE ABA		'		intena				rmal systems			(Spec	21122	Removal	Repair	cap	Enclosure
IN Facilit	y		Cust	todial (12)	Staff?		s	urfacing, VAT,	, or		SF or I		/al		Encapsulate	Sure
(13)			Yes	No	N/A	1	oth	ner miscellane	eous	s)					ate	
					-								_	_		-
Rm140,232,233,318,3	19,321,322,	325						er Floor tile	257 65		7,528					
Rm 228,229,231								r Floor tile 8	& N	Mastic	2,550					
Elevator Area						Pipe Ins			_		10 L				ᆜ	닏
Crawlspace						Pipe Ins					10 L			Ц	Ц	
Name of Registered Wast	te Hauler				JDEP I lauler II		Cub Was	oic Yards of	1	Name of Regist		ill				
AbateTech, Inc.				_   '	18750		1:			TRRF Land	TIII		all potential to			
City, State								oosal Date	(	City, State						
Lumberton, NJ							7/	/12/13	1	Tullytown,	PA					
Completed By (Print or Ty	rpe)	Title	*					Signature	-17	1		Date			Joseph I.	
Gwendolyn Trumbe		0	perati	ons	Coord	inator		5	<	net		1	1/3	11	3	



1306-4660 Check #

Date of Notification	(1) 7/3/13					Owner / Operato		Managament	8 C	one	- <del> </del>	àtio:	
Agencies Notified	Type Notification			Add		ciscy Division	or rioperty	wanagement	a c	Ulla	u	CLIOI	
		P	OB	ox 0	34							4	
DEP	☐ Initial				& Zip (				جي ا	3,	74:		
□ DOL		-			Contract Con	625-0034				<u> </u>			
□ DCA	<ul><li>Emergency</li><li>Cancellation</li></ul>	100			ontact Bun	ch	15	3	Tele	nho	ne N	lumb	er
			FA	CILIT	Y INF	ORMATION					7	_	
Name of Facility Wh	nere Abatement is Taking	Place (3)				Type of Facil	ity (4)	1/4	ů,				
NJ Executive Sta	te House					School (	5.0		1				
Street Address							oter 8 (Other th			1			2,
125 West State S	treet							mmercial buildir				etc.)	
City (E)	0 1 (0)	- 10			(m)	Square Feet	# of Flo	oors	Bldg.	. Ag			
City (5)	County (6)	Cor	inty (	Code	(1)		<u> </u>				(=)		VI. 197
Trenton	Mercer					Substation	(Prior if being o	demolished)					
Name of Monitoring	Firm Hired by Building Ov	vner (8)		AS	CM No		tement Contra	ctor (9)					
USA Environmen	and the state of the	(0)			0111110	AbateTech,		0.01 (0)					
Street Address						Street Addres							
344 West State S		2				PO Box 25	7: 0 .						
City, State & Zip Co Trenton, NJ 0861						City, State & Lumberton							
Project Manager for		Teleph	none	Num	ber /	Telephone N		License I	Numl	her			-
William Weisgark		609-6				609-265-210				052	9		
Scheduled Start Dat 7/8/13	te (10) Scheduléd Co	mpletion 7/19/		te (11	)/	Name of OSI							
	Ouring Abatement (Check	108316407061	177.977	-/		Street Address							
Facility Clos	ed/Vacated During Entire	Period o	f Aba	ateme	ent	108 Haddor							
	Performed Outside of Norr		_			City, State &							
	5 PM start 7/15 6PM st	art the	reaf	ter		Westmont,	NJ 08108						
Scope of Work (Che	upied During Abatement	- Carlotte											
Ocope of Work (Cite	ck all triat apply)						☐ Full Co	ntainment with I	Vega	tive	Pre	ssure	3
≥3 sf or ≥3 lf		$\boxtimes$	Ren	ovati	on		Mini-En		9-				•
≥160 sf ≥260	) If		Den	nolitio	n		Glove E	Bag Procedures					
							Non-Ex	empted and No					
	cation of		ocati			Description		Amount		Aba	tem	ent T	ype
	os-Containing erial (ACM)	Norm So	lely t		1	Asbestos-Con Material (A		(Specify SF or LF)				ш	
<u>TO B</u>	E ABATED	Mainte	enan	ce or		(i.e., thermal s		0, 0, 2, 7		Rer	R	nca	Enc
in	Facility	Custo		Staff?		insulation, surfac		1		Remova	Repair	Encapsulate	Enclosure
	(13)		(12) No	N/A	1	or other miscella	aneous)			a	_	late	- F
Substation Powe	r Room				-	Transite Pa	nole	640 SF	$\dashv$		П	П	$\vdash$
- Curotation i One	· · · · · · · · · · · · · · · · · · ·	181	H	H		Transite ra	illeis	040 31			H	H	H
		<del>情</del>	Ħ	П		****				Ħ	Ħ	Ħ	Ħ
Name of Registered	Waste Hauler				Waste D No.	Cubic Yards of Waste	Name of Reg	istered Landfill					
AbateTech, Inc.				7 <b>50</b>	D INO.	12	TRRF Land	fill					
City, State						Disposal Date	City, State						
Lumberton, NJ	·		1=			7/19/13	Tullytown,	PA					
Completed By (Print Gwen Trumbetti	or type)		Title		oord.	Signature	. I		100	ate / <b>3/</b> 1	2		
			Joh	, J. J.	J J i u i		MI		11	31	3		]
						$\bigcirc$		15					



Date of Notification (1)				Name	of Building	Owner/Operator (2	2)	38/5				
07 /	11 / 13	_		Sov	ereign B	ank N.A.	4	70				60
Agencies Notified	Type Notification			Street	Address			<del></del>				-
⊠ EPA	☐ Initial			1130	) Berksh	ire Boulavard						
□ DOLWD			+	City. S	tate, Zip C	ode		1767				
☑ DHSS	Amendment #		- 1		missing							
DCA	Emergency (in justification)	cluding	-		of Contact	Ž		Telephone Number	or .			-
(NJAC 5:23-8)	☐ Cancellation				an Peck			receptione realities	<u>-</u> ->			
	- Caricellation							L	-	-	-	
Name of Facility Where A	hatament is Taking	n Diago	/3\	FAC	ILITY IN	FORMATION	Type of Facility (	4		1184	,	
Sovereign Bank	ADALEITICITE IS TAKIN	riace	(3)			14	School (K-12	500 M				
STEACHES NAME OF THE STAND OF A								(Other than K-12)				
Street Address							Other (i.e., pr	rivate and commerc	ial bu	ilding	5,	
214 Newark Avenue	e						homes, etc.)		I DI		_	
City (5)							Square Feet	# of Floors		lg. Ag	e	
Jersey City							3000	1		10		
County (6)				Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ied)			
Hudson												
Name of Monitoring Firm	15 150	Owner (	8)	ASCM I	No.	Name of Abateme	ent Contractor (9)					
Hillmann Consultin	ng			6225	2	JVN Restorat	tion Inc					
Street Address						Street Address						
1600 Route 22 East	t					47 Foster Ro	ad					
City, State, Zip Code						City, State, Zip Co	ode					
Union NJ 07083						Staten Island	NY 10309					
Project Manager for Mon	itoring Firm		Tele	phone I	No.	Telephone No.		License No.	-			
Brian Nemetz			73	2-616	4092	718-605-6256		00774				
Start Date (10)	Sched	duled C	omple	tion Dat	te (11)	Name of OSHA M	fonitor					
07 /20 /	13(	08_ /	04	_ / _	13	Testor Tech		- 42				
Occupancy Status During	g Abatement (Chec	k only o	ne)	North Control		Street Address			A - 6074			
☐ Facility Closed/Vacate	SAME AND DESCRIPTION OF THE PROPERTY OF THE PR					10 59 Jackso	n Avenue					
Abatement Performed				s - Des	cribe	City, State, Zip Co	ode					
Time of Abatement: _	P	M/ZPM	ZAM			LIC NY 11101	l			-		
Scope of Work (Check a	ll that apply)					CI Full Com	tainmant with Nas	sative Deposites				
☐ >3 sf or >3 lf		□Re	novati	on		☐ Mini-End	tainment with Neg closure	jative Pressure				
⊠ ≥160 sf or ≥260 lf	32	☐ De				☐ Gloveba	g Procedure					
	4					Non-Exe     Non-Exe	empted (*) and No	n-Friable Procedure	_	- 11-5		
	-		Locat Iorma			2			Ab	ateme	ent T	уре
Location Asbestos-Containing	10.50	1	d Sole		Ashe	Description of stos Containing Ma		Amount	Re	Re	ᄪ	四
TO BE ABA		1000000	intena			., thermal systems		(Specify	Removal	Repair	сар	Enclosure
IN Facil	ity	Cust	odial (12)	Staff?		surfacing, VAT		SF or LF)	Va.		Encapsulate	il e
(13)		Yes	No	N/A	1	other miscellane	eous)				ate	
Ist Fl.Teller Area and	Sales Floor		$\boxtimes$		VAT/Ma	astic		2000				
10011110110171101101				+					-			
Name of Registered Was	ste Hauler		IN	JDEP \		Cubic Yards of	Name of Regis	stered Landfill				
Global Waste Indus			270	lauler II	O No.	Waste	G.R.O.W.S					
	ಕ್ಷಾನ್ ಕ್ಷಾನ್ ಕ್ಷಾನ್ ಸ್ಟ್ರಿಕ್ ಕ್ಷ್			NJ-22	171	30 Disposal Date	City, State			-27 C-2-		
City, State						8/04/13/\	Morrisville	. Pa				
Hackettstown, NJ				6 N 2			MOTTISVILLE			1		
Completed By (Print or T	5/6: 18		2020-2			Signature	/a . al.	i Da	1.	1,-	,	
Joe Tardy		Projec	t Mar	nager		1711	alch	1 1	111	11:	3	1
ASB-41			-			-			1	1		

**MAY 11** 

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

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NIAC 8:50.7 AND 12:120.7

			(PURSUAN	IT TO NJA	C 8:60-7 AN	ID 12:120-7		مع عد	1 2.1	1 10	<u>ر</u>	
Date of Notification	The second secon				Building Ov	vner / Ope	rator (2)		2		330	
	/13			Macy's Ind					20.		65	
Agencies Notified	Type of No	otification			nue of the A	mericas			10/3			
☐ EPA		Initial			e, Zip Code					1-		
☐ DEP		Amended		New York	NY 10036			$\sim$		<_	0 000	
□ DOH		Amendmen	1221 <del></del> 12	Name of 0	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )		ARREST AND AND ARREST	- leabor	e Numbe	er		
☑ DOL		Cancellation	w/ justification	Daniela S	ango						•	(1
			THE RESERVE TO THE PERSON NAMED IN	ACILITY IN	IFORMATIC	N				7		
											/	
Name of Facility W	here Abatem	nent is Taking	g Place (3)		Type of Fa	acility (4)						
Macy's					Ιп	School (K	(-12)				1	
Street Address					1 -		er 8 (Other	than K-12	2)			
1400 Willowbrook N	fall	133 march			V		, private &	cmmercia	ıl			
City (5)	County (6		County Code	(7)	Square Fe		# Of Floor		Building	Ane		
Wayne	Passiac	1	County code	7470		000	2		Dunamş	25	+	
					Current U	se (Prior if	being dem	olished)	Î			
					Retail			(6)				
Name of Monitorin	g Firm Hired	by Bldg. Ow	ner (8)	ASCM NO	Name of A	batement	Contractor	(9)				
Pennoni Associate	Inc.				LVI Demoi	itionService	es Inc.					
Street Address					Street Add	dress						
515 Grove Street					00 14500	- D - I						
City, State, Zip Co Haddon Herights, N					32 William	s Parkway e, Zip Code						
Project Mngr. For		irm	Telephone Nu	mber	City, State	, 21p 00de	•					
UDAY SINGH			973-509-3320		East Hano	ver, NJ 079	36					
/	/		pletetion Date (1	1	Telephone	Number		License I	Number		N	
<u>07</u> / <u>15</u>	/_13_	07	/ <del>31</del> /	13	973-88	34-8682			0	0860		
Occupancy Status	During Abat	ement (Chec	k Only 1)			SHA Moni	itor					
		ted During E	ntire Period of		-	itionService	es Inc.					
Abatem	7537	d Outoido of	Normal Facility		Street Add	dress						
	Describe:	d Outside of	Normal Facility		32 William	s Parkway						
	Describe:	MON-FRI				, Zip Code						
		10:00 pm to	6:00 am		East Hano	ver, NJ 079	36					
Scope of Work (Ch	eck All That	Apply)										
☐ Demolit	ion	V	Renovation		Full Conta	inment wi	th Negative	Pressure	<b>Y</b> 2			
		_			Mini - Enc		30 7 2 3 3 4 3 5 3 <del>3 1</del> 10 1 6 10 6 2 4 3 6					
	or ≥260 If	10				Procedure		bla Drasa	duro			
		71		V	Non-Exem	ipted (*) ar	id Non-Fria	pie Proce	uure			
Location	of	ls	1	Descript	ion of			Abateme	nt Type			
Asbestos Co		Location	A:	sbestos - C				R	_	E	E N	
Material (A TO BE AB		Normally Used	1 /	Material .e., therma			Amount (Specify	E M	R	N C	C	
in Facil	- U - C - C - C - C - C - C - C - C - C	Solely			facing, VA	Γ.	SF or LF)	Ö	P	A	Ľ	
(13)	•	by Main-			ellaneous)		0.000	V	Α	Р	0	
		tenance/						A	1 1	s	s	
		Custodial Staff (12)						L	R	U	U R	
		YES NO N/	A							-	1	
Escalators			Tar Coating				300 sq ft	V				
										+	<del>                                     </del>	
Name of Registere	d Waste Hau	ler	NJDEP Waste	Cubic	Name of F	Registered	Landfill					
NEWARK CARTING			Hauler ID No.	Yards	IESI							
			4509	of Waste	014 01 1			. 1	7			
City, State NEWARK, NJ				Disposal Date	City. State BETHLEH		. /					
INLVVAINT, INJ				Date	DE TITLETT	/	11/	/	1			
Completed by (Pri	nt or Type)		Title			Signature	1. 11/1	20/2		Date		
Ralph Barnhardt			Operations Ma	nager		1/1/1	rji v p	Vil			07/11	1/13

ASB-41

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

Date of Notificatio	n (1) / 13				Name of I Macy's Inc	Building Owner / Op	erator (2)					
$\frac{06}{24}$	/_13				Street Ad				201			
Agencies Notified	Type of N	otifica	tion	***************************************		nue of the Americas			-7/3			
☐ EPA	. I	Initia			City, Stat	e, Zip Code				:	,	
☐ DEP		Amer	nded		-	NY 10036		_		-		
☑ DOH			ndment#		Name of		•	Telephon	e Numbe	er		· .
☑ DOL			gency war	/ justification	Daniela S	ango	· ·			Taris Colo		No
		Caric	eliation	E	A CILITY IN	FORMATION	-				1	
					ACILITY III	II OKWATION					150	
Name of Facility V	/here Abaten	nent is	Taking I	Place (3)		Type of Facility (4)						12
Macy's												*****
Street Address						School (	K-12) iter 8 (Other	than K 12	N.			
1400 Willowbrook N	//all						e., private &					
							omes, etc.)		2			
City (5)	County (6	)		County Code	(7)	Square Feet	# Of Floor	s	Building			
Wayne	Passiac				7470			2		25	+	
						Current Use (Prior Retail	if being dem	olished)				
Name of Monitorin	a Firm Hired	by Bl	da Own	or (8)	IASCM NO	Name of Abatemen	t Contractor	(9)				
I monitorii	.g	J, J.	ag. Own	J. (0)	10011110	Traine or Abatomon	t Gommadio.	(0)				
Pennoni Associate	Inc.					LVI DemolitionService	ces Inc.					
Street Address						Street Address						
515 Grove Street	-					00 MEN: BI						
City, State, Zip Co						32 Williams Parkway City, State, Zip Cod					677	
	Haddon Herights, New Jersey Project Mngr. For Monitoring Firm Telephor					City, State, Zip Cot	le .					
JDAY SINGH 973-509-3					IIIDOI	East Hanover, NJ 07	936					
	Sched. Completetion Da					Telephone Number		License I	lumber			
07 / 08	13	-	07 /	31/	13							
Occupancy Status	During Abot	l omon'	/Chank	Only 4)		973-884-8682 Name of OSHA Mor	litor		- 0	0860		
				ire Period of		LVI DemolitionService						
Abatem			g =			Street Address						
		d Out	side of N	ormal Facility								
	Describe:					32 Williams Parkway						
☑ Other -	Describe: _		-FRI pm to 6:	00 am		City, State, Zip Cod East Hanover, NJ 07						
Scope of Work (CI	neck All That			oo am		Last Hallovel, No or	330				-	
Demolit			<b>✓</b>	Renovation		Full Containment w	ith Negative	Pressure	88			
☐ ≥3sf or	≥317 or ≥260 lf					Mini - Enclosure Glovebag Procedur	•					
	01 <u>2</u> 200 11					Non-Exempted (*) a		ble Proce	dure			
					1000000							
Location			ls		Descript			Abateme	nt Type	1	1-	
Asbestos Co		5555	cation	As		Containing	A	R	R	E N	E	
Material (A			rmally Jsed	(1	Material e., therma		Amount (Specify	M	Ē	C	C	
in Facil		1 1	olely			facing, VAT,	SF or LF)	(0)	P	A	Ľ	
(13)	.,	182	Main-			ellaneous)	,	٧	A	P	0	
		ter	nance/	2000				Α	1	s	s	
1		77.77	stodial					L	R	U	U	
			nff (12) NG N/A				-			+-	R	
Escalators			NU N/A	Tar Coating			300 sq ft	7			+	П
Localatoro		H		Tur Couring			1000 04 11			T	$\top$	<del>i</del>
Name of Registere		ler		NJDEP Waste		Name of Registered	Landfill					
NEWARK CARTING	٥			Hauler ID No. 4509	Yards of Waste	IESI						
City, State			-	4509	Disposal	City. State						
NEWARK, NJ					Date	BETHLEHAM, PA	/	1				
							_//	$\triangle$				
Completed by (Pri	nt or Type)			Title		Signatur	e/h//	//		Date		
Ralph Barnhardt				Operations Ma	nager	11/11	WINN	n n			06/	/24/13
ASB-41			The state of the s			- 1	1					

