NO CK

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

Date of Notification (1) 7/18/14					Building C Fisher	Owner/Ope	erator (2	.)	244.0	<u>ii 21,</u>	DH o				
Agencies Notified	Type Notification			treet Ad	dress Michig	an Dr				• ••• 1 _{**} 1	tir ju	91			
EPA DEP DOL	Initial Amended Amendment		C	ity, Stat	e, Zip Coo		8087		ů		UNU SING	÷.).			
DOH X DCA	Emergency (justification) Cancellation	including	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Emily D	Contact Diangsoi					lephone Nu		1			
Name of Facility Where A	Abatement is Takin	Place (3)		FACIL	ITY INFO	RMATION		Type of Fa	acility (4)		18 F 1				
Donna Fisher Prope		g + 1400 (0)					L.	Scho	ol (K-12)						
Street Address 41 Lake Michigan D)r			-	13 N			Subc X Other etc.)	hapter 8 (Otl r (i.e. private	her than K- & commerce	12) cial build	lings,	home	es,	
City (5) Little Egg Harbor								Square Fe 2300	et #0	of Floors	Bldg. Age				
County (6) Ocean				County C				Current Us Residen	se (Prior if be itial	eing demoli	shed)				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.				ent Contracto nental Gro						
Street Address							Street A	ddress Mt Cobb	Rd						
City, State, Zip Code						C	City, Sta	ite, Zip Co Ariel, PA	ode						
Project Manager for Mon	itoring Firm	Т	elephon	e No.	Т	Felepho			License 01216	No.					
Start Date (10) 07/28/2014		d Comp 014	pletion D	Date (11)		Name of Lenin	f OSHA M Velez	lonitor							
Occupancy Status Durin	g Abatement (Chec					S	Street A	ddress							
Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Norm			ent		C	City, Sta	Mt Cobb	ode		1-				
Scope of Work (Check A							Lake /	Ariei, PA	18436						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	а пасдоруу		enovati emolitio				Full Containment with Negative Pressur Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Proc								
		le l	Locatio	'n								Abat	emen	t	
Asbestos-Containing <u>TO BE AB</u> In Faci	Location of No Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)					Descr tos Contair thermal sy surfacin other mis	ystems ng, VAT	aterial (AC insulation , or		Amount (Specify SF or LF)	Removal	Repair	e Encapsulate	Enclosure	
D	Yes					Trensil	to Cid	ina	- 1	225 SE				-	
Rear of H		X		Transit				225 SF 160 LF	x		-				
Rear Side		X X		Grey Br Window	-			50 LF	X		-				
	South Wall Living Room									375 SF	X	-			
Living R Name of Registered Wa	N		aste	Floor T			ame of Regis					1			
Clean Earth of North	NJDEP WasteCubic YardsHauler ID No.of Waste1135230 Yard C														
City, State Kearny, NJ				Disposal 08/05/1			ty, State /oodbine,	NJ							
Completed by Mariah Wheeler		Title Proje	le Signature Date 07/18/14							u.					

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

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NO	$(\Gamma$
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to <u>N.J.A.C.</u> 8:60 and 12:120)

PROJECT COMPLETE

Date of Notification (1)			Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS													
6/25/14 Agencies Notified Type Notifica	tion		_			MUNICATIONS	<u>s</u>	1914 JUL 24 1	M 2:	50						
	luon					AND HUNTER				40						
					& Zip C			- a - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	- THE L	2131						
	ded R#1-7/21					NEW JERSEY		<u>&</u> LIUEN	UN IT UNC	· U1.						
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	ellation				YLOR			Ľ,	elepiloi	ne nu	inde	51				
						ORMATION										
Name of Facility Where Abateme	nt is Taking P	lace (3)			Type of Facil	itv (4)									
SUCCASUNNA CENTRAL O						School (
Street Address				104.24		Subchap	oter 8 (Other th	an K-12)								
144 RTE 10 & HUNTER STR	EET					Other (i.e	e. private & cor	nmercial building	s, hom	es, et	c.)					
						Square Feet	# of Flo	ors Bl	ldg. Age	Э						
City (5)	County (6)	Cou	unty (Code	(7)	11570		1								
SUCCASUNNA	MORRIS					Current Use	(Prior if being d	lemolished)								
		-	÷		а 	COMMUNICATIONS										
Name of Monitoring Firm Hired by		ner (8)		AS	CM No.											
USA ENVIRONMENTAL MAN	AGEMENT					BRISTOL ENVIRONMENTAL INC										
Street Address 8436 ENTERPRISE AVE						Street Addres										
City, State & Zip Code							ER STREET									
PHILADELPHIA PA 19153						City, State & Zip Code BRISTOL, PA 19007										
Project Manager for Monitoring F	rm	Telep	hone	Num	ber	Telephone N		License Nu	umber			_				
MARK JENKINS		215-3				215-788-6040 00509										
Scheduled Start Date (10) 5 7/14/14	Scheduled Con	npletio 7/20/		te (11)	Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC										
Occupancy Status During Abaten	ent (Check or	Contraction of the State	Sector March	-		Street Address										
Facility Closed/Vacated D				ateme	ent	1123 BEAVER STREET										
Abatement Performed Ou							City, State & Zip Code									
Describe: 5 PM - 1 AI						BRISTOL, F										
Facility Occupied During	Abatement					,.										
Scope of Work (Check all that ap	ply)															
		F7		19				ntainment with Ne	gative	Press	ure					
≥3 sf or ≥3 lf		M		ovatio			Mini-En									
⊠ ≥160 sf ≥260 lf			Den	nolitio	n			ag Procedures		Drooodura						
Location of		le l	ocati			Description	A CONTRACTOR OF A CONTRACTOR OFTA CONTRACTOR O	empted and Non-								
Asbestos-Containing		Norm				Descriptior Asbestos-Con		Amount (Specify	Aba	temer	ntiy	pe				
Material (ACM)			lely t			Material (A0		m	_							
TO BE ABATED		