CK#24735

Agencies Notified Type Notification Type Octave Woodprending New York Notification Name of Facility Where Abatement is Taking Place (8) Name of Facility Where Abatement is Taking Place (9) Name of Facility Where Abatement is Taking Place (9) Name of Facility Where Abatement is Taking Place (9) Name of Facility New Notification Name of Facility Where Abatement is Taking Place (9) Name of Sacretic New York Notification Name of Sacretic New York Notification Type Office New York Notification Name of Notification Type Notification T	Date of Notification (1)				Building Ov RPORATIO	vner/Operator (2) N					8	
EPA DEP X Anneade Notification 3 Cancellation 3 Can	7 / 11 /13	i e		Street Add	dress		28	15.				0
DEP COLL CANDESIDES A CONCIDENCE NEW LYRSEY 07085  COLL CANDES A CONCIDENCE NEW LYRSEY 1891  COLL	Agencies Notified Type Notificati	on		1 HESS P	LAZA		17.3		'W ,			4
Name of Contact	EPA Initial No	tification		City, State	, Zip Code		-			₹ .	٠.,	
Country   Coun			#3	WOODBR	RIDGE, NEV	JERSEY 07095	T4			10		.
DOCA   EMERGENCY N   DOAND CERULO   FACILITY INFORMATION		tion		Name of C	Contact		1 4					
Name of Facility Where Abatement is Taking Place (3)    Type of Facility (4)   School (K-12)		FNCY N				3						
Symbol (Section (Se						ON		_	-			
HESS PLAZA  Street Address THE Address THE ADDRESS AND	Name of Facility Where Abatement is Ta	king Place (	3)	TACILITY	IN ORWAY		(4)				2	
Street Address												0
Steet Address	HESS PLAZA										3	< 1
1   1   1   1   1   1   1   1   1   1								ol. bldg	s., ho			
County (6)										Blo	-	9
MODILESEX   STATE USE ONLY   COMMERCIAL OFFICE		(0)		C	-d- (7)			linkad	N		44	
Name of Monitoring Firm Hired by Building Owner (8)  ILLUMANN ENVIRONMENTIAL  Street Addross 13 SPOOK ROAD  Street Addross 313 SPOOK ROAD  City, State, Zip Code  UNION, NEW JERSEY 07083  STREET ADDROSS STREET STR								onsneu	)			
HILLMANN ENVIRONMENTAL   17   PAR ENVIRONMENTAL CORPORATION	- Control of the Cont		8)					or (9)				
1909 ROUTE 22		(	-,						ION			1
City, State, Zip Code UNION, NEW JERSEY 07083 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Soles of New York 10901 Street Advanced From Sumber Soles of New York 10901 To 15 / 13	Street Address		777			Street Address				0.7		
UNION, NEW JERSEY 07083  Flogical Manager for Monitoring Firm  Flogiphone Number  Jelephone Number  Je												
Felightone Number   Selephone		/ IEDOE/ 0	7000									
MIKE NEHL SEN	The state of the s			Numbor				nee N	umbe	-		
Expected State Date (10) 7 / 15 / 13 Month Day Year    Sched. Completion Date (11)   Month Day Year   Some of OSHA Monitor   OUALITY ENVIRONMENTAL									unibe	10		
Month   Day   Year   Month   Day   D												
Month   Day   Year   Month   Day   Year					/13							
Facility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility N	Month Day Year	Month	50.0					5-11-50				
Abatement Performed Outside of Normal Facility Hours - Describe:    Other - Describe:   WapPINGERS FALLS, NY 12590				Esta Salar			020					
Scope of Work (Cheek all that apply)						1376 ROUTE 91	W					
Scope of Work (Check all that apply)  Demolition   Sample   Sample					:	City State 7in C	`ada	-			-	
Scope of Work (Cheok all that apply)	Other - Describe: Worlday	- rnaay opm	- 2:30 a	arri		City, State, Zip C		S FALI	LS. N	Y 1259	90	
Demolition   ST OR LF   ST OR	Scope of Work (Check all that apply)			X	Trull Conta	। inment with Nega			,		10	
Non-Friable Procedure   Non-		Renovatio	n									
Location of Asbestos-containing Material (ACM) Material (ACM) TO BE ABATED In Facility (13) Staff (12) Yes   No   N/A  1st floor mailroom	>3SF OR LF	_		x								
Asbestos-containing Material (ACM) (Specify TO BE ABATED In Facility (13) Staff (12) (Fe No NA) (NA) (Specify SF or LF) (Specif	X  >160 SF OR							_				
Staff (12)								1				ype
Staff (12)		1						品	品	E E	E	
Staff (12)				4.5500000				18	A	\8	15	
St floor mailroom			2000				SF OI LF)	\$	77	130	130	
St floor mailroom	iii aciity (13)			Oi Oii	ici illisociia	neousj		1		⊢	고	
1st floor MER												
1st floor MER			x I	Floor tile and m	astic			х				
Please note addition to scope:			-				NAME OF TAXABLE PARTY.	_			_	
Sth floor	1st floor MER		x F	Pipe fittings			30 LF	X	-	-	-	
Sth floor			$\perp$					+	-	-	-	
9th floor	Please note addition to scope:	+	+					+-	+	-	-	
9th floor	Oth floor	+	- 1	VAT & Mastic			8 005 SE	- V	-	-	-	
9th floor		+			100 100 100 100 100 100 100 100 100 100			_	1		1	
9th floor		+-+			d			_	+	$\vdash$		
13th floor MER  x Pipe Fittings  100 LF x  Name of Registered Waste Hauler EXPRESS WASTE LLC Hauler ID No. 26981  Disposal Date KEARNEY. NEW JERSEY  X Pipe Fittings  100 LF x  Name of Registered Landfill GROWS LANDFILL  City, State MORRISVILLE, PA	E-MANAGE - MANAGE - M							_				
Name of Registered Waste Hauler EXPRESS WASTE LLC  City, State  KEARNEY, NEW JERSEY  NAME of Registered Landfill GROWS LANDFILL  City, State  MORRISVILLE, PA												
EXPRESS WASTE LLC Hauler ID No. 150 GROWS LANDFILL  City, State  KEARNEY, NEW JERSEY  Disposal Date 06/03/13-12/30/13  MORRISVILLE, PA	13th floor MER		x I	Pipe Fittings			100 LF	х				
EXPRESS WASTE LLC Hauler ID No. 150 GROWS LANDFILL  City, State  KEARNEY, NEW JERSEY  Disposal Date 06/03/13-12/30/13  MORRISVILLE, PA												
EXPRESS WASTE LLC Hauler ID No. 150 GROWS LANDFILL  City, State  KEARNEY, NEW JERSEY  Disposal Date 06/03/13-12/30/13  MORRISVILLE, PA									_	_		
EXPRESS WASTE LLC Hauler ID No. 150 GROWS LANDFILL  City, State  KEARNEY, NEW JERSEY  Disposal Date 06/03/13-12/30/13  MORRISVILLE, PA									1	1		
EXPRESS WASTE LLC Hauler ID No. 150 GROWS LANDFILL  City, State  KEARNEY, NEW JERSEY  Disposal Date 06/03/13-12/30/13  MORRISVILLE, PA	***************************************		1		-			-	-	-		
EXPRESS WASTE LLC Hauler ID No. 150 GROWS LANDFILL  City, State  KEARNEY, NEW JERSEY  Disposal Date 06/03/13-12/30/13  MORRISVILLE, PA		++	+					+-	1	-	-	
EXPRESS WASTE LLC Hauler ID No. 150 GROWS LANDFILL  City, State  KEARNEY, NEW JERSEY  Disposal Date 06/03/13-12/30/13  MORRISVILLE, PA		-	+-+	···				+-	+	$\vdash$		
EXPRESS WASTE LLC Hauler ID No. 150 GROWS LANDFILL  City, State  KEARNEY, NEW JERSEY  Disposal Date 06/03/13-12/30/13  MORRISVILLE, PA		++-	+-+					+-	+	-	<del>                                     </del>	
EXPRESS WASTE LLC Hauler ID No. 150 GROWS LANDFILL  City, State  KEARNEY, NEW JERSEY  Disposal Date 06/03/13-12/30/13  MORRISVILLE, PA		++-	1					+-	+		1	The state of the s
EXPRESS WASTE LLC Hauler ID No. 150 GROWS LANDFILL  City, State  KEARNEY, NEW JERSEY  Disposal Date 06/03/13-12/30/13  MORRISVILLE, PA	****	1										
EXPRESS WASTE LLC Hauler ID No. 150 GROWS LANDFILL  City, State  KEARNEY, NEW JERSEY  Disposal Date 06/03/13-12/30/13  MORRISVILLE, PA						anisa-						
EXPRESS WASTE LLC Hauler ID No. 150 GROWS LANDFILL  City, State  KEARNEY, NEW JERSEY  Disposal Date 06/03/13-12/30/13  MORRISVILLE, PA												
EXPRESS WASTE LLC Hauler ID No. 150 GROWS LANDFILL  City, State  KEARNEY, NEW JERSEY  Disposal Date 06/03/13-12/30/13  MORRISVILLE, PA	2.0000000000000000000000000000000000000											
26981  City, State  Disposal Date  KEARNEY, NEW JERSEY  Disposal Date  O6/03/13-12/30/13  MORRISVILLE, PA												
City, State  Disposal Date  City, State  KEARNEY, NEW JERSEY  Disposal Date  O6/03/13-12/30/13	EXPRESS WASTE LLC	The state of the s	25/4/2017	150	)	GROWS LANDE	FILL					
KEARNEY, NEW JERSEY 06/03/13-12/30/13 MORRISMILLE, PA	City State	2698		Diapped Dete		City State				_	_	
Completed by (Print or Type)  Signature  Signature  Date  11113					113 —		PA					
BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS 145X		e				(		e	_	1.	.1	2
			OPER/		1901	1)			7	111	11	2

14					IFICATION (	le of New Jerse OF ASBESTOS JJAC 8:60-7 an	ABATEMENT		×ω	v			
Date of Notification (	1)					of Building O	wner/Operator (2 ON	2)					
6 /	26 /13				Street	Address			2017				
gencies Notified	Type Notification	1		92-250000	1 HES	S PLAZA				$n_t$			
DEP X DOL	Initial Notification X Amended In Cancellation	Notific		22		state, Zip Code DBRIDGE, NE	W JERSEY 07095	3			12	7	
X DOH DCA	X On Hold EMERGEN		ı		10 000000000000000000000000000000000000	of Contact CERULO	1	IT-I-shana N	umher	)		- V - 1/21	
				-		TY INFORMAT	TON			- (†			
me of Facility Whe	re Abatement is Taki	ng Pl	ace (	3)			Type of Facility				100	0	
ESS PLAZA								-12) er 8 (Other tha private & com		ne ha	nmee	etc.)	
reet Address HESS PLAZA		•					Square Feet 187,000	# of Floor		jo., 110		ldg. Age	-
ty (5)	County (6		-			y Code (7)	Current Use (Pr	ior if being de	molished	f)	-	-16	
OODBRIDGE ime of Monitoring I	MIDDLESE Firm Hired by Buildin		ner (	B)	(STATE	ASCM No.	Name of Abate	SHEET SCHOOL STANSON IN	tor (9)				
LLMANN ENVIRONI reet Address	MENTAL	~			1	17	PAR ENVIRONI Street Address	VIENTAL COR	PORAT	ION			
00 ROUTE 22							313 SPOOK RC	CK ROAD					
ty, State, Zip Code	UNION, NEW	JERS	EV 0	7083		economical called	City, State, Zip C SUFFERN, NEV		1		1400-		
oject Manager for Me			Tele	phone	Number		Telephone Num		icense N	lumbe	er		
KE NEHLSEN ,	(40)	e		377-5			845-369-7500 Name of OSHA	1.3	60				
6/	3 / /13		12	ompie ! /	tion Date (1 30	/13	QUALITY ENVI						
Month Da ccupancy Status Dur	ay Year ing Abatement (Check		onth one)	00-171	Day	Year	Street Address						
Facility Clo	sed/Vacated During E	ntire F	Period			riba:	1376 ROUTE 9	w					
X Other - Des						ille.	City, State, Zip C						
ope of Work (Check	all that apply)					X Full Conta	 ainment with Nega	WAPPINGE ative Pressure	RS FAL	LS, N	Y 125	590	
Demolition	X	Reno	ovatio	n	Ī	Mini-Enck	œ,						
>3SF OR L X >160 SF O	(A)				1		Procedure le Procedure						
Locat			Loca			escription of As		l				ement Type	
Asbestos- Material	(NO.000000000000000000000000000000000000	1035000	nany	used by		ntaining Materi (ie. Thermal sy		Amount (Specify	l é	REPAIR	NC.	No.	
TO BE A in Facil		0.00		todial		sulation, surfaci r other miscella		SF or LF)	REMOVAL	₽	ENCAPSUL	ENCLOSUR	
III I doi	my (13)	Yes	taff (*	N/A		i Onici misociie	ineous)				۶	₹	
t floor mailroom				x	Floor tile an	d maetic		3,200 SF	x	-			
t floor mailroom				x	Pipe fittings			50 LF	x				
t floor MER			_	X,	Pipe fittings			30 LF	х		F		
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me of Registered W PRESS WASTE LL		Haule		No.	Cubic Yards	of Waste 30	Name of Registe GROWS LANDE						
ty, State			2698	1	Disposal Da	te	CKDState 1						
ARNEY, NEW JERS					06/03/13-12	/30/13	MORBISVALE,	PA			_		
ompleted by (Print or ENJAMIN SANCHEZ		CTO	0.00	ODEE	ATIONS	Signature	7(//	D	ate	01	12	6/12	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) HESS CORPORATION Date of Notification (1) Street Address 17 /13 Agencies Notified Type Notification 1 HESS PLAZA Initial Notification City, State, Zip Code EPA 3 DEP Amended Notification WOODBRIDGE, NEW JERSEY 07095 DOL Cancellation DOH On Hold Name of Contact DCA EMERGENCY N DAVID CERULO FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) HESS PLAZA Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 1 HESS PLAZA 187,000 13 City (5) County (6) County Code (7) Current Use (Prior if being demolished) WOODBRIDGE MIDDLESEX (STATE USE ONLY) COMMERCIAL OFFICE Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) HILLMANN ENVIRONMENTAL 17 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 1600 ROUTE 22 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code UNION, NEW JERSEY 07083 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number MIKE NEHLSEN 908-377-5644 845-369-7500 460 Expected State Date (10) Sched, Completion Date (11) Name of OSHA Monitor 6/ QUALITY ENVIRONMENTAL /13 12 / /13 30 Day Year Month Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 W Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: Monday - Friday 6pm - 2:30 am City, State, Zip Code WAPPINGERS FALLS, NY 12590 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition X Renovation Mini-Enclor. >3SF OR LE Glovebag Procedure >160 SF OR Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount ENCAPSUL ENCLOSUR REMOVAI REPAIR Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No 1st floor mailroom Floor tile and mastic 3,200 SF 1st floor mailroom Pipe fittings 50 LF 1st floor MER Pipe fittings 30 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill EXPRESS WASTE LLC Hauler ID No. GROWS LANDFILL 26981 City, State Disposal Date KEARNEY, NEW JERSEY 06/03/13-12/30/13 Completed by (Print or Type) Title Signature BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS



			State of New Jers TIFICATION OF ASBESTO Pursuant to NJAC 8:60-7 a	SABATEMENT	2013					10
Date of Notification (1)			Name of Building ( HESS CORPORATI	Owner/Operator (2	2)		Ź	-		61
5 / 17 /13			Street Address		7			- (		
Agencies Notified Type Notification	on		1 HESS PLAZA		C:	. 1			. 7	
EPA X Initial No DEP Amende X DOL Cancella	Notificatio	an	City, State, Zip Code WOODBRIDGE, NE		5	* //	7			
X DOH On Hold DCA EMERGE	7,7000		Name of Contact DAVID CERULO		Talanhana Niur	mher	. 90	í	P	
			FACILITY INFORMA							
Name of Facility Where Abatement is Ta	king Place	(3)		Type of Facilit						
HESS PLAZA					-12) er 8 (Other than private & commo		as ho	mes	etc )	
Street Address 1 HESS PLAZA				Square Feet 187,000	# of Floors 13		9-1, 110		dg. Age 42	
City (5) County ( WOODBRIDGE MIDDLES			County Code (7)		rior if being demo	olishe	d)			
Name of Monitoring Firm Hired by Buildi		(8)	(STATE USE ONLY) ASCM No.	Name of Abate	ment Contracto	r (0)				
HILLMANN ENVIRONMENTAL			17	PAR ENVIRON	MENTAL CORP	ORAT	ION			
Street Address 1600 ROUTE 22	7			Street Address 313 SPOOK RO	OCK BOAD	14				
City, State, Zip Code	<u> </u>			City, State, Zip						
UNION, NEW				SUFFERN, NE	W YORK 10901					
Project Manager for Monitoring Firm			Number	Telephone Num	1		lumber			
MIKE NEHLSEN Expected State Date (10)		377-5	etion Date (11)	845-369-7500	460					
5 / 28 / /13		2 /	30 /13	Name of OSHA QUALITY ENVI						
Month Day Year	Month		Day Year							
Occupancy Status During Abatement (Chec Facility Closed/Vacated During	k only one) Entire Peric	od of ΔI	ratement	Street Address 1376 ROUTE 9	10/	19				
Abatement Performed Outside of	f Normal F Friday 6pn	acility	Hours - Describe:	City, State, Zip	Code					
Scope of Work (Check all that apply)			[ <del>√</del> ]= 10 .		WAPPINGER:	S FAL	LS, NY	1259	90	
Demolition X	Renovati	on	Mini-Encl	ainment with Nega	ative Pressure					
>3SF OR LF			x Glovebag	Procedure						
X >160 SF OR	T		Non-Fria	ble Procedure						
Location of Asbestos-containing	is Loca		Description of A			_			ment Type	е
Material (ACM)	soleh		Containing Mater (ie. Thermal s		Amount (Specify	14		E	2	
TO BE ABATED	Maint/Cu				SF or LF)	REMOVAL	REPAIR	¥	18 1	
in Facility (13)	Staff		or other miscell	aneous)		1	~	ENCAPSUL	ENCLOSUR	
	Yes No	N/A				-	$\vdash$	-	141	
1st floor mailroom		x	Floor tile and mastic		3,200 SF	x			-	
1st floor mailroom		x	Pipe fittings		50 LF	x				
1st floor MER		Ŷ	Pipe fittings		30 LF	x				
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		+-				-	$\vdash$			
		1				-	H			
Name of Registered Waste Hauler	NJDEP W	lacte	Cubic Yards of Waste	None -15	41 16"					
EXPRESS WASTE LLC	Hauler ID		Cubic Yards of Waste 30	Name of Registe GROWS LANDF						
Cit. State	2698	Old Carrows 11								
City, State KEARNEY, NEW JERSEY			Disposal Date 5/28/13-12/30/13	City, State					-	
Completed by (Print or Type) Title BENJAMIN SANCHEZ DIRE			Signature /	WORRISVILLE, F	PA   Date			1	7//	-

CKeck#9561

Date of Notification (1)				Name o	f Building	Owner/0	Operator	(2)	CHE	CANT			91	(
7-8-13				Stat	te of	New J	erse	Y 10		. 9	₹.			(
Agencies Notified	Type Notification			Street A				QD	Ç.		*2	.0.		
ĽX EPA	☐ Initial						Stree	et, 9th Fl	.oor	400			71	
DEP DEP	☐ Amended Amendment	#			ate, Zip Co nton,		8625			1.7	5			
La DOL	☐ Emergency		-	112000000000000000000000000000000000000	f Contact	INO C	0023		To	lanhana Ni	umbor			
DX DOH	justification)  □ Cancellation				et Gol	eniec	ki		TIE	lephone Nu	imber	7		
DCA -	Li Cancellation				ILITY INF				_		_	_		
Name of Facility Where	Abatement is Takin	g Place (3	)			OT CHIEF C	OIL	Type of Facility	(4)					
F & A Building	g-Daniel J.	Goldbe	erg	Comp]	lex			☐ School (K	-12)					
Street Address 1035 Parkway A	Avenue							☐ Subchapt	er 8 (Oth	ner than K-		ldings	, home	es,
City (5)								etc.) Square Feet	# 0	of Floors		Bldg. /	100	
West Trenton								60,000	"	4			rs.	
County (6)			Т	County	Code (7)			Current Use (P	rior if be	ing demolis	shed)			
Mercer				(STATE	USE ONLY	)		offices						
Name of Monitoring Firm				ASCN	ЛNo.		W. 22.W. 1-02.	of Abatement C		(30.000)				
Environmental	Connections	3		-				mouth Env	ironm	ental (	Co.,	Inc		
Street Address .								Address						
120 N. Warren	Street							Haws Aver	nue					
City, State, Zip Code								state, Zip Code ristown, I	27 10	101				
	08608			Talanha	no No		Learning to the same		A 13		Ma			
Project Manager for Mor	illoring Firm			Telepho	392–42	00		phone No. License No. 0–239–9920 00398						
Start Date (10)		Schedule			Date (11)	00	Name	of OSHA Monito	r					
7-22-13	12.0		29-1		()			mouth Env		mental	Co.	Inc		
Occupancy Status Durin	g Abatement (Chec	k Only On	e)		1 150 0.40		Street	Address						
☐ Facility Closed/Vac	ated During Entire F	Period of A	batem	nent			923	3 Haws Ave	nue					
☐ Abatement Perform								tate, Zip Code						
Other - Describe:		ISUIA	Leu			-	Noi	ristown,	PA 19	9401				
Scope of Work (Check A	III That Apply)													
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			enova emolit				-	Fr - M. 9. T. M. F. M. S. H. B. M. S. M.		n Negative	Pressu	ıre		
LR = 100 31 01 = 200 11			Cirioni	1011				Glovebag Pr	ocedure		41 2000 (2200)			
9		Т			I		2	Non-Exempt	ed (*) ar	id Non-Fria	ble Pro	The Contract	e ement	
5951 44		6.0	Locati Iormal										pe	
Location Asbestos-Containing		Use	d Sole	ly by	Ashes	7777	scription	of Material (ACM)	1	Amount		T	_	
TO BE AB	ATED	1	ntenar odial S			thermal	system	s insulation,	(	Specify	Re	٦	nca	E
In Facil (13)		0000	(12)				cing, VA niscellar		S	F or LF)	Remova	Repair	Encapsulate	Enclosure
()		Yes	No	N/A		0.00000					8	-	late	re
throughout bui	ilding		x		VAT	& mas	tic		20.	810 SF	' x			
throughout but		1	х		mast	ic			-	584 SF		1		
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		+					<del></del>		<del> </del>		+			
Name of Registered Was	ste Hauler		5000	JDEP W			Yards	Name o	f Registe	ered Landfi	H T			-
Robinson Waste	9			auler ID 17304		of Wa	ste 00	GROW	S					
City, State						1	sal Date							
Bellmawr, NJ						vari			isvil	le,PA				
Completed by	ran	Title	. D.	0013		S	ignature	1/1/	5	_	ate	12		
Timothy E. Bry	lan i	ATCE	:-Pr	eside	all C	(	1 -	$\sim$ $11!$	2		7–8-	-13		

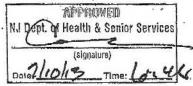
# NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

#1958

Street Address  Street Address  City (5)  City (5)  City (5)  County (6)  County (6)  County (6)  County (6)  County (6)  County (7)  County (8)  Name of Monitoring Firm Hired by Building Owner  ASCM (8)  Street Address  City State, Zip Code			
Agency Notification  (BFS-1) Carrier Control (Cancallesion	-	1	0
GPPA GPPA GARDING GPPA GARDING GPPA GPPA GPPA GPPA GPPA GPPA GPPA GP			
Amended   Amended   Cell State   Colore   Cell State			
ACCUMENT No. 1   Comparison of Monitoring Pirm   Telephore No.   Telephore No.			-
DDA  DEMortance (Including Justicities)  DEMOTER (Including Justicities)  DEMOTER (Including Pace 13)  FACILITY INFORMATION  Name of Facility Where Abstement is Taking Place 13)  Street Address  Street Address  Cry (5)  Death Facility Where Abstement is Taking Place 13)  Street Address  Cry (5)  Death Facility Where Abstement is Taking Place 13)  Street Address  County (6)  Name of Monitoring Firm Hired by Building Owner (ASCM 10)  Street Address  Cry State 2 in County (6)  Street Address  Cry State 2 in County (7)  Address Cry State 2 in County (7)  Address Cry State 2 in County (7)  Address Cry State 2 in County (7)  Address Cry State 2 in County (7)  Address Cry State 2 in County (7)  Address Cry State 2 in County (7)  Address Cry State 2 in County (7)  Address Cry State 2 in County (7)  Address Cry State 2 in County (7)  Address Cry State 2 in County (7)  Address Cry State 2 in County (7)  Address Cry State 2 in County (7)  Address Cry State 2 in County (7)  Address Cry State 2 in County (7)  Address Cry State 2 in County (7)  Address Cry State 2 in County (7)  Address Cry State 2 in County (7)  Address Cry State 2 in County (7)  Address Cry State 2 in County (7)			
DOC   DCA   Cancalation   Tabing Place   3)   YACILITY IMPORTMATION   Type of Facility (4)   Subchapital   10   Subchapital   1			_
Name of Facility Where Abstament is Taking Place 13)   YaCILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3)  Street Address  Street Address  Street Address  Street Address  Chy (5)  UBST ME G  Caunty (6)  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  Caunty (6)  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  Caunty (6)  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  Chy (5)  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  Chy State, Zip Code  Chy State, Z	-		-
Name of Facility Where Abatement is Taking Place 3.  Street Address  Street Address  Street Address  Chy (5)  W267 M2	_	-	
Street Address  City (5)  West Field  County (6)  Street Address  County (6)  Street Address  County (6)  Street Address  County (6)  Name of Registated Weste Maulier  Name of Registated United Standing Maunier  Name of Registated Weste Maulier  Name of Registated United Standing Maunier  Name of Registated Weste Maulier  Name of Registated United Standing Maunier  Name of Registated United Standing Standing Standing Standing Standing Standing St			
Street Address  O School, (Krt.2)  O Subchapter 8 (Other than Krt.2)  O Subchapter 9 (Other than Krt.2)  O Subchapter 10 (Other than Krt.2)  O S			
Street Address  3.0 9 Bollm BR PIRCE  Chy (5)  WIST Field  Country (6)  Name of Monitoring Firm Hired by Building Owner  (8)  Name of Monitoring Firm Hired by Building Owner  Name of Monitoring Firm Hired by Building Owner  (8)  Name of Monitoring Firm Hired by Building Owner  Name of Monitoring Firm Hired by Building Owner  ASCM No.  Name of Monitoring Firm Hired by Building Owner  ASCM No.  Name of Monitoring Firm Hired by Building Owner  Name of Monitoring Firm Hired by Building Owner  ASCM No.  Name of Monitoring Firm Hired by Building Owner  ASCM No.  Name of Address  Chy, State, Zip Code  Chy, State, Zi			
City (5)  Web Titled  Lounty (6)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (9)  Street Address  City, State, Zip Code  City,			
City (5)  Wils Title of Country (6)  Country (6)  Name of Monitoring Firm Hired by Building Owner (ASCM no. (STATE USE Current Use (Prior if being demolished) (8)  Street Address  Street Address  City, State, Zip Code  City, Stat			
City (5)  Wils Title of Country (6)  Name of Monitoring Firm Hired by Bullding Owner (ASCM No. (STATE USE Current Use (Prior if being demolished) (8)  Street Address  Cry. State, Zip Code  Cry. Stat			
Country (6)  Name of Monitoring Firm Hired by Building Owner   ASCM No.   Name of Abatement Contractor (9)  Name of Monitoring Firm Hired by Building Owner   ASCM No.   Name of Abatement Contractor (9)  Street Address   Substitute   Substi			
Country (6)  Name of Monitoring Firm Hired by Building Owner   ASCM No.   Name of Abatement Contractor (9)  Name of Monitoring Firm Hired by Building Owner   ASCM No.   Name of Abatement Contractor (9)  Street Address   Substitute   Substi			
Name of Monitoring Firm Hired by Building Owner (8)  Street Address  Street Address  City State, Zip Code  Cit			-
Name of Monitoring Firm Hired by Building Owner  Name of Monitoring Firm Hired by Building Owner  Street Address  City, State, Zip Code			
Name of Monitoring Firm Hired by Building Owner  (8)  Street Address  Supert Address  City, State, Zip Code  City,			
Street Address  City, State, Zip Code  City,			
Street Address  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Code Code Code Code  Code Code Code  Code Code Code  City, State, Zip Code  Code Code  Code Code C	420		
City. State, Zip Code			-
City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City Code  City State, Zip Code  City City City Code  City State, Zip Code  City City City City City City City City			
Project Manager for Monitoring Firm  Telephone No. Telepho			_
Project Manager for Monitoring Firm  Telephone No. Telepho			
Project Manager for Monitoring Firm  Telephone No. Telepho			
Steri Date (10)  Scheduled Completion Dam (11)  Name of OSHA Monitor  7-20-13  7-22-13  Occupancy Status During Abetement (Check only one)  Display Closed/Vacated During-Entire Period of Abetement  Display Closed/Vacated During-Entire Period of Abetement  Display Content Described (Check all that apply)  Scope of Work (Check all that apply)  Display State (Check all that			
Steri Date (10)  Scheduled Completion Dain (11)  ACCUTSUIGHOODES  Cocupancy Status During Abatement (Check only one)  Street Address  GLAbatement Performed Outside of Normal Facility Hours  Cocupancy Status During Entire Period of Abatement Cocupancy Status During Material (ACM)  Asbestos Containing Material (ACM)  In Facility Cocupancy Status During Material (ACM)  In Facility Cocupancy Status During Material (ACM)  Yes No N/A  Normaliv Cocupancy Description of Cocupancy Status During Material (ACM)  Amount Cocupancy Status During Material (ACM)  Amount Cocupancy Status During Material (ACM)  Yes No N/A  Normaliv Cocupancy Description of Cocupancy Material (ACM)  Amount Cocupancy Status During Ma			
Occupency Status During Abetement (Check only one)  OFacility Closed/Nacated During Entire Period of Abatement  Abatement Performed Outside of Normal Facility Hours  ON State. Zip Code			_
Occupancy Status During Abetement (Check only one)  Gracility Closed/Vacated During Entire Period of Abatement Gracility Closed/Vacated Code Grac			
Occupancy Status During Abetement (Check only one)  Gracility Closed/Vacated During Entire Period of Abatement Gracility Closed/Vacated Code Grac			
Discribity Closed/Vaceted During Entire Period of Abatement Discriber—Describer—Abatement Performed Outside of Normal Escribty Hours Discriber—Describer—Abatement Performed Outside of Normal Escribty Hours Discriber—Describer—Abatement Performed Outside of Normal Escribty Hours Discriber—Describer—Abatement With Negative Pressure Discriber—Describer—Abatement With Negative Pressure Discriber—Describer—Abatement Discriber—Abatement D	-	-	-
Abatement Performed Outside of Normal Facility Hours   City State. Zip Code	74.165		į
Scope of Work (Check all that apply)  Scope of Work (Check all that apply)  Dear 160 st or 2 3 if  Location of  Ashestos-Containing Material (ACM)  TO BE ABATED  IN Facility  (13)  Name of Registered Weste Hauter  Name of Registered Landfill			
Scope of Work (Check all that apply)  D 2 3 of or 2 3 H  D 2 160 of or 2 260 H  Location of Asheatos-Containing Material (ACM)  ITO BE ABATED  IN Facility  (13)  Name of Registered Waste Hauter  Nume of Registered Waste Hauter  Name of Registered Waste Hauter  Nume of Registered Landfill			Ī
Pull Containment with Negative Pressure		-	٠,
Deficition of Ashestos-Containing Material (ACM) IN Facility (13)  Name of Registered Waste Hauler  Name of Registered Landfill			
Continue			
Location of Location of Ashestos-Containing Material (ACM)  Ashestos-Containing Material (ACM)  TO BE ABATED  IN Facility  (13)  Yes No N/A  Name of Registered Weste Hauler  Nume of Registered Weste Hauler  Is Location of Normalivy Description of Amount (Specify Staff)  (Le., thermiel systems insulation, SF or LF)  Staff  (12)  Yes No N/A  NUME  NUMBER  NUMBER  NUMBER  STORMS  Amount (Specify Staff)  Staff  Other miscellaneous)  Number  Numbe			
Location of Normaliy Used Sols y by Asbestos-Containing Material (ACM) Maintenance!  TO BE ABATED Custod-1 Staff (12)  (13)  Yes No N/A  Name of Registered Waste Mauler  Name of Registered Landfill Waste			
Location of Ashestos-Containing Material (ACM) TO BE ARATED IN Facility (13)  Yes No N/A  Name of Registered Waste Hauter  Name of Registered Landfill	bate		nt
Location of Ashestos-Containing Matterial (ACM)  TO BE ARATED IN Facility (13)  Yes No N/A  Name of Registered Waste Hauter  Used Sols y by Maintenance!  Ashestos Conteining Matterial (ACM) Maintenance!  Custodial Custodial Staff (12)  Yes No N/A   N/A  N/A   Description of Ashestos Conteining Matterial (ACM) Amount (Specify Suffacing, VAT, or other miscellaneous)  SF or LF)  ST of LF)  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/	TY	pe	_
TO BE ABATED IN Facility Staff (12)  Yes No N/A  Name of Registered Waste Mauter  Number of Registered Landfill  Waste	1		1
Name of Registered Whiste Hauter NJDEP teste Hauter Cubic Yards of Name of Registered Landfill to No.	1_	En	1
Name of Registered Whiste Hauter NJDEP teste Hauter Cubic Yards of Name of Registered Landfill to No.	Repair	capaulate	AIREGIN
Name of Registered Whiste Hauter NJDEP teste Hauter Cubic Yards of Name of Registered Landfill to No.	1	100	1
Name of Registered Waste Hauter NUDEP Jeste Hauter Cubic Yards of Name of Registered Landfill 10 No.		15	1
Name of Registered Waste Hauter NJDEP Seate Hauter Cubic Yards of Name of Registered Landfill 1D No.	1,		1
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Diamenal Data City State			
COLLS NECK N.J. 7-22-13 TULLY TOWN, PA			
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ASB41 Do not use this form for asbestos licensure expressives.			-

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Date of Netification (1)	7		Name a	f Bullding C	wne PC	perator)(2	2)		- 1	V	A		-		-
Agencies Notified Type Notification	2		Stmot 0	ddesna		$\leq$	Lei	314	Bar	ber	ه)_	nst	Ruc	44	<u></u>
□ EPA 🔀 Inkliai .			Street A		90	6 Eln	n S	·hice	+		1				
OEP Amended Amended			City, St	ate. Zip Co		2	1 SF		ray (day).	1	13 5	10.0	ر المارات المار المارات المارات المارا	W.C.	C +
DOH S Emergency	(Including	$2^{+}$	Name o	F Contact	1.1	Rince	ton		-		85		100	¥	
DCA Cancenation			F-01	v bo	たしつ	~~.	7. 1 July 1	remain.	4	cichino	пе Ии	ungr	IX.		
Name of Facility Where Abatement is Takir	ng Place (3	3)	FAC	LITY INFO	RMATI		Tin:		111	-		•	- (	<u></u>	-
Smale family	David	(Voritor)	ì		:	1		Facility							::::::::::::::::::::::::::::::::::::::
Street Address?	Λ.	7	)		-	- 1	□ Si	populati	ar 8 (O)	hor the	an K-1:	2)			
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Princeton	NI	5	18	3540			Square	Feet	#	of Figo	ara	E	Hog. A		9555
County (a)	- 1, -	- 1	County	Code (7)			Curren	Use (P	rior if b	elpo di	omnliel	hadi	60	1	_
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Hy, State, Zip Gods	37	_			2			30x	3	7					
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rolect Manager for Monit or I go Firm			Tolepho			Telepho		53	P	Lic	A egné	U.	9		-
Steve Schenke		1000	609	758-	365	609 7	58	33	65		0	53	59	4	
												****	Section 19		
7-11-13	-	7-		Date (11)		Name of				ſ					_
Decupancy Status During Abatement (Cho	ck Only Or	7-	11-				CPC	TRO		ماه	إزوع	I	ac		_
ccupancy Status During Abatement (Charles Facility Closed/Vacated During Entire	ck Only Or	7- (10)	11-		-	Street A	PC ddress	Box	hn		يزوع	Ţ	àc		
Facility Closed/Vectored During Entire Abatement Porformed Outside of Norr Other - Describe:	ck Only Or	7- (10)	11-			Street Ar	ddress O	Box Gode	.h-						
ccupancy Status During Abatement (Chaire Facility Closed/Vacated During Entire Abatement Parformed Outside of Norr Other - Describe:	ck Only Or	7- (10)	11-			Street Ar	ddress O	Box	.h-			7 283		3	
Facility Closed/Vacated During Entire Abelement Parformed Outside of Norr Other - Describe:  cope of Work (Check All That Apply)	Period of A	7- (10)	//-			Street Ar	PC ddress O . Te, Zip U E Mini-	Box Code Sypt	nont wire	37 UJ	aitive F	) 8 S	5 <u>.3</u>		-
Eccupancy Status During Abatement (Chaire Facility Closed/Vacated During Entire Abatement Parformed Outside of Norr Other - Describe:    Cope of Work (Check All That Apply)   Report Apply   Report Appl	Period of A	Abaten Hours Renova	nent i			Street Are	PC ddress O . Te, Zip U E Mini-	Box Gode Gypt	nont wire	37 UJ	aitive F	DS: 'ressu	5.3 m	9	
Facility Closed/Vacated During Entire Abatement Parformed Outside of Norr Other - Describe:  cope of Work (Check All That Apply)  23 st or 23 if 2160 st or 2260 if	Period of / nal Facility	Abatem Hours Renova Demoliti	nent ition lon			Street Ar	PC ddress O . Te, Zip Full C Mini- Glove Non-	Box Code Sypt	nont wire	37 UJ	aitive F	DS: 'ressu	53	e emen	
Coupancy Status During Abatement (Chaire Facility Closed/Vacated During Entire Abatement Porformed Outside of Norrough Other - Describe:  Cope of Work (Check All That Apply)  As at or 23 if 2160 at or 2260 if  Location of Asbestos-Containing Material (ACM)	Period of Angl Facility	Abatem Hours Hours Cenova Demoliti	nent ition tooh	L3	s Conta	Street Air	PC ddress O Zip U E. Zip Wirl- Glove Non-	Box Code Sypt Containm Enclosure Example	nont will recedure ocedure ad (*)-a	UJ th Neg	ative F	DS: 'ressu	53	e emen	
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Do not use this form for asbestos licensure exempted activities.

# 40 met

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

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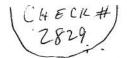
Date of Notification (1)  July 9, 2013		N	ame of Building		rator (2) Associates	original 2	142	1		
	ion	0	treet Address			sut mees 7	(00	200		
[ X ] EPA [ ] Initial [ X ] Amen	Notification ded Notification dment #		City, State, Zip Co	de	ox 3204 Pleasant, New 3	Jarcey 08742		***	<u>. (,</u>	
[X] DOH [] Emerg	gency (including cation)		Jame of Contact	Point	Pleasant, New .	Telephone Number	(x*		-	$\neg$
Ι Ι Ι Ι Ι Ι Ι Ι	llation	1	Kathy							
		FACIL	ITY INFORM	ATION	Type of Facility	:(4)				
Name of Facility Where Abatement is Taking Residence	Place (3)				Type of racinty	] School (k-12)				
Street Address 2402 Maple Street					[ [x	Subchapter 8 (oth Other (i.e., private homes, etc.)			al build	ings,
City	County (6)		ounty Code (7)	••	Square feet	# of Floors	Bldg.	Age 60	1	
Point Pleasant	Ocean	(5	STATE USE ONL	Y)		ior if being demolished)		00	,	
Name of Monitoring Firm Hired by Building	Owner (8)	A	SCM No.	Name of	Abatement Contr	actor (9)	Inc			
N/A				Street A		ardian Contracting,	inc.			
Street Address					188	9 Route 9, Unit 61				
City, State, Zip Code				City, Sta	ate, Zip Code Tor	ns River, New Jerse	y 087	55-12	71	
Project Manager for Monitoring Firm	Telephon	e Number			ne Number 19-9932	License N 00624				
Scheduled Start Date (10) 7/8/13	Schedule 7/10	d Completion /13	n Date (11)	Name o	f OSHA Monitor E.N	A.S.L. Analytical		•		
Occupancy Status During Abatement (Check  [ X ] Facility Closed/Vacate  [ ] Abatement Performed  [ - ] Other – Describe	ed During Entire Pe	eriod of Abat Facility Hot	ement	Street A	ate, Zip Code	66 Stelton Road cataway, New Jerse	y 088	54		
				<u> </u>	Full Contair	nment with Negative Pre	ssure	-		
Scope of Work (Check all that apply)				į	Mini-Enclos					
[ ] $>3 \text{ sf or } \ge 3 \text{ lf}$ [ x ] $\ge 160 \text{ sf or } \ge 260 \text{ lf}$	[ ] [x]	Renovati Demoliti		[ [ x	Glovebag Pi Non-Exemp	rocedure ted (*) and Non-Friable l	Procedu	re		
							Abat	ement '	Гуре	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)	Is Locat Normally Solely Maintenance/ Staff (12) YES NO	used by Custodial	(i. in	Descripti sbestos-Co Material ( e., therma sulation, s VAT, her miscel	ontaining ACM) I systems urfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior-house	X		Asbestos sid	ing		1900 sf	X			
Exterior -garage	X		Asbestos sid			450 sf	X			-
				-			-	-		-
Name of Registered Waste Hauler	NJDEP W	aste Hauler l		Yards of W		Registered Landfill				
Guardian Contracting, Inc.		20223 Disposa	al Date	City,	T.R.R State	.г.				
City, State Toms River, New Jersey		7/11/1			town, Pennsyl	vania	Date			
Completed by (Print or Type) Nicholas Fernicola	Title Project Man		Signature	chi	1 Fer	1	7/9			
	*Do not u	se this form	for asbestos lic	ensure exe	empted activities	ti.				

Date of Notification (1)	1-9-13			e of Buildin	g Owner/Operator	(2) KW/CZ		U,	12		
Agencies Notified	Type Notification		Stree	Address	FISK	AVE.	SD 8	,		7	
DOL DOL	Amended Amendment		City,	State, Zip	Code ASOUR	N. N.J.	08136	1			_
□ DOH □ DCA	justification)  Cancellation	ricidaling	Nam	e of Contac	PLACKI	<u>'</u> S	Telephone Number	er			
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Name of Facility Where	Abatement is Takir	ng Place (3)				Type of Facility  School (K-1					
Street Address	SK AL	EN	VE			Other (i.e., phomes, etc.	rivate & commercia )	l build			
City (5) ANAS	TOUAN	/				Square Feet	# of Floors	_	dg. Ad	b,	_
County (6)	DUTH			inty Code ( E ONLY)	7) (STATE	Current Use (P	rior if being demolis	hed)			
Name of Monitoring Firm (8)	Hired by Building	Owner	ASCN	No.	Name of Abater	ment Contractor (S	STRIES		14	<i>'</i> C	
Street Address			<u> </u>		Street Address	ATTCK '	TRAIL				
City, State, Zip Code					City State Zip		1.08%	24	/		
Project Manager for Mo	nitoring Firm	T	elephone	No.	Telephone No.	20 1/2	License Mo.	10	6		_
Start Date (10)	Sche	eduled Com	pletion D	ate (11)	Name of OSHA	Monitor		1			_
7-19-LS Ogcupancy Status Durin					Street Address						=
☐ Facility Closed/Vaca											
Abatement Performe Other - Describe: V	d Outside of Norm				City, State, Zip	Code					
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Reno	vation dition		☐ Mini-Er	ontainment with Ne nclosure pag Procedure exempted (*) and N	on-Friable Procedur	e			
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ASB-41						VOLTY TYRKOL GREAT CONTRACTOR AND	/				

	NOTIFI	CATION OF ASI	SESTOS ABATEMENT	-	·			-	<b>35</b>
	(Pursuan	t to NJAC 8:	50-7 and 12:120-7) ng Owner/Operator	(2)	<del>- DOL</del> - 10	DAY			5
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			City, Stair,	_					
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7-1-2013 Month Day Year Mo	nth 12								
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[ ]Abatement Performed Cutsi	de of No	real Facility	Tity, State,	Zip Code					
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Location of		Vormally	Descripti Asbestos-Co		Amount	R	R	C M	100HOM
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In Facility (13)	1 c	ustodial caff (12)	or other misc		i	A	R	Ţ	IJ R
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Pround Floor		K	Mastic Non-		3000 sf	X	-	7.12.1	<del> </del>
Fround Floor		X,	Residual VA		12 SF	_ <u>X</u> -			<del> </del>
Dumpster Transfer		K	Roofing Mat	erial	20 Yrds				<u> </u>
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(8) Name of Maryloning Pills	//									
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City State of cont					Telephone No.		License No	7.		
Project Manager for Mo	nionny Firm	1.70	enconge	<b>40</b>	856-7	79-047.2	0044	<u> </u>		
rigite					Name of OSHA	Monitor .				
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Other - Describe -								1040		
Scope of Work (Check	all that apply)				□ Full C	ontainment with Ne	gative Pressure			,
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City State			1		33773	Woo	DBINE,		_	
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Date of Notification (1) 7/9/13					Building C Kurtz F				Ź	313 J	7. 10				(	3
Agencies Notified	Type Notification		1 -	Street Ad 39 Nan	dress cy Drive	)			3	C > _	- 5	A	3			
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Name of Facility Where A George Kurtz Priva		g Place (3)		+				☐ s	f Facility (4 chool (K-12 ubchapter	2)	er than K-	.12\	8			
39 Nancy Drive		***************************************						× 0	ther (i.e. p					35.00		s,
City (5) Manahawkin NJ 08	050							Square 1000-		# of	Floors		35	ig. Ag	je	
County (6) Ocean				County C	ode (7) SE ONLY)			Curren	t Use (Pric	r if bei	ng demoli	ished)				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.			of Abate	ement Con	tractor	(9)			٠		
Street Address				<b></b>			Street /	Address ox 32				12				
City, State, Zip Code							City, St	tate, Zip	Code	01			calles:			$\dashv$
Project Manager for Mor	nitoring Firm		1	Telephor	ne No.			one No	NJ 080	91	License	No.	_			
Start Date (10)		Scheduled	Com	pletion [	) Date (11)		Name o	of OSH	A Monitor							
7/18/13		7/26/13														
Occupancy Status Durin	g Abatement (Ched	k Only One	)				Street	Address	5							
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norr					_	City, St	tate, Zip	Code		¥.		<u> </u>			
Scope of Work (Check A	III That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novat moliti				×	Mini Glov	Containme -Enclosure rebag Proc -Exempted	e edure	-					
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Location	n of	No.	ocation	y I		De	scription	of				_	_	Ту	pe	
Asbestos-Containing TO BE AB In Faci (13)	ATED lity	Custo	tenan	ice/		tos Cont thermal surfa	taining M systems cing, VA niscellan	laterial s insulat T, or		(5	mount Specify F or LF)	Company	Domousi	Repair	Encapsulate	Enclosure
		Yes	No	N/A								$\perp$	_		О.	
Exterior	++		Х		exte	rior Sic	ding		10	000 SF	×	-		_		
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Name of Registered Wa United Containers	ac riduici		Н	auler ID 2459		of Wa			G.R.O.		GIOG EGIIC	41111				
City, State		12.0				Dispo 7/26/	sal Date 13		City, Stat Morrisv		A 19067	7				
Completed by Anthony T Perna		Title Presio	lent		-	5	Signature					Date 7/9/1	3			
			SERVENTE.					-								



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Date of Notification (1)				Name of	D. didie		<u> </u>	400				10		_		
7/9/13				Tom F	tuff Priva	owner/ ate Ho	Operator <sub>:</sub> ome	(2)/3	101. 12			6				
Agencies Notified  EPA	Type Notification		- 1		ddress st Brig		3	-		1.1	): 5 <sub>(1</sub>					
DEP DOL	Amended Amendmen				te, Zip Co rton NJ		,	41								
DOH DCA	Emergency justification) Cancellation		- 1	Name of Tom	Contact				alore and a	Te	ephone N	Numbe				
				FACI	LITY INFO	ORMAT	ION						-	_		
Name of Facility Where Tom Ruff Private H		ng Place (3)						TOTAL STREET	of Facility (4				10			
Street Address 24 West Brig								X	Subchapter Other (i.e. p etc.)				ıildir	ıgs,	home	es,
City (5) Tuckerton NJ 0809	97					P.S.F.A.			re Feet	# 0	f Floors		Bld 35		ge	1
County (6) Ocean					Code (7) JSE ONLY			Curre	nt Use (Prid	or if be	ing demo	lished)				
Name of Monitoring Firm	m Hired by Building	Owner (8)		ASCM	No.		Name Perna		tement Con	tractor	(9)		9.00			
Street Address							Street .									
City, State, Zip Code			-						ip Code n NJ 080	91						
Project Manager for Mo	nitoring Firm		Т	Telepho	ne No.		Teleph				License	e No.				**********
Start Date (10)	Start Date (10) Schedul 7/18/13 7/26/1:						Name	of OSH	A Monitor				<i>-</i>			
	- Ab-4						<b>_</b>									
Occupancy Status Durin	ng Abatement (Che- cated During Entire			ent			Street	Addres	ss							
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norr	nal Facility	Hours				City, St	tate, Zi	ip Code							
Scope of Work (Check /	All That Apply)					-	4									
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf		NAME AND ADDRESS OF THE PARTY O	enova emoliti	0.000			×	Mir Glo	I Containme ni-Enclosure ovebag Proc n-Exempted	edure				dure		
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Asbestos-Containing	g Material (ACM)	Used	Sole		Asbes		taining M		(ACM)	Α	mount				ш	
TO BE AB		Custo			(i.e.		l systems		ation,		Specify	8	1	20	nca	Enc
(13)			(12)				acing, VA miscellan		1	Si	or LF)	Kemova		Repair	Encapsulate	Enclosure
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Exterior		х		exte	erior Sid	ling		12	00 SF	x	I					
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Name of Registered Wa	ste Hauler		1000000	JDEP W		11 F6250000	Yards		Name of F	Registe	ered Land	ffill	-	-		
United Containers				auler ID 2459	No.	of Wa	(40.00000)		G.R.O.V							
City, State Elm NJ						7/26/	sal Date /13		City, State Morrisvi		19067	7				
Completed by							Signature	7				Date				
Anthony T Perna	Link prop	Presid	ent					/	_			7/9/13	3			



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Date of Notification (1) 7/9/13		4			uilding Ov skill Priv			(2)	P13 Ju				(	7.0		
Agencies Notified	Type Notification	18		reet Add 7 Marin						70		7/3				
EPA DEP DOL	Initial Amended Amendment	<b>#</b>			, Zip Code wkin NJ		50	i d	477			-				
M DOH DCA	Emergency (injustification) Cancellation	ncluding	1775	ame of C	Contact	78-850 L				Tolo	nhone N	lumbe	er			
				FACILI	TY INFOR	MATIC	ON					-				
Name of Facility Where A Patti Gaskill Private		Place (3)						☐ Sc	Facility (4 chool (K-12	2)	- 4b 1/	42\	V			
Street Address 67 Marin Lane								Ot etc		rivate &	commer	rcial b				3,
City (5) Manahawkin NJ 08	050							Square 1000+	•	1	Floors		35	lg. Ag +	е	
County (6) Ocean				ounty Co	ode (7) SE ONLY)		_	Current	t Use (Prio	or if beir	ig demol	lished	1)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.	-,,,		of Abate aco Ind	ement Con	tractor	(9)					
Street Address								Address					8			
City, State, Zip Code			-				City, S	tate, Zip		91						$\neg$
Project Manager for Mo	nitoring Firm		Т	elephon	e No.			none No.			License	e No.				
Start Date (10)		Scheduled	Com	pletion D	ate (11)		Name	of OSH	A Monitor							-
7/18/13		7/26/13										2-25				
Occupancy Status Durin	ng Abatement (Chec	k Only One	)				Street	Address	3							
Facility Closed/Vac Abatement Perforn Other – Describe:	cated During Entire ned Outside of Norr	Period of Al nal Facility I	oateme Hours	ent		_	City, S	State, Zip	Code			-				
Scope of Work (Check	All That Apply)											.55.0	50			
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			ocation or mall			_								Ту	ре	
Asbestos-Containin TO BE Al In Fac (13	g Material (ACM) BATED cility	Used Mai	I Solel ntenar odial S (12)	y by ice/		os Cor therma surfa		Material ns insula AT, or		(5	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
Exterior	Siding			x		exte	erior Si	iding		10	000 SF		x			
ZXIONO	O.G.I.I.G	-				1										
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Name of Registered W	aste Hauler		215	JDEP W			c Yards		Name of	Regist	ered Lan	ndfill				
United Containers			1000000	auler ID 2459	No.	of W			G.R.O.							
City, State Elm NJ						7/26	osal Date 5/13	е	City, Sta Morris		A 1906	<b>37</b>				
Completed by Anthony T Perna		Title Presi	dent				Signatur	re			_	Dat 7/9	e /13			



# UK 23/7

Date of Notification (1) 7/9/13	8				f Building Zembzr				281	<i>5</i> ,,				100	<b>~</b>	h
Agencies Notified	Type Notification			Street A	ddress		-	101110		`\///	12	7. s .		-	(3)	-
EPA DEP DOL	Initial Amended		F	City, Sta	t Shrew	ode			) 4.			•	1	(1)		
₩ DOH	Amendment Emergency justification)	(including		Name o	rton NJ f Contact	08087		-		Те	lephone	Num	ber			
□ DCA	Cancellation			Harry	1 1777 1515					1						
Name of Facility Where Harry Zembzruski	Abatement is Takin	g Place (3)		FACI	LITY INF	ORMAT	ION	Туре	of Facility (4	1)						
Street Address 7 West Shrewsbur								×	School (K-12 Subchapter Other (i.e. pretc.)	8 (Oth				dings,	hom	es,
City (5) Tuckerton NJ 0808	37								re Feet	# 0	f Floors			ldg. <i>A</i> 5 +	ge	
County (6) Ocean					Code (7) USE ONLY	)		Curre	nt Use (Prio	r if be	ing dem	olishe	ed)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	/I No.			of Aba	tement Con	tracto	(9)				•	
Street Address							1 1000000	Addres					41			
City, State, Zip Code									ip Code n NJ 0809	91		1000				
Project Manager for Mo	nitoring Firm		1	Telepho	ne No.			hone N			Licens	se No				
Start Date (10) 7/18/13		Scheduled 7/26/13	Con	pletion	Date (11)		Name	of OSH	A Monitor		L					
Occupancy Status Durir	ng Abatement (Chec		)				Street	Addres	SS							
Facility Closed/Vac	cated During Entire I	Period of Ab	atem	ent			City, S	State, Zi	p Code					-		
Scope of Work (Check A	All That Apply)						-									
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf		Processor .	nova moliti					Mir Glo	Containme i-Enclosure vebag Preci n-Exempted	edure	<del>-</del>					
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Locatio			rmall	v .			escription					-		Ту	ре	
Asbestos-Containing TO BE AB In Faci (13)	Inty	Main Custo	tenar	ice/		therma surfa	ntaining N Il system acing, VA miscellar	s insula T, or		(	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
Exterior S	Exterior Siding					evte	erior Sid	ding		10	00 SF	.	x			
Exterior	_	X		CAR	51101 310	unig		12	.00 31							
		1:-														
Name of Registered Wa United Containers	ste Hauler		H	JDEP W auler ID 2459		of Wa	Yards aste		Name of R		ered Lar	ndfill				
City, State Elm NJ			_1			Dispo 7/26/	sal Date /13		City, State Morrisvil		1906	 7				
Completed by Anthony T Perna		Title Presid	ent			1	Signature	l				Date 7/9/	Maria.			

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Date of Notification (1) 7-9-13	£ 860 V			Manne	of Build	ANO	r ( <del>2)</del>	.3		12		
Agency Netfled	Type Notification	•			Addres	fillTOP 1	RAD	4)		×.		
D EPA D DEP	Striffei Amended Amended			City, S	State, Zi	Code .		. 079	45			
S DOF	© Emergency (including	ling		Name	NDH of Com	HVM ,	NJ	Telephone N	•	1.		4
B DCA	© Cancellation				GA							L
				FAC	ALITY III	FORMATION	Type of Facili	by 640	-			
MS_ GAN			<del>-</del> .	<del></del>	***	<u> </u>	C School (K-		·12)	Same		
	TOP ROAD						bosses, et	2)		g. Ago		
MENDHAM	* *	•					3800	2	8	74	ęs	`
Morels			·	Count	by Code ()	7) (STATE USE	RESIDE	Prior if being don	(bedisiled			
Name of Monitoring Fire	n Hired by Building Out	ter /	ASCM	No.		Name of Abates						
(S)						Best R	emoval	Inc				_
2.22				•		450 S.	River S	t				
City, State, Zip Code		•			•	Hacken	code isack, N	.J. 0760	1 .			•
Project Manager for Mor	abing Firm	Te	iephor	te No.		Telephone No. 201-329-	7444 .	License No.   00388		*		
Start Date (10)	. Scheduled C	ompleti	on Dad	<b>(11)</b>		Magne of OSHA	Monitor					
7-19-13 Occupancy Status Durin	7-20 Abeliannet (Check on		3		<del></del>	Omega En	Vironme	ntal inc				_
G Facility Closed/Vacate	d During Entire Period	of Albate	anent			280 Huy						
Q Abatement Performed B Other - Describe:		illy Hou	rs			Cay, State, Zip C		ck, N.J.	0760	96		
Scope of Work (Check a)  Br23 of or 23 if  Check a)	i dint apply)				ovalion nolition	C. Full C B. Mini-I B-Giove	Containment will Explosure about Procedure	Negative Press				
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Location Asbesto-Containing TO BE AS  IN Fine (13)	·	Used Main Cu	Soloti Soloti (12)	y by ee/ ii	Asho (i.a	Description of stars Containing Ma thousand systems i syntacing, VAT, other miscellane	of decinal (ACM) ' insulation, or_ ous)	Amount (Specify SF or LF	,	Romovas	5	Unclosure
IND FLOOR	CLOSET	-	-	X	THE	AMAL INSUL	HIGO	10	LF	V	Н	
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Name of Registered Was	h Haufer	MUDI	EPWA	iste H	aniar	Cubic Yards of	Name of Regis	Elbor I head			Ш	4
Best Removal		DM				IJU VI)		Enterpr	ises			State Section 1
Eackens	sack, N.J.				•	7-20-13	Cay Same Waynesh	urg , Oh				
R. VELDRAN	Tale Estima	ator			-	Q Vand		1	Date 7 - 6	7-17	3	
ASB-41	*Do act	nee this	form f	or ach	octoc E	1) · JUCKIAN	M.		/	1-1-		_

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Date of Madistration (1) 7 - 9-7013	Name of Buildin	g Owner Operator (2)	SULLIVAN	
Agency Notified Type Notification	Street Address	56 6	LENDALE STREET	_
Cheminal Che	Cay, Sano, Zo	Code NUTLE	Y, NJ 07110	
© Energency (included justification)  © DCA  © Canonicion	Name of Conta	LO SULLIVAN	VI Palaribona Monthlor	`
/GDA	FACILITY IN	ORMATION		
Naisso of Facility Whose Abstracts is Taking Pa	2.0'SUIL	IVAW School (K-	12)	
Shipst Address	56 GENDA	LE STO School (i.e.,		
CBy (5)	UUTLEY	1-700	2 94 VA	25
ESS.	County Code ( ONLY)	RESID	Prior I being dangalished)	
Name of Manifesing Firm Hired by Building Out (6)	er ASCM No.	Name of Abatament Contractor Best Removal		
Street Address		Street Address 450 S.River S	t	
City, State, Zip Code		Cay, State, Zip Code Hackensack, N	.J. 07601	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	- 00388	
7-19-2013 7-2	0-2013	Name of OSHA Monitor Omega Environme	ntal Inc	
Occupancy Status During Abahranat (Check or		Street Address 280 Huyler St		
D Pacific Closed/Vecsted During Entire Period D Abelement Performed Outside of Normal Pacific Color - Describe: SAM - 5	of Abatement	City, State, Zip Code	ck, N.J. 07606	
Scippe of Work (Check all that apply)	F 77 1.			
3236623F 32160662260F	Q Renovation Q Demolition	Full Containment will Stylini-Englacem of Glovebay Procedure	n negame Procedure	
	Is Location		Abeliana Type	
Location of Ashestor-Combining Material (ACM) TO BE ABATED IN Family (13)	Normally Used Solely by Maintenance/ Custodial (1.0  Staff (12)	Description of size Containing Material (ACM)  Thermal systems insulation, sufficing, WAT, or ather miscellaneous)	- Amount Si	Uncloouro
BACOMOTO	Yes No N/A	DAMA INCIAMO	135 LFX	H
BASEMENT	X TRANS	FRANTL INSULTATION	142 SFX	Н
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Name of Registered Weste Hauter	NJDEP Weste Hauter	Cubic Yards of Name of Regi	shood Landin	Ц
Best Removal Inc	ED No	Waste	a Enterprises	
1 7	17109	1/12 YOS Minerva	0 ======	
Hackensack, N.J.	<del></del>	Pienesel Data City, State	burg , Oh	

Check# 10429

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

GAC Project # 060-13 Date of Notification (1) Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ July 8, 2013 Agencies Notified Notification Type Street Address **ENVIRONMENTAL HEALTH & SAFETY DEPT.** ☐ EPA ☑ Initial Notification 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS DCA ☐ Amended Notification X DOL City, State, Zip Code ■ Emergency (including PISCATAWAY, NJ 08854 X DEP- No Longer REQUIRED justification) Name of Contact Telephone Number X DOH Cancelled MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) WILLETS HEALTH CENTER, BLDG# 8394 ☐ School (K-12) ■ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) DOUGLASS CAMPUS # of Floors: 3 Bldg. Age: 80+ years Sq. Feet: N/A County (6) County Code (7) City (5) **NEW BRUNSWICK MIDDLESEX** (State Use Only) Current Use (prior if being demolished): ACADEMIC Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Contractor (9) ASCM No. 0098 Cardno ATC GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City, State, Zip Code City State, ZipCode BUTLER, NJ 07405 BURLINGTON, NJ 08016 License Number Project Manager for Monitoring Firm Telephone Number Telephone Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Name of OSHA Monitor Scheduled Start Date (10) Scheduled Completion Date (11) 07/19/13 07/20/13 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ☐ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe ☑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 Is Location Normally Used Description of Asbestos Containing Material Abatement Type Location of Asbestos-Containing Amount (Specify SF Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, Material (ACM) in Facility (13) Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) YES NO NA **Room 211** 40SF X X VAT Name of Registered Landfill NJDEP Waste Hauler ID # Name of Reg. Waste Hauler Cubic Yards of Waste: 5 CY G.R.O.W.S. North Landfill See Below See Hauler Below #1 & 2 Disposal Date City, State Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 100 New Ford Mill NJDEP # 12561 07/20/13 Rd. Morrisville, Pa Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 19067 NJ DEP# 22612 215-736-1700 Date Completed by (Print or Type) Raymand C. Pedalins July 8, 2013 SENIOR PROJECT RAYMOND C. PEDALINO MANAGER

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

GAC Project # 060-13											$\neg$
Date of Notification (1)  July 8, 20	113				Name of Building Owner/C RUTGERS, THE ST	perator (2) ATE UNI	VERSIT	Y OF	٧J	22000	
Agencies Notified  EPA  DCA  DOL  DEP- No Longer REQUIRE		Notification Initial N Amende Emerge	lotificat d Notifi ency (in	cation	Street Address ENVIRONMENTAL I- 27 ROAD 1, BLDG 4 City, State, Zip Code PISCATAWAY, NJ 0	086, LIV	INGST	ON CAI	MPUS	-	
⊠ DOH		□ Cancel	led	FACILITY INFO	MICHAEL SMITH, E HEALTH & SAFETY		Teleph	none Nun	iber.		
Name of Facility Where Abateme	nt is Taki ENTER	ing Place (3) R, BLDG#	3133	PACILITY INPO	Type of Facility (4)  School (K-12)	K 40)					
Street Address COLLEGE AVENUE CA	MPUS				Subchapter 8 (other that Sq. Feet: N/A #					s	ぞ
City (5) NEW BRUNSWICK	MIDD	LESEX		Code (7) Jse Only)	Current Use (prior if being	demolishe	d): ACA	DEMIC	Z.	2	
Name of Monitoring Firm Hired by Cardno ATC	/ Bldg. C	Owner (8)	0098		Name of Contractor (9)  GREENWOOD ABAT	EMENT (	CONSU	LTANTS	S, INC.		
Street Address 3 TERRI LANE					Street Address 268 MAIN STREET						
City, State, Zip Code BURLINGTON, NJ 080	16				City State, ZipCode BUTLER, NJ 07405						
Project Manager for Monitoring F BRIAN KEARNY	irm	Telephone N 609-386-			<u>Telephone Number</u> <b>973-492-0477</b>		0084	e Numbe	[		
Scheduled Start Date (10) 07/18/13		Scheduled 0 07/20/13	completion	n Date (11)	Name of OSHA Monitor 1 ENVIROVISION, INC.	;.					
Occupancy Status During Abat  Facility Closed/Vacated Duri  Abatement Performed Outside Describe	ng Entir de of No	e Period of A ormal Facility	batemen Hours -		Street Address  20-21 WARGARAW   City, State, Zip Code	ROAD					
☑Other – Describe: Shift H	ours: (	5:00 PM -	5:00 A	IVI	FAIRLAWN, NJ						
Scope of Work (Check all that ap ≥ 3 sf or ≥ 3 l ≥ 160 sf or ≥ 2	f			☑Renovation ☐ Demolition	_	Full Conta Mini-Encl Gloveba Non-Exem	osure g Procedi	ure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Sole	ocation Norma ly by Maint./C (12) NO	lly Used ustodial NA	Description of Ash (ACM) (i.e. therm VAT, or other miss	pestos Containing Material al systems insulation, surfaci cell.)	ing, (Spe or Li	cify SF		ent Type Repair Er	ncap Enc	lose
Room 103		X		VAT		400	SF	X			
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Was See Belov		r ID#	Cubic Yards of Waste:	30 CY	Name G.R.	of Regist	ered Land North L	ifill andfill	
Hauler #1) Greenwood Abatem NJDEP # 12561 Hauler #2) Horizon Disposal Se NJ DEP # 22612						Disposal 07/20/1		1   F   1	City, State 00 New F Rd. Morris 9067 115-736-1	ord Mill ville, Pa	
Completed by (Print or Type) RAYMOND C. PEDALIN	10	Title SENIOR P MANAGEI		СТ	Signature Reymand C. Pe	dalino	<u>Date</u>	July 8,	2013		

		(Pu	rsuant to	o NJAC 8	:60 and	12:120	)	2012				۸۲		
Date of Notification (1) 07/05/13 CK# 2725 \$200				Building O en Walbr		perator	(2)	~ <del>~~~</del>	1.12			j	,	
Agencies Notified Type Notification		8	Street Ad 330 Ma	dress idison S	treet,	Apt 62	758	€,,	5.	· 8.	71			
EPA Initial Amended Amendment #_		10	City, Stat	e, Zip Cod en, New	е									
Emergency (in justification)  DCA  Emergency (in justification)  Cancellation	cluding	1000	Name of Kathlee	Contact en Walbr	on				Teleph	one Num	ber			
			FACIL	ITY INFO	RMAT	ION					_			
Name of Facility Where Abatement is Taking Residence	Place (3)						☐ s	of Facility (4 school (K-12	2)	han 1/ 12				
Street Address 12 Fairview Avenue							X C	Subchapter 8 Other (i.e. pr tc.)			l build	(82)		s,
City (5) Madison, New Jersey 07940							Square 10,00		# of Flo	oors	1000	dg. A 5+	ge	
County (6) Morris			County C	ode (7) ISE ONLY)			Currer	nt Use (Prio e	r if being o	demolish	ed)	3.5		
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	No.		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		ement Cont oration	tractor (9)					
Street Address							Addres McBrid	s de Avenu	e					
City, State, Zip Code							State, Zip dland	p Code Park, Ne	w Jerse	у				
Project Manager for Monitoring Firm			Telephor	ne No.		20032900	none No 225-84			icense No 1104	).			
	Schedule 07/24/1		pletion [	Date (11)				A Monitor Onmental	Labs	1 230				
Occupancy Status During Abatement (Check	Only On	e)					Addres							$\neg$
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: 8AM						City, S	State, Zi	e 22 Wes p Code w Jersey						
Scope of Work (Check All That Apply)				-		Offic	711, 1404	w Jersey	07000					$\dashv$
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	(meaning)	tenova emoliti					Min Glo	Containme i-Enclosure vebag Proc n-Exempted	edure /7	rent			e	
-		Locati										Abate	ement	
Location of Asbestos-Containing Material (ACM)		Normall d Sole		Achast		escription taining !		(ACM)	Amo	nunt		Π		
TO BE ABATED In Facility (13)	N 1993/1993	intenar todial S (12)			therma surfa	l system acing, VA miscella	s insula AT, or		(Spe SF or	ecify	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A								_			
Basement		X			Pipe	e Insula	ation		130	LF	Х		X	
Name of Docist I Marke University	<u></u>	1	JDEP W	locto	Cubi	c Yards		Name of I	Dogletore	d Landell				
Name of Registered Waste Hauler Lilich Corporation		Н	auler ID 3724		of Wa			G.R.O.\						
City, State Woodland Park, New Jersey 07424	3					osal Date 5/13	Э	City, State Morrisv		nsylvar	nia			
Completed by Tatiana Kalenikova	Title Vice	Presi	dent			Signatur	e Tra	ni lle	lela	Da 07	te 7/05/	13		

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

Initial Non-Friable Notification / Check #: 5456

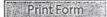
Date of Notification	on (1)					Owner/Operator								0
	5 1/1 1 3	_1	Pas	cack Vall	ey Re	egional High So	cho	ol District 29/3	ii.					74
Agencies Notified	Type Notifica	TON	Stre	et Addre	35					8 /				
(X)EPA			46 A	Akers Ave	enue			3		-				•
(X) DEP	[X]Initial Notifica	tion	City	. State,	Zip	Code		9 6	77-1-			•		
(X) DOL	[ ]Amended		Mor	ntvale, N	076	45								
(X)DOH	Notifica		1	of Con				Teleph	one N	umber		->		
50.5	[ ]Cancella	tion	Bill	Echov				, '				<u>.</u>		
[ ]DCA		1	BIII	Fahey										-
		70-10				FORMATION	TY	pe of Facility	y (4)					-
Name of Facility	here Abatement	: 18 Tak	ing	PIACE (3	,			N/10-11	14-121					
Pascack Valley Hig	h School							Subchap	ter 8	(Other	than	n K- comm	12) er-	
Street Address							_	cial bu	ilding	s, hon	nes,	etc.	) e	_
200 Piermont Aven	110						S		2	LOOLS		<sub>9</sub>	<b>.</b>	
City (5)	<u> </u>	County	(6)		Cour	ATE USE ONLY)	1	50,000 urrent Use (Pr	ior i	being			hed	_
1010000 <del>0</del> 00 00.0100					(21)	HIE USE ONEIT	11	School					•	
Hillsdale, NJ 07642	a Firm Hired b	Bergen	ing	ASCM No	1	Name of Abat	eme	nt Contractor	(9)					
Owner (8)	9 111111 1121	4	-	-	1	_ 0	:	doro Ino						
Health & Safety Se	rvices, Inc.			00117		Four Strong E	ss	gers, mc.						
Street Address					1									
318 12th Street						180 Sargeani	Zi	Code						
City. State. Zip	Code					The same and the s								
Hammonton, NJ 08	3037	P2 mm 17	20165	hone Num	her	Clifton, NJ 07	mbe	3-1930		Licens	e Nu	roer		
Project Manager	or Mourcoing	1				973-614-037				00807				
Jim Proctor	(10) 150	ed Com	309.7	04.8850 on Date	an	Name of OSKA	Mo	onitor			-			
Scheduled Start I				122										
Month / Day Occupancy Status	Year M	onth /	Day	Year	:1	Four Strong								
Occupancy Status	During Abatem	ent (Che	eck o	nly one										
(X) Facility Clo						180 Sargean	nt A	venue					•	
of Abatement P Hours - Des	erformed Outsl	de of N	ormal	. Faciti	-Ā	City. State								
[ ]Other - Des	cribe:				_	Clifton, NJ 0	701	13						
Scope of Work (C	heck all that	apply)				[ ]Fu	11	Containment w	ith Ne	gative	Pres	sur	9	201
[ ]Demol			(X	Renovat	ion	វ ដោ	OVE	Enclosure bag Procedure						
[X]\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	or >3 lf sf or >260 lf					[X] No	n-E	Friable Proced	ure					
			Τ.	Is	Г						Abat	emen	Ε	E
ī oc	ation of			cation rmally		Descript			Ame	unt	R	R	N C A	N C I.
Asbesto	e-Containing			Used olely		Asbestos-Co Material	LAI	CM)	(Sp	cify	EM	E P A	Ā	1.
TO E	E ABATED		рд	Main-		(i.e., thermainsulation, su	irt:	systems acing. VAT.		F or	0 0	A	S	0 S U
in l	(13)		Cu	stodial		or other mi	Lsc	ellaneous)			A	R	L	R
			Yes	No N/A	-				2 77	CE				E
Room 219, 221,	223, 225, 226 8	227		IXL	1	or Tile and Mas			3,778					<del> </del>
Teacher's Cafe	•			X	Builf	up floor over flo	or t	tile and mastic	468				<u> </u>	├
Middle Gym				X	Fitti	ngs			10 e	ach	X			↓
Weight Room			1	X	Fitti	ngs			3 ea		X			L
Name of Registe	red Waste Haul	er	1	NJDEP Wa	ste	Cubic Yards of Waste		Name of Regis	stered	Landi	ill			
	X2.0	-			J NO.	OI Waste		G.R.O.W.S., I	nc					
Four Strong Buil	ders, Inc.			12609		Disposal Da	te							
City. State								1						
Clifton, NJ		187				Signat	1174	Tullytown, PA	<u> </u>		מן	ate		
Completed By (P	rint or Type)	Title					>>	7	黎				4.5	
Bilyana Kulakov	ska	Office	Adm	inistrator	9	U	1	an	$\simeq$		]6	/25/	13	
SCD-41														

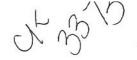
ASB-41 JUN 95

6369-NJ		. (Pi	OTIF Irsua	ICAT int t	NOI! O NJ	OF AS AC 8:	BESTOS 60-7	ABATEMEN and 12:120		#: 5466	icat	1011		
Date of Notification	on (1)		Nam	e of	Bui	lding	Owner	r/Operator	(2)	69				_
0 7 / 0	3 1/1 1	3	Cic	oster	Boa	rd of	Educa	tion 29/3	Jin .					
Agencies Notified					Addr									
⊠EPA			34	0 Hc	man	s Ave	enue	-	·	٠. ٢		٠		
<b>⊠</b> ] DEP	[X] [nitial Notific	ation	Cit	y. S	tate	. Zip	Code	<del></del>	4/1					
[X] DOL	[ ]Amended	ı	CI	oster	r, NJ	0762	4		~ (C. ) (YC)	Sept				
(X) DOH	Notific		2 1			itact			Tele	phone Number	<b>-</b>			_
[≫DCA	[ ]Cancell	Lation	ll <sub>Pe</sub>	eter I	appe	elli			4	\	•			
	l		ш.				NFORMA	MOIT	1				-	6.1.07
Name of Facility W	here Abatemen	nt is Ta	king		6.10.10.10.10.10.10.10.10.10.10.10.10.10.				Type of Facili	ty (4)				
Hillside Elementary	School								[ lOther	pter 8 (Oth	ate 8	S CON	mer.	) -
0.40.11									Square Feet	wildings, h	Blo	dg. /	ge	_
340 Homans Avenue	<del></del>	County	(6)			Cou	nty Co	de (7)	40,000	1		50		<del>-</del>
STATE OF THE STATE		_				(ST	ATE US	SE ONLY)	Current Use (P	rior if bei	ng a	SWOTI	LSne	1)
Closter, NJ 07624 Name of Monitoring Owner (8)	Firm Hired	Berger by Build	ing	ASC	M No	$\dashv$	Name	of Abatem	School ment Contractor	(9)	-			
Westchester Environ	nmental, Inc.			000	127		Four	Strong Bu	ilders, Inc.		-			
307 North Walnut St				<u>.</u>		180 City	Sargeant A	Avenue Zip Code					_	
West Chester, PA 1	Firm T	elep	hone	Num	ber		on, NJ 070 phone Numb		Licer	se N	edmu	r .		
Matt Abraham Scheduled Start Da	te (10)  Sc	hed.Com	310-4 Sleti					614-0377 of OSKA 1	Monitor	0800	7			
Month / Day / Occupancy Status D	Year M	onth /	Day beck o	nly	Year one)	.1	Four	Strong Bu	uilders, Inc.					
<pre>(X) Facility Clos     of Abatement [ ] Abatement Fer     Hours - Descr</pre>	ed/Vacated D formed Outsi	uring E	ntire	Per	riod		180 City	Sargeant /	Avenue Zip Code					
[ ]Other - Descr	ibe:				•	_	Clift	on, NJ 070	113			~		
Scope of Work (Che [ ]Demolit [X]>3 sf c	ion	apply)	(X)	Rend	ovati	ion		[X]Mini [ ]Glov	Containment w -Enclosure ebag Procedure Friable Proced		e Pre	essui	e	٠
				Is							Abat	emer	E	ype E
Asbestos- Materia TO BE in Fac	cion of Containing al (ACM) ABATED Fility (3)		Not So by ter Cus	mal Used Olel Mai manc stod aff(	ly y n- e/ ial	i	Asbe Ma (i.e., nsulat		aining	Amount (Specify SF or LF)	REMOVAL	R E P A I R	NCAPSUL .	N C I O S U R E
Bathroom # 1			1.00	X	1.7	Pipe	Insula	tion and fi	ttings	80 LF	X			
Bathroom # 2	•			X		Pipe	Fitting	Insulation	1	42 each	X			
Bathroom # 3			X		Pipe	Insula	ation and fi	ttings	5 LF	X				
Name of Registeres	er	н	aule		te No.	of W	Yards aste	Name of Regis		ill				
Four Strong Builde		1	2609	3		Disp	osal Date	G.R.O.W.S., I						
Clifton, NJ							Ta:	Tullytown, PA		- 18	ate			
Completed By (Pri	Completed By (Print or Type) Title							Signature	' / -	. /				
Nevenko Zivkovic		Preside	nt					ache	mb6 3	ecisk G	7	/3/1:	3	

CHECK # 19968 / 20081

Date of Notification (1) 07-03-13				f Building wood Ho				<i>گۇاچ</i> enter	J//r				63	8
Agencies Notified Type Notification  EPA Initial				agle Str					n .	7.		7.5	0.0	
DEP X Amended Amendment #			City, Sta Engle	ate, Zip Co wood	ode		N. P.	C <sub>2</sub> /	11.6					
Emergency (ii justification)  DCA  Emergency (ii justification)  Cancellation	ncluding	1.0		f Contact Id McFa	rlane				Te	lephone Nu	mber	_		
			FACI	LITY INF	ORMATI	ON			<u>'</u>		- 4.5	_		
Name of Facility Where Abatement is Taking Englewood Hospital & Medical Cent Street Address		3)						of Facility ( School (K-1 Subchapter	2)	ner than K-1	2)			
350 Eagle Street							X			& commerc		dings	, hom	es,
City (5) Englewood								e Feet	13	f Floors		3ldg. <i>i</i> 50+	Age	
County (6) Bergen				Code (7) USE ONLY			Curre		or if be	ing demolis	hed)			
Name of Monitoring Firm Hired by Building O Hillmann Consulting LLC	wner (8)		ASCN	I No.				ement Con						
Street Address 1600 Route 22 East, Suite 107							Addres	Street						
City, State, Zip Code Union, NJ 07083							State, Zi stadt.	p Code NJ 07072	2					
Project Manager for Monitoring Firm Michael Nehlsen		Telepho	ne No. 38-7800		Teleph	none No	).		License N	lo.				
	ed Com	pletion	Date (11)			of OSH	IA Monitor							
Occupancy Status During Abatement (Check	Only On	ne)				Street	Addres	s						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma	eriod of A	Abatem	ent					son Ave	nue					
Other – Describe: Floor will be vacated	during er	ntire pe	riod of al	patement	_	72.5	state, Zi J Islan	p Code d City, N`	Y 111	101				
Scope of Work (Check All That Apply)	[32]					-	OS	HA Class	II					
≥3 sf or ≥3 lf  x ≥160 sf or ≥260 lf	and the same of th	Renova Pemoliti				×××	Min Glo	i-Enclosure vebag Proc	edure	n Negative F				
	le	Location	on		- /2		1001	i-Exempled	() an	d Non-Friat	DIE PIC	W.W (1-) &	emen	t
Location of	١	Normall d Solel	у		Des	scription	of					T	уре	_
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Ma	intenar todial S (12)	ice/				s insula T, or		(8	mount Specify For LF)	Removal	Repair	Encapsulate	Enclosure
0.15	Yes	No	N/A										Ö	
3rd Floor: East Wing		Х			Insula	ition			50LF	х				
3rd Floor: East Wing (1)1st Flr: Staffing & Nurses Offices					VAT	41			960SF	х		_		
(1)1st Fir: Staffing & Nurses Offices						Insula T/Mas				520LF	х			
Name of Registered Waste Hauler		I N.	JDEP W	aste	Cubic		uc T	Name of F	Panieta	90SF ered Landfill	x			
ATC, Inc. / JBT (50071)		H	auler ID		of Was			Minerva						
City, State Shirley, NY / Bronx, NY					Dispos TBD	al Date		City, State		OH 4468	38			
Completed by Joseph Patrick	Title Proje	ct Ma	nager		S	ignature	1 /	M		2000	ite 7-03-	13		





Date of Notification (1) 7/9/13				Name of George	Building Kurtz	Owner Priva	Operator te Homo	r (2) e <i>20</i>	13 11.			E	•			
Agencies Notified	Type Notification  Initial			Street Ac			,	d <sub>2</sub> .	15.15		r)					
EPA DEP DOL	Amended Amendment				te, Zip Co		7 3	(	877			22				
DOH DCA	justification) Cancellation		- 1	Name of George						Tels	ephone N	lumber	7			
				FACIL	ITY INFO	DRMA	TION				100		7	-		
Name of Facility Where		g Place (3)			-			Тур	e of Facility (4	)						
George Kurtz Priva	ite Home				- 4				School (K-12	)			76.1			
Street Address		77 - 234-346							Subchapter 8							
40 Kansas Drive								×	Other (i.e. pr etc.)	ivate 8	comme	rcial bu	IIGIT	igs,	nome	25,
City (5)								Sq	uare Feet	# of	Floors			g. Ag	ge	
Tuckerton NJ 0808	37							10	00+	1			35	+		
County (6)				County C				Cu	rrent Use (Prior	if beir	ng demo	lished)				
Ocean				(STATE U	SE ONLY	· —		Ho	ome							
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.		Name	of A	batement Cont	ractor	(9)					
N/A							Perr	naco	Inc.					•		
Street Address							Street		17. R.M.				300			
· · ·							POI	Box	329			20				
City, State, Zip Code		(AVVIII.— C—C—— — 114.00							Zip Code	185						
							Wes	t Be	erlin NJ 0809	91						
Project Manager for Mo	nitoring Firm		100	Telephor	ne No.		Telep	hone	No.		License	No.				
					,	3										
Start Date (10)		Scheduled	Con	npletion [	Date (11)		Name	of O	SHA Monitor							
7/18/13		7/26/13														
Occupancy Status Durir	ng Abatement (Che	k Only One)	)				Street	Add	ress							
Facility Closed/Vac Abatement Perform	ated During Entire	Period of Ab	atem	ent												
Abatement Perform Other – Describe:	ned Outside of Norr	nal Facility H	lours				City, S	State,	Zip Code	S0			21-140-00	***************************************		
						_										
Scope of Work (Check A	All That Apply)															
23 sf or ≥3 lf		D-TOWNS NO.	nova				-		full Containme	nt with	Negativ	e Press	ure			
≥160 sf or ≥260 lf		× De	molit	ion					Mini-Enclosure Glovebag Proce	dure						
							Đ	Z i	Non-Exempted	(*) and	d Non-Fr	iable P	oce	dure	9	
	4	ls L	ocati	on.									Α		ment	
Locatio	n of	No	rmal	ly			escription	n of	1			-	_	Туј	pe	
Asbestos-Containing		Used Maint				tos Co	ntaining I	Mater	ial (ACM)		mount	1_			щ	m
TO BE AB	THE RESIDENCE OF THE PARTY OF T	Custo	dial S	1947/27/20	(i.e.	therm	al system	ns ins	ulation,		pecify or LF)	en		Re	cap	incl
(13)		1 '	(12)				miscella			-	,	Remova		Repair	Encapsulate	Enclosure
		Yes	No	N/A								-			ite	Ф
Exterior	Sidina			x		AY	erior Si	ding		12	00 SF	×	+	$\dashv$		
Extensi	ording			<del>  ^  </del>				unig	<u>'</u>		00 01	- "	+	$\dashv$		
					•								_			
		1. 1														
										801-1935-			$\top$			
Name of Registered Wa	ste Hauler		TN	JDEP W	aste	Cub	ic Yards		Name of R	egiste	red Land	ifill				
United Containers			H	auler ID		of W	/aste		G.R.O.V			50200				
			22	2459		2										
City, State	1001						osal Date	9	City, State		4000					
Elm NJ						//26	5/13		Morrisvil	ie PA		·				
Completed by	925-45	Title					Signatur	e /	,			Date				
Anthony T Perna		Preside	ent									7/9/13	5			



# 0/3/

Date of Notification (1) 7/9/13				Name of Albert I	Building (	Owner/O ker Priv	perator /ate Ho	(2) ome////			¥:	Ç.				
Agencies Notified	Type Notification			Street Ac					15							
EPA DEP	Initial Amended Amendment			City, Stat	te, Zip Co Beach T	de 🥹	33	4 //:			· U				-	
DOH DCA	Emergency justification) Cancellation	#50.5250 C.5250 C.0 <del>2</del> 5		Name of Albert	Contact					C		lumber				
				FACIL	LITY INFO	ORMATI	ON									
Name of Facility Where Albert Hossacker F		g Place (3)						(Interest)	Facility (4 hool (K-12							
Street Address 3 Ramapo Lane	8				(1)				bchapter her (i.e. pr				ildin	gs, l	home	s,
City (5) Long Beach Twp N	J 08008			· · · · · · · · · · · · · · · · · · ·	V.			Square 1000+	Feet	# 0	f Floors		Bldg 35	g. Ag	je	
County (6) Ocean				County C	ode (7) ISE ONLY)	)		Current	Use (Prio	r if be	ing demo	lished)		*****	****	
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.		10000	of Abate	ment Cont	tractor	(9)					
Street Address					***		101 NOVEMBER 1	Address	277	-	-					_
i .							PO E	30x 329	)							
City, State, Zip Code								tate, Zip t Berlin	NJ 0809	91	•					
Project Manager for Mo	nitoring Firm			Telephor	ne No.		Teleph	one No.			License	e No.			111	
Start Date (10) 7/18/13		Schedule 7/26/13		npletion [	Date (11)		Name	of OSHA	Monitor							
Occupancy Status Durin	ng Abatement (Che	ck Only On	e)				Street	Address				11111111	1000			
Facility Closed/Vac Abatement Perforn Other – Describe:							City, S	tate, Zip	Code	+	····					
Scope of Work (Check A	All That Apply)								***************************************					20-11		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		***************************************	enova emolit				×	Mini- Glov	Containme Enclosure ebag Proc Exempted	edure	- 5			dure		
		le	Locati	ion						()		T		oate	ment	
Locatio	n of	l N	lormal	lỳ		Des	scription	of	. 1				_	Ту	oe ,	
Asbestos-Containing TO BE AB In Fact (13)	g Material (ACM) BATED ility	Mai	d Sole ntenal odial s (12) No	nce/		tos Cont thermal surfa	aining N	/laterial (/ s insulati T, or		(	Amount Specify F or LF)	Kemovai		Repair	Encapsulate	Enclosure
Exterior	Siding			х		exte	rior Sid	ding		13	300 SF	x	I			
Name of Registered Wa	ste Hauler		110000	JDEP W			Yards		Name of F	Regist	ered Land	dfill				
United Containers			0.0000	lauler ID 2459	NO.	of Wa	ste		G.R.O.\							
City, State Elm NJ						Dispos 7/26/	sal Date 13		City, State Morrisvi		A 1906	7				
Completed by Anthony T Perna		Title Presi	dent		*****	S	Signature	,				Date 7/9/1	3			

\* Emergency \*

7 1 0	,			to NJAC				2001	<	3	37	(	0		
Date of Notification (1) 7/9/13	žę.			Building Van Dy				· Sty	1./5		P A		S		
Agencies Notified Type Notification			Street A 330 Lil	ddress berty Av	re		<u></u>			11/2	5/1				
DEP Amended Amendment				ite, Zip Co Haven		008			4						
DOH Emergency ( justification)  Cancellation	including		Name of Susan	Contact				8	Tel	ephone N	Numbe	r			
			FACI	LITY INFO	ORMATI	ON		-			~			- 1000	
Name of Facility Where Abatement is Taking Susan Van Dyke Private Home	g Place (3	3)	7.3				Туре	of Facility (							
Street Address 330 Liberty Ave				8			×	Subchapter Other (i.e. p etc.)	8 (Oth			uildi	ngs,	home	es,
City (5) Beach Haven NJ 08008							Squi 100	are Feet	# 0	f Floors		Blo 35	ig. A	ge	
County (6) Ocean				Code (7) USE ONLY	)		Curr	ent Use (Prio	or if bei	ng demo	lished)	V.			
Name of Monitoring Firm Hired by Building (N/A	Owner (8)		ASCN	l No.		Name Pern		atement Cor Inc.	tractor	(9)					
Street Address						Street PO E									
City, State, Zip Code					*****			Zip Code lin NJ 080	91						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	none i	No.		License	e No.				2/2
Start Date (10) 7/11/13	Schedul 7/19/1		npletion	Date (11)		Name	of OS	SHA Monitor		L	A 48 N				
Occupancy Status During Abatement (Chec						Street	Addre	ess				Same Same S			
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of	Abatem	nent	1.0		City, S	state, 2	Zip Code					22-1-1-2-2		
Scope of Work (Check All That Apply)									63					-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	M G	ull Containme ini-Enclosure lovebag Proc on-Exempted	e edure					e	
(A)		Locati										A	bate Ty	ment	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma	Normal ed Sole iintenai todial S (12)	ly by nce/		tos Cont thermal surfa		Materia s insu T, or		(5	mount Specify or LF)	Keilloval		Repair	Encapsulate	Enclosure
	Yes	No	N/A									_		Ф	
Exterior Siding	-		Х		exte	rior Sid	ding		1.0	00 SF	x	+	-		-
	1										+	+			
												1			
Name of Registered Waste Hauler United Containers		Н	JDEP Wauler ID 2459		Cubic of Was 2	Yards ste		Name of I		ered Land	ifill				
City, State Elm NJ					Dispos 7/19/	sal Date 13		City, State Morrisvi		19067	7				
Completed by Anthony T Perna	Title Pres	ident			5	ig <del>na</del> ţure	· -(	-		100	Date 7/9/1:	3		3.53 (1.55	



Date of Notification (1)	08 /	13				of Building of Vinela	Owner/Operator (	2)	7 . / 5	,	5		
Agencies Notified	Type Notificati					Address		,,	<u> </u>	,	<u>`</u>		
⊠ EPA	☐ Initial	OH				E. Wood	Street	₹ ₹ /					
⊠ DOLWD	☐ Amended					tate, Zip C			(1		Y-000,7000		
☑ DHSS	Amendmer		9		- 00 V. TVA.	eland NJ.			14.5				
DCA		(incl	uding			of Contact		1	Telephone Numb	er			_
(NJAC 5:23-8)	☐ Cancellation					ert Auss							
							FORMATION						-
Name of Facility Where	Abstament is Ta	king l	Diaco	(3)	FAG	JILIT IN	PORIVIATION	Type of Facility	(A)		-	_	-
Building	Abatement is Ta	King i	riace	(3)				School (K-12					
Street Address								Subchapter	8 (Other than K-12)	S 220 1			
630 Landis Avenue						35		Other (i.e., p	rivate and commerc	ial bui	ilding	5,	
City (5)	-			_				Square Feet	# of Floors	Blo	lg. Ag	e	
Vineland	**							3800	3		0		
County (6)	2000		- 200		Cour	nty Code (	7)(STATE USE	Current Use (Pr	ior if being demolish	ned)			_
Cumberland					ONLY		7(0	Unoccupie	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				
Name of Monitoring Firm	Hired by Buildi	na Ov	wner (	8)	ASCM	No	Name of Abatem	nent Contractor (9)	2				_
Health & Safety Se		ng O		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Luzon Inc.	(-,	_				
Street Address	171000 11101		- 4	725		-	Street Address				-		_
318 12 <sup>th</sup> St.							8451 Execut	ive Ave.					
City, State, Zip Code							City, State, Zip C	Code					
Hammonton NJ. 08	8037						Philadelphia						
Project Manager for Mor	nitoring Firm			Tele	phone	No.	Telephone No.		License No.				
Jim Proctor	•			2017		-8850	267-284-105	0	01109				
Start Date (10)	S	chedu	uled C	omple	etion Da	ate (11)	Name of OSHA	Monitor					
7 / 10 /	13	7	/	1:	2_/	13	Joseph Mar	onski					
Occupancy Status Durin	ng Abatement (C	heck	only o	ne)			Street Address						
☐ Facility Closed/Vacat					ment		8451 Execut	tive Avenue					
☐ Abatement Performe							City, State, Zip C	Code					
Time of Abatement:	8:00AM-4:00P	M/	PI	VI	AM		Philadelphia	a, Pa. 19153					
Scope of Work (Check a	all that apply)												
☐ >3 sf or ≥3 lf			□ Re	nova	ion		☐ Full Cor	ntainment with Ne closure	gative Pressure				
≥3 si oi ≥3 ii     ≥160 sf or ≥260 lf			☑ De				☐ Gloveba	ag Procedure					
V-5-0-5002						1	☐ Non-Ex	empted (*) and N	on-Friable Procedur		-		
			0.00	Loca			Danasiation			10000	atem		1
Location Asbestos-Containing		,	Use	d So	ely by	Asbe	Description estos Containing M		Amount	Removal	Repair	Enc	Enclosure
TO BE AB	ATED				ance/ Staff?	(i.e	e., thermal systems		(Specify	100	air	aps	losu
IN Faci			Ous	(12			surfacing, VA other miscellan		SF or LF)	<u>m</u>		Encapsulate	ē
(10)		- 1	Yes	No	N/A			,				Œ	
Basement	***************************************					Heater	Thermal Insula	ition	64 SF				
Basement						Pipe In	sulation		10 LF				
				П				the state of the s					
Name of Registered Wa	aste Hauler			-	277	Waste	Cubic Yards of	Name of Reg	istered Landfill		-		L
Service Transport					Hauler	ID No.	Waste 2 CYS.	Minerva l	andfill				
City, State		10122					Disposal Date	City, State		114			
New Castle, DE.							7/13/13	Waynesb	urg, OH	207			
Completed By (Print or	Type)	Title	1				Signature			ate	1		
Piush Patel		Pi	rogra	m M	anage	r	P.	(x+e	- ا	719	81	13	

No check

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

Date of Notification (1)					Nam	o of Buildin	~ Ow	ner/Operator (	2)	Mr.		4		
6 / 2	1/	13	_		10000		The same	unty College		~_`\?				3
Agencies Notified Ty	ype Notifica	ation			Stree	t Address				7.7				
1	Initial				33	22 Colleg	e Dr					71		
The state of the s	Amended		200			State, Zip (						_		
⊠ DHSS	Amendme		2011 M 200 H 12		100	neland, N				*4				
□ DCA (NJAC 5:23-8)     □	Emergen justification		cluding	3		e of Contac				Telephone Nu	mher			
	] Cancellat				100000000000000000000000000000000000000	yllis Sied				reiepiierie ital	11001.3	-		
					F/	CILITY IN	IFOR	RMATION						
Name of Facility Where Aba	tement is T	aking	Place	(3)			Weello		Type of Facility (	4)				
Cumberland Co. Colle	ge-Acad	emic	Bldg						School (K-12)					
Street Address									Subchapter 8					
3322 College Dr									Other (i.e., pri	ivate and comm	ercial bi	uilding	ļS,	
City (5)									Square Feet	# of Floors	В	ldg. A	ge.	
Vineland									36000	2	- 1	50+		
County (6)					Cou	inty Code (7	r)(STA	ATE USE ONLY)	Current Use (Prid	or if being demo	lished)			
Cumberland									Classrooms					
Name of Monitoring Firm Hir	ed by Build	ding C	wner	(8)	ASCN	l No.	Na	me of Abateme	ent Contractor (9)					
Cardno ATC					000	98	E	BRISTOL EN	VIRONMENTAL	., INC.				
Street Address							Str	eet Address						
3 Terri Lane							1	123 BEAVE	R STREET					
City, State, Zip Code							Cit	y, State, Zip Co	ode					
Burlington, NJ 08016							E	BRISTOL, PA	19007					
Project Manager for Monitori	ing Firm	-		Te	elephone	No.		ephone No.		License No.				
John Lutz						6-8800		15-788-6040	Ü	00509				
Start Date (10)	15	Sched	uled C	omp	letion D	ate (11)	Na	me of OSHA N	lonitor			-		
ON HOLD			/		/		E	BRISTOL EN	VIRONMENTAL	, INC.		340		
Occupancy Status During At	patement (	Check	only	one)				eet Address						
☐ Facility Closed/Vacated D	San March Street Company				tement		1750000	123 BEAVE	R STREET					
☐ Abatement Performed Ou	tside of No	ormal	Facility	у Но	urs - De			y, State, Zip Co					-	
Time of Abatement: 7:00	AM- <u>3:30</u> F	PM/	P	M	AN	I	-	BRISTOL, PA						
Scope of Work (Check all tha	at apply)								200					
☐ ≥3 sf or ≥3 lf			⊠ Re	nova	etion				tainment with Neg	ative Pressure				
⊠ ≥160 sf or ≥260 lf			De	moli	tion				g Procedure					
N-05-2008			100						mpted (*) and Nor	n-Friable Proced	lure			
					ation nally						Ab	atem	ent T	уре
Location of Asbestos-Containing Mat	erial (ACM	n			olely by	Ashe	etne	Description of Containing Ma		Amount	R	Re	m	ū
TO BE ABATE		,			nance/			ermal systems		(Specify	Removal	Repair	cap	clo
IN Facility (13)			Cus	(12	al Staff? 2)			surfacing, VAT		SF or LF)	Va.	7	Encapsulate	Enclosure
(13)			Yes	N			Οί	her miscellane	ous)				ite	
Lower level Stairwell	3 20 3 2 2 2 2 1 1 - 2 2			$\boxtimes$		Plaster	8			215 SF	$\boxtimes$			
										***************************************				
			П									П	П	
													П	
Name of Registered Waste H	lauler			一	NJDEP	Waste	Cul	oic Yards of	Name of Regist	ered Landfill				
SERVICE TRANSPORT		, INC	<b>.</b>		Hauler	ID No.	Wa		MINERVA L					
City, State					2099	U	Dis	posal Date	City, State					
NEW CASTLE, DE 197	20									URG, OH 446	88			
Completed By (Print or Type)	)	Title						Signature			Date /	,		_
Brian Scafiro		700.000	stima	tor				Briss	Scoler		7/8	//3	3	
								10-00	Do were	//-	/ /	·		

B 5/3065-B \* Do not use this form for asbestos licensure exempted activities.

PR# 2458

Date of Notification (1)		Account to the second	-	Nam	e of Buildi	na C	wner/Operator (	20	40-0	10	0		
				Ci	ımberlar	ng C	ounty College	2)	- 4	9			
Agencies Notified  ☐ EPA 6222 ☐ Initial ☐ DOLWD 6260 ☐ Amend				120000000000000000000000000000000000000	et Address 22 Colle		Or.		- <u>(</u> 2)		-		
	lment#				State, Zip							_	
☑ DCA6239 ☐ Emerge					neland, N		8360						
(NJAC 5:23-8) justifica	ation)			Nam	e of Conta	ct		9	Telephone Nu	mber	180		-
Cancel	lation			Ph	yllis Sie	dne	r						
				FA	CILITY	NFC	PRMATION						
Name of Facility Where Abatement is			(3)					Type of Facility (4	1)				
Cumberland Co. College-Aca	idemic	Bldg						School (K-12)					
Street Address			11-12-521					Subchapter 8     □ Other (i.e., priv	(Other than K-1	2)			
3322 College Dr			2000				×	homes, etc.)	vate and comm	erciai I	ouildin	gs,	
City (5)								Square Feet	# of Floors	Ē	Bldg. A	Age	
Vineland								36000	2		50+		
County (6)				Cou	nty Code (	(7)(ST	TATE USE ONLY)	Current Use (Prio	r if being demo	ished)			
Cumberland								Classrooms					
Name of Monitoring Firm Hired by Bu	ilding C	wner (	8)	ASCM	No.	N	ame of Abateme	ent Contractor (9)					
Cardno ATC				000	98		BRISTOL EN	VIRONMENTAL,	INC.				
Street Address			45000000000			St	treet Address						
3 Terri Lane							1123 BEAVER	RSTREET					
City, State, Zip Code				alt men son		Ci	ty, State, Zip Co	de					
Burlington, NJ 08016							BRISTOL, PA	19007					
Project Manager for Monitoring Firm			100.5	ephone		Te	elephone No.		License No.		AL-OLDE		-
John Lutz				09-386		1	215-788-6040		00509				
Start Date (10)					ate (11)		ame of OSHA M						
//				2 /	13	1	BRISTOL ENV	/IRONMENTAL,	INC.				
Occupancy Status During Abatement						St	reet Address			-			
☐ Facility Closed/Vacated During En	tire Per	iod of A	bate	ement	1025	1	1123 BEAVER	STREET					
Abatement Performed Outside of N Time of Abatement: 7:00AM-3:30	Normai i PM/	racility PN	Hou !-	irs - Des	scribe	Cit	ty, State, Zip Co	de				-	
						L	BRISTOL, PA	19007					
Scope of Work (Check all that apply)						200	M F. II C 1		• 000 000 - 100 000 000 000 000 000 000 0				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		⊠ Ren □ Den					☐ Mini-Enclo						
	T		oca		T		L HOII EXCIT	ipted ( ) and reon-	Tiable Procedu				
Location of			orma	ally ely by			Description of				atem		_
Asbestos-Containing Material (ACM TO BE ABATED	VI)			ance/			Containing Mate		Amount	Ren	Repair	Enc	Enc
IN Facility		Custo		Staff?	(i.e	., tne	ermal systems in surfacing, VAT, o	sulation,	(Specify SF or LF)	Removal	a.	aps	Enclosure
(13)		Yes	(12) No	N/A			her miscellaneo		0. 0.27	1 2		Encapsulate	ле
Lower level Stairwell			$\boxtimes$		Plaster				215 SF				
												П	$\overline{\Box}$
						_				부		_	믝
Name of Registered Waste Hauler			5-196 <sub></sub>	JDEP V	Vaste	Cul	oic Yards of	Nome of Device	. 31 - 120 -		Ш	Ш	Ш
SERVICE TRANSPORT GROUP	P, INC.	ű.		lauler ID 20990	No.	Wa		Name of Register MINERVA LA					
City, State						Disp	posal Date	City, State					
NEW CASTLE, DE 19720								WAYNESBUR	RG. OH 44688	3			1
Completed By (Print or Type)	Title						Signature		Tp.	te. /	,		_
Brian Scafiro	Est	imato	r				Burn	Sufiro/	il la	6/2	1/1.	3	
SP 44					ar Saleyar - Gr	- 1057	poun	[ mayor		-1	11	<b>5</b> 0	



Date of Notification (1)				1	Name of	f Building C	Owner/0	Operator (2	2)	-	My,				
7 _ / _	05 / 1	3			VERI	ZON				63	-				4
Agencies Notified	Type Notification	n		1	Street A	ddress				(	e la	4		589	7.5
☐ EPA	☐ Initial				15 E/	AST MON	ITGO	MERY PLA	ACE		14, 1		-		
□ DOLWD				-	City, Sta	ate, Zip Co	de				197		2	9	
□ DHSS	Amendment	-			20 0000	SBURGH		5212			7				
DCA	☐ Emergency ( justification)		ding			f Contact				T	elephone Num	nber			
(NJAC 5:23-8)	☐ Cancellation				ANTI	HONY PO	RTA			1_					
	- Carreemann				TO THE PARTY OF THE	ILITY INF		ATION							
N	Abstament in Taki	ina DI	200 (3	31	FAC	LITT IN	Oldiviz		Typ	e of Facility (4)				7.72-	
Name of Facility Where		ilig Fi	ace (	,						School (K-12)					
VERIZON NEWARK	( ( )									Subchapter 8 (C	Other than K-1	2)	ildina		
Street Address										Other (i.e., priva	ate and comme	erciai bu	liuling	>,	
95 WILLIAM STREE	= 1		-								# of Floors	Blo	ig. Ag	je	
City (5)									"				-Tiro (13)		
NEWARK, NJ					Count	v Code (7)/	STATE	USE ONLY)	Cur	rrent Use (Prior	if being demo	lished)			
County (6)					Count	y code (1)(	SIAIL	OGE CHET)		COMMUNICAT		£.			
ESSEX		_	(0	<u> </u>	A C C M A	lo I	Nama	of Abateme	1 557	Contractor (9)					
Name of Monitoring Firm					ASCM N	NO.				ONMENTAL,	INC.				
USA ENVIRONMEN	NTAL MANAGE	INE	NI IN	C				Address	14117	OHIVE THE					
Street Address								3 BEAVE	P S	TREET					
8436 ENTERPRISE	AVENUE							State, Zip Co		TILLI					
City, State, Zip Code							7.27	ISTOL, PA		007					
PHILADELPHIA, P.								hone No.	4 13		License No.				$\dashv$
Project Manager for Mor	nitoring Firm				phone N			-788-6040	0		00509				
MARK JENKINS					5-365-			of OSHA N		tor	00000				_
Start Date (10)				(40)	tion Dat					ONMENTAL,	INC				
7 / 10 /					_ / -	13			AAII	Oldivicia i Ac,					
Occupancy Status Durin								Address		TOFFT					
☐ Facility Closed/Vaca	ted During Entire	Perio	d of A	bate	ment			3 BEAVE							
	ed Outside of Norr <u>8:00</u> AM- <u>5:00</u> PM	mal Fa //	acility PN	Hour 1	s - Des	cribe		State, Zip C							
Scope of Work (Check a												1 (4 (4)		-500	
Scope of Work (Check a	all that apply)									ment with Nega	tive Pressure				
≥3 sf or ≥3 lf		-	Rer					<ul><li>☐ Mini-End</li><li>☑ Gloveba</li></ul>	ag Pi	rocedure					
≥160 sf or ≥260 lf		L	] Dei	HOHLI	JII			☐ Non-Exe	emp	ted (*) and Non-	-Friable Proce	dure			
		- T	ls	Loca	tion							A	oatem	ent T	ype
Locatio	n of			lorma		- 69		Description		(4.014)	Amount	Re	Re	ᄪ	Ē
Asbestos-Containing					ely by ance/			ontaining M nal systems			(Specify	Removal	Repair	Encapsulate	Enclosure
TO BE AE				odial	Staff?	(1.0	sur	rfacing, VA	T, or		SF or LF)	/al		Sula	ure.
(13)		-		(12)		4	othe	er miscellan	eous	s)				ē	
	- hip - 1/2		Yes	No	N/A								15		
ROOF TOP FAN UN	IIT		$\boxtimes$			PIPE IN	ISULA	TION			8 LF				-
		-	75-180			-									
		-												П	
Name of Registered Wa	aste Hauler			//1 /2	NJDEP		Cubic	c Yards of		Name of Regist					
SERVICE TRANSI	PORT GROUP,	INC	•		Hauler I 2099		vvasi			MINERVA L	ANDFILL				
City, State							Dispo	osal Date		City, State					
NEW CASTLE, DE	19720						1			WAYNESB	URG, OH 44	688			
Completed By (Print or		Title						Signature		00		Date	1		
PATRICK T. DeCA			MIT	ATO	R			Kati	ul	Alela.	v/9)	1/3	11:		
A		-	medically and the	100000000000000000000000000000000000000	7-00-0			10000	_		7/1/	-	-		

ASB-41 MAY 11

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

### MO#20613937072

**MAY 11** 

Date of Notification (1)				Name	of Building	Owner/C	perator (2	2)	3/3				
07/	09 / 13				Van Bus				Aly Je	<i>'</i> ^			C
Agencies Notified	Type Notification				Address	KIIK		<u>चित्र</u>		<del></del>			
□ EPA	Initial							0,	6 × 5	1.7	40.		
□ DOLWD	Amended		ļ		ickory Ct State, Zip C		=	-				<u> </u>	
□ DHSS	Amendment #												
DCA	Emergency (in	cluding		-	ton, NJ 0	A STATE OF THE PARTY OF THE PAR			Talanhana Ni	mbor			
(NJAC 5:23-8)	justification)  Cancellation								Telephone Nu	mber	20		
					Van Bus					- (	==		
				FA	CILITY IN	FORMA	TION						
Name of Facility Where	Abatement is Taking	g Place	(3)					Type of Facility					148524
Private house								School (K-1	2) 8 (Other than K-1	2)			
Street Address									private and comm		iildina	S.	
137 Hickory Ct.								homes, etc.				-0.	
City (5)			Cost Leveline			200000		Square Feet	# of Floors	BI	dg. A	ge	
Princeton, NJ 08540													
County (6)				Coun	ty Code (7)	(STATE US	SE ONLY)	Current Use (P	rior if being demo	olished)			
Mercer													
Name of Monitoring Fire	m Hired by Building (	Owner (	(8)	ASCM	No.	Name o	f Abateme	ent Contractor (9	)				
						Gr Tecl	LLC						
Street Address						Street A	ddress				1,57		***
						576 Va	lley Rd#	283					
City, State, Zip Code	ate, Zip Code						ate, Zip Co	The second secon					
						Wayne,	NJ 0747	70					
Project Manager for Mo	nitoring Firm		Tele	phone	No.	Telepho			License No.				
	Manager for Monitoring Firm					973-638	R-1777		01127				
Start Date (10)	Schee	duled C	omple	tion Da	te (11)		f OSHA N	1onitor	01127				
07 /18		07_ /				Enviror	isian Ca						į
Occupancy Status Durir						Street A		nsultants,Inc					
	그래에 그 이번 전 보다는 보고 있다면 되었다.			ment				D1 D11- #	244				
Abatement Performe	ed Outside of Norma	Facility	y Hour	s - Des	cribe		te, Zip Co	Road, Bldg .#	34A				
Time of Abatement:	P	M/	PM_		AM								
Scope of Work (Check a	all that apply)					raii La	wn, NJ 0	o and decontami	nation				
	(					Н		tainment with Ne					
≥ 3 sf or > 3 If     ≥ 160 sf or ≥ 260 If			novati			$\boxtimes$	Mini-Enc	losure		D			
≥ 100 St 01 ≥200 H		∪е	molitic	n.		Н	Non-Exe	g Procedure L moted (*) and No	Tent with Negat	ive Press dure	sure		
		Is	Locat	ion	T			7,			atem	ant Ta	/DO
Locatio			Vorma			De	scription o	of			T		
Asbestos-Containing			d Sole intena		Asbe	stos Cont	aining Ma	terial (ACM)	Amount	Rer	er er	Enc	Enc
TO BE AB			todial		(i.e		systems i cing, VAT,	insulation,	(Specify	Removal	Repair	aps	Enclosure
(13)			(12)				niscellane		SIF or LF)	<u> </u>		Encapsulate	re
		Yes	No	N/A							1	е	
Living room		П	П	$\boxtimes$	Linoleur	n			50 SF	X	П	П	П
Kitchen				×						X			
		H		-	Linoleur				100 SF				븸
Crawl space		닏			Duct ins				45 SF			Ш	Ц
Garage					Duct ins				15 SF	X			
Name of Registered Wa	iste Hauler		NJI	EP Waste	Hauler ID No.	Cubic Ya	rds of Wast	e Name of Regi	stered Landfill			-	
Gr Tech LLC			(	03378	35	TBI	) .	T.R.R.F. Inc					
City, State	107					Disposa	l Date	City. State		T MARKETTA			5126
Wayne, NJ 07470						TBI	)	Tullytown, P	'A				
Completed By (Print or	Type) Title	e					natur	, , , , , , , , , , , , , , , , , , ,		Date			
N.Jevtic	Ow	ner					Rel	the when	nad !	07/09/20	112		
ASB-41	Ow	1101					1/	- 3/3/		1109120	113		



Q		(Pur	suant to	NJAC 8:	60 and	12:120)		03		<,		
Date of Notification (1) 07/08/2013		N:	ame of E	Building O	wner/Op	perator (2 SURANCE	) E COMPANY OF	AMERICAS (		,	: ():-	
Agencies Notified Type Notification		Si 7	treet Ad	dress OAD STE	REET I	FIFTH E	FLOOR		\$ 44			#- 3
区 EPA ☐ Initial ☐ Amended				e, Zip Cod								_ (
Ď DOL Amendment #		_ N	EWARK	, NEW J	JERSEY	Y 07102	2					
☐ Emergency (ii ☐ DOH justification) ☐ Cancellation	icluding	9 500	ame of O	Contact CHARD I	HUMMEI	RS		Telephone Nur	mher	,		
20,1			FACIL	ITY INFO	RMATIC							
Name of Facility Where Abatement is Taking	Place (3)						Type of Facility (4  ☐ School (K-1)					
Street Address							Subchapter	8 (Other than K-1)	2)	ingo l	aomos	
19-31 CEDAR STREET						1	etc.)	rivate & commerci		•		,,
City (5) NEWARK							Square Feet 7,500	# of Floors	BI	dg. A	ge	
County (6)			ounty C	ode (7) ISE ONLY)			Current Use (Pric	or if being demolish OR USE COMME	hed) ERCIAI	٦)		
Name of Monitoring Firm Hired by Building C ENVIRONMENTAL HEALTH INVESTIG	wner (8)	INC.	ASCM 00104			Name o	f Abatement Con	tractor (9)				
Street Address						Street A						
655 WEST SHORE TRAIL						ASSESSED AND ADDRESS OF THE PARTY OF THE PAR	ate, Zip Code	ZA SOUTH				
City, State, Zip Code SPARTA, NJ 07871						LONG	ISLAND CITY					
Project Manager for Monitoring Firm BILL KERBEL			Felephor 973-7	ne No. 29-5649	9	Telepho 718-3	one No. 49-0900	License N 00853	NO.			
Start Date (10) 04/22/2013	Schedule 07/22/		pletion (	Date (11)		Name o	of OSHA Monitor N MCREA					
Occupancy Status During Abatement (Chec	k Only On	e)					Address CENNEDY BLVI					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other - Describe: BUILDING IS VA	al Facility	Hours		FOR		City, St	ate, Zip Code				_	
Scope of Work (Check All That Apply)												
□ ≥3 sf or ≥3 lf ঐ ≥160 sf or ≥260 lf	(Kitteney) 27 Octob	Renovat Demoliti				23 23 23 23	Mini-Enclosur Glovebag Pro				e	
	Is	Locati	on							1000	ement /pe	1
Location of Asbestos-Containing Material (ACM)	Use	Normalled Sole	ly by	Asbes		escription staining M	of aterial (ACM)	Amount			İ	
TO BE ABATED In Facility (13)		intenar todial S (12)		(i.e.	surfa	il systems acing, VA miscellan		(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							_	60	
Throughout Store		Х		Floor	Tile			700 SF	X	-		
	-		-		Nagyana an					-		
	-		-						-	$\vdash$		
Name of Registered Waste Hauler			JDEP V Jauler ID		Cubic of Wa	c Yards aste		Registered Land		1	•	
ATC/TST		2	24310/	19551	50	D-1-		VA ENTERPRIS	SES			
City, State SHIRLEY, NY 11967/BRONX, NY	10464					osal Date 5/2013/	WAYNE	SBURG, OH 44	1688			
Completed by ANN ALI	Title	NIST	RATIVE	<u> </u>		Signature			Date 7/08/	2013	3	

K 35

Date of Notification (1) 07/08/2013				Name of THE P	Building (RUDENTI	Owner/O	perator ( SURANC	(2) LE COMPANY (	OF AMER	ICAS	7			
Agencies Notified	Type Notification			Street A	ddress ROAD ST	REET	FIFTH	FLOOR		4		2	*.	*1
E¥ EPA □ DEP E¥ DOL	☐ Initial  ☑ Amended  Amendment		_		te, Zip Co K, NEW		Y 0710	)2		(			· . ?	
☑ DOH ☑ DCA	☐ Emergency ( justification) ☐ Cancellation				Contact ICHARD	HUMME	RS		Telep	hone Num	ber		-	
				FACI	LITY INFO	ORMATIC	ON					2		
Name of Facility Where Street Address	Abatement is Takin	g Place (3	)					Type of Facility  ☐ School (K-☐ Subchapte	12) er 8 (Other					
102-106 HALSEY S	TREET							Other (i.e. etc.)  Square Feet	# of F			lings,		es, 
City (5) NEWARK								8,100	2			iug. A	ge 	
County (6) ESSEX					Code (7) USE ONLY			Current Use (Pr VACANT (PR				L)		
Name of Monitoring Firm ENVIRONMENTAL HE	Hired by Building ( ALTH INVESTIG	Owner (8) ATIONS	INC	ASCN 0010				of Abatement Co						
Street Address 655 WEST SHORE	FRAIL	*						Address 2 QUEENS PL	AZA SOU	TH				
City, State, Zip Code SPARTA, NJ 07871								tate, Zip Code ISLAND CIT	Y, NY 1	1101		1))		
Project Manager for Mor	nitoring Firm		T	Telepho 973-7	ne No. 29-564:	9		one No. 349-0900		icense No	).			
Start Date (10) 04/29/2013		Schedule 07/29/			Date (11)			of OSHA Monito	r					
Occupancy Status Durin	g Abatement (Chec	k Only Or	ie)					Address				-		
☐ Abatement Perform	ated During Entire I	nal Facility	Hours	3			City, S	KENNEDY BLV tate, Zip Code						
I	BUILDING IS VA	ACANT 8	SCH	EDULKI	FOR		BAYO	NNE, NJ 070	02					
Scope of Work (Check A	Ali I nat Apply)		Renova	tion			Ø	Full Contains	nent with N	lenative P	112291	ne.		
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf			Demoli					Mini-Enclosu Glovebag Pro	re ocedure	8				
							Z Z	Non-Exempte	ed (*) and !	Non-Friabl	e Pro			
			Locat										ement pe	
Locatio Asbestos-Containing TO BE AB In Faci (13)	n Material (ACM) NATED Lity	Use Ma	d Sole intena todial (12)	ely by nce/ Staff?		tos Cont thermal surfac		laterial (ACM) s insulation, T, or	(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
Rear of Building		+	X		Pipe :	Insula	tion		60 LF		x			
Front of Store			х		Floor	Tile	& Mast	ic	900 S	F	х			
												,		
Name of Registered Wa	ste Hauler		ŀ	NJDEP W Hauler ID 24310/	No.	of Was	Yards ste		f Registere					
City, State SHIRLEY, NY 1196	57/BRONX, NY	10464				Dispos 05/0	sal Date 7/2013		ate SBURG,	OH 446	88			
Completed by ANN ALI		Title ADMI	NIST	RATIVE		S	igpature	A '		Da 07/	te '08/	2013		



Date of Notification (1) 07/08/2013			1	Name of THE PE	Building C	Owner/C AL IN	perator ( SURANC	2) E COM	PANY O	F AME	// RICAS					
Agencies Notified	Type Notification			Street Ac 751 BI	dress ROAD ST	REET	FIFTH	FLOOF	ं	Ç.,		- (2				Q <sup>2</sup>
□ DEP	IX Initial ☐ Amended			City, Stat	te, Zip Coo	de				- <	Car.		Ç			
₫ DOL	Amendment		.   1	NEWARI	C, NEW	JERSE	Y 0710	2			×			. 5	}	
☑ DOH ☑ DCA	☐ Emergency justification) ☐ Cancellation		1 1		Contact ICHARD	HUMME	RS			Tele	enhone_1	Numb	er	1		
M DOA	- Carlocilation			FACIL	ITY INFO	RMATI	ON			-			0			
Name of Facility Where	Abatement is Takin	g Place (3)						Type o	f Facility (	(4)		7.	1			
1000								□ So	chool (K-1	12)						
Street Address								□ St	ibchapter ther (i.e. p	8 (Oth	er than K	(-12)	huild	ingo	homo	
108 HALSEY STREE	T								uiei (i.e. p c.)	Jiivale d	x comme	siciai	Dullu	iiiya,	nome	3,
City (5) NEWARK								Square 784	Feet	# of	Floors	le.	BI	dg. A	ge	
County (6) ESSEX					Code (7)	-	+		t Use (Pri					(۲)	isasa Ki	
attention control	- I liss of Loop Desilations	Ourse (9)	T.	ASCM			Name		ment Co							
Name of Monitoring Firm ENVIRONMENTAL HE	ALTH INVESTI	ATIONS I	NC.						NMENTA			Ď.				
Street Address 655 WEST SHORE	TRAIL							Address 2 QUE	ENS PLA	AZA S	OUTH					
City, State, Zip Code SPARTA, NJ 07871	1				<del></del>			tate, Zip	Code	Y, NY	11101					
Project Manager for Mor			1	Telephor				one No.			Licens					
BILL KERBEL					29-5649	<del>)</del>		349-0	A Monitor		0085	3		/T200-00		
Start Date (10) 07/22/2013		Scheduled 10/22/20		ipietion i	Date (11)			IN MC								
Occupancy Status Durin	ng Abatement (Che	ck Only One)						Address	OY BLVI							
☐ Facility Closed/Vac	ated During Entire	Period of Aba	atem	ent									_	_		
□ Abatement Perform ☑ Other – Describe:	ned Outside of Non BUILDING IS V DEMOLITION	ACANT &	ours SCH	EDULED	FOR	_		tate, Zip NNE, I	1J 0700	02						
Scope of Work (Check A																
□ ≥3 sf or ≥3 lf		☐ Rer	iova	tion			凶	Full	Containm	ent with	Negativ	ve Pre	ssur	е		
		☑ Der	noliti	ion			凶		Enclosur ebag Pro							1
							[2]		-Exempte		d Non-F	riable	Proc	edur	е	
		le I r	ocati	O.D.											ement	
Locatio	n of	No	rmall	y		De	scription	of				1		Ty	ре	_
Asbestos-Containing		Used : Maint				tos Con	taining M	laterial (		1	mount	1			m	m
TO BE AB		Custo			(i.e.	therma	I systems cing, VA	s insulat	ion,		Specify F or LF)	- 1	₹em	Re	cap	nclo
(13)		(	12)				miscellan				· · · · · · · · · · · · · · · · · · ·		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A									-		ate	Ф
REAR OF BUILDING			x		Pipe I	Insula	ation			15 1	F		Х			
	n i															
												_				
				 	ļ	10.11	Veede		Nome of	Dogist	arad Lan	4511				
Name of Registered Wa	iste Hauler			JDEP W		of Wa	: Yards aste		Name of	Regist	ered Lan	IQIIII				
ATC/TST			1	4310/		10		_,_			TERPR:	ISES				
City, State SHIRLEY, NY 1196	67/BRONX, NY	10464				7/23	sal Date 3/2013		City, Sta WAYNE		, OH 4	4468	8			
Completed by		Title				1	Signatur					Date				
ANN ALI		ADMINI	STR	ATIVE			1	A				07/0	18/2	2013		



28/3 11)

Date of Notification (1) 07/08/2013				Name of THE PI	Building ( RUDENTI	Owner/Op	oerator SURANC	(2) CE COMPANY	OF AME	RICAS		42	st.	
Agencies Notified	Type Notification			Street Ad 751 Bi	ddress ROAD S'I	REET I	FIFTH	FLOOR		d.,			ć	• 7
EFA EPA	☐ Initial ☐ Amended			City Sta	te, Zip Co	de					1	. ,		
□ DEP  ☑ DOL	Amended Amendment #		- 1		K. NEW		7 0710	0.2				F.,		
Er DOL	☐ Emergency (in		- L			ULKDEI	0720		17.0	Ni				-
DOH □ DCA	justification)  □ Cancellation	io.aag			Contact ICHARD	HUMMER	RS		lel	ephone Nun	nber	**	8	
				FACI	LITY INFO	ORMATIC	ON		(4)					
Name of Facility When	re Abatement is Taking	Place (3)						Type of Facilit	(-12)	th 1/ 45	,,			
Street Address 110 HALSEY STRE	EET							Subchap Other (i.e	. private	er than K-12 & commercia	al build	lings,	home	is,
City (5) NEWARK								Square Feet 1,100	# o	f Floors	Bi	dg. A	ge	
County (6) ESSEX				County (	Code (7) USE ONLY		_	Current Use (I VACANT (I				L)		
Name of Monitoring F ENVIRONMENTAL I	irm Hired by Building O	wner (8)	INC	ASCN 0010	PARKET   PAR			of Abatement C ENVIRONMEN						
Street Address 655 WEST SHORE	TRAIL			1				Address 2 QUEENS P	LAZA S	OUTH				
City, State, Zip Code	71						City, S	tate, Zip Code	TY. NY	11101				
SPARTA, NJ 078  Project Manager for M	1 - 0		1	Telepho			Teleph	none No.		License N	lo.			
BILL KERBEL Start Date (10)		Schedule	d Cor		29-564 Date (11)			of OSHA Monit	or	00853				
07/22/2013		10/22/	2013				MART	IN MCREA						6.864
	ring Abatement (Check							Address KENNEDY BL	VD					
□ Abatement Perfe	Vacated During Entire Pormed Outside of Normer BUILDING IS VANDEMOLITION	al Facility	Hours	8	) FOR			State, Zip Code NNE, NJ 07	002					
Scope of Work (Chec														
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260	(a) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Victoria de la constante de la	enova emoli				Ž Ž Ž	Mini-Enclos Glovebag F	ure rocedure				e	
		1							T		T	North Control	emen	t
			Locat									Ty	ре	20
Asbestos-Contain TO BE	tion of ing Material (ACM) ABATED acility 13)	Use Ma	intena	ely by ince/ Staff?		tos Cont thermal surfac		Material (ACM) s insulation, AT, or	(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		-	m T C T		31	r 12	X			-
REAR OF BUILDIN	NG		Х			INSULA	TION					_	_	-
FRONT OF STORE			X	-	VAT				900	SF	X	-		-
= 15. 39		+-		-	-				+		+-			+
Name of Registered \			Tr	NJDEP V	Vaste	Cubic	Yards	Name	of Regist	ered Landfil	1			
ATC/TST	, actor i duloi		1	Hauler ID 24310/	No.	of Was				TERPRIS				
City, State SHIRLEY, NY 11	967/BRONX, NY 1	.0464				Dispos 07/2	sal Date 2/201			, OH 446	688		+	
Completed by ANN ALI		Title ADMIN	NIST	RATIVE	l	S	Signatur	е			ate //08/	2013		
							-	7N						

#### STATE OF NEW JERSEY

#### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 AND 12:120)

			(F U	Isuani to N.J.A.C				,					
Date of Notification (1)	Name of Building Owner/Operator (2)												
	Hackettstown Board of Education												
Agencies Notified		Notification	Туре	*	Street Address								
X EPA X Initial			*		315 Washington Street								
			ed #		City, State, Zip Code								
			ncy (includi	ng	Hackettstown, NJ 07840								
			justification)			Name of Contact							
DCA Cano			ation		Mr. Ron Marinelli								
Name of Facility Where Ab	atoment is To	king Place /3		FACILITY IN	FORMATION	, (A)							
Hatcherry Hill Elemen	Type of Facility (4)												
Street Address	School (K-12)												
398 5th Avenue		Subchapter 8 (Other than K-12)											
City (5)	County (6)		County C				commercial b	ouildings	•				
Hackettstown	Warren		(State Use Only)		homes, e	etc.)							
Name of Monitoring Firm F		Owner (8)	ASCM N	0.	Name of Contractor (9)								
Westchester Environ		(0)	00127	-	MTM Metro Corporation								
Street Address													
307 N Walnut Street					Street Address 135-137 McBride Ave								
City, State, Zip Code	City State, ZipCode												
West Chester, PA 1938	Paterson, NJ 07501												
Project Manager for Monitoring Firm Telephone					Telephone Number			License Number					
Philip Conteh 610-43			545		973 742 50	00809							
Scheduled Start Date (10)	Completion	Date (11)	Name of OSHA Monitor										
7/22/13	8/05/13			MTM Metro Corporation									
Occupancy Status During	Street Address												
<u> </u>	135-137 McBride Av												
Facility Closed/Vacati	City, State, Zip Code												
Abatement Performed	Paterson, NJ 07501												
Other-Describe:													
Source of Work (Check all	that apply)												
> 3 sf or > 3 lf	×	Renovation	1	X Full	Containment wit	h Negative	Pressure	Mi	ni-Enclo	sure			
X > 160 sf or > 260 lf													
Location of Asbestos- Is Location Normally Used Description of Containing Material (ACM) in Solely by Maint./Custodial thermal syste						Amount (	Specify SF or	LF)	Abate	ment Typ	<u>be</u>		
Facility (13) Staff? (12)			ntodiai	surfacing, VAT					_	122			
YES NO		N/A	miscell.)				Rem.	Rep.		Enclose			
"C" Wing	×			Ceiling Tile		9,525 SF			X		×	_	
								- 8					
										160		I	
Annual Company of the		NJDEP Was	ste Hauler I	<u>D#</u>	Cubic Yards of Waste			Name of Reg. Landfill					
MTM Metro Corporation			40 .			Tullytown							
City, State			1		Disp. Date City, State				-				
Paterson, NJ 07501							8/05/13		_	ullytown,	PA		
Completed by (Print or Typ	Completed by (Print or Type) Title			*	Signature			Date					
Elizabeth Maslarkov		Elizabeth	7/05/2013										

ASB-41

<sup>\*</sup> Do not use this form for asbestos licensure exmpted activities.



### STATE OF NEW JERSEY

### NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 AND 12:120)

Date of Notification (1)					Name of Building Owner/Operator (2)								
7/05/2013					Hackettstown Board of Education								
Agencies Notified	es Notified Notification Type				Street Address							2	
▼ EPA		X Initial			315 Washin		***			2			
DEP		Amende	ed #		City, State, Zip					17	- 1		
X DOL		Emergency (including			Hackettstov		1 P						
X DOH		justificat	ion)	-	Name of Conta			Tel. No	ımber		<u>ال</u> الم	-	
DCA		Cancella	ation		Mr. Ron Ma				350-49	85			
Name of Facility VA Accordance Advances	FORMATION	. 745											
Name of Facility Where Abaten	Type of Facility	/ (4)											
Hatcherry Hill Elementar	School (K-12)												
Street Address	Subchapter 8 (Other than K-12)												
398 5th Avenue	Other (i.e., private & commercial buildings,												
City (5)	unty (6)		County Code (7) (State Use Only)		homes, e	Juliuli igs,	ig.						
i identification	erren		(State Us	e Offiy)									
Name of Monitoring Firm Hired	by Bldg.	Owner (8)	ASCM N	0.	Name of Contractor (9)								
Westchester Environmen	ntal		00127		MTM Metro Corporation								
Street Address					Street Address								
307 N Walnut Street					135-137 McBride Ave								
City, State, Zip Code	City State, ZipCode												
West Chester, PA 19380	Paterson, NJ 07501												
Project Manager for Monitoring Firm   Telephone Number					Telephone Number License Number								
Philip Conteh	610-431-7545			973 742 503	30		00809						
Scheduled Start Date (10)	Scheduled (	cheduled Completion Date (11)			A Monitor								
7/22/13		8/05/13			MTM Metro Corporation								
Occupancy Status During Abat	Street Address												
	135-137 McBride Av												
Facility Closed/Vacated D	City, State, Zip Code												
Abatement Performed Ou	Oity, Otate, Zip Oode												
	Paterson, NJ 07501												
Other-Describe:													
Source of Work (Check all that apply)  > 3 sf or > 3 lf  Renovation  Full Containment with Negative Pressure  Mini-Enclosure													
> 3 sf or > 3 lf	Il Containment with Negative Pressure Mini-Enclosure												
X > 160 sf or > 260 lf     Demolition     Non-Exempted(*) & Non-Friable Procedure     Glovebag Procedure													
Location of Asbestos-	ACM (i.e.	Amount (	Specify SF or	LF)	Abate	ment Ty	ре						
				thermal system		100					31		
Facility (13)	(12) surfacing, VAT NO N/A miscell.)			, or other				Rem. Rep. Encap Enclose			Enclose		
"C" Wing	YES			Ceiling Tile		9,525 SF			X		X		
	1												
	-	+			-					<del> </del>			
Name of Reg. Waste Hauler		NJDEP Was	ste Hauler I	D#	Cubic Yards of	Waste		Name	of Reg.	Landfill			
MTM Metro Corporation 26552					40 .			Tullytov	vn				
City, State			Disp. Date			City, Stat	е						
Paterson, NJ 07501	8/05/13			Tullytown, PA									
Completed by (Print or Type) Title					Signature			Date	Date				
							7/05/00/0						
Elizabeth Maslarkov Business Administrator					Elizabeth Maslarkov 7/05/2013								

ASB-41



Do not use this form for asbestos licensure exmpted activities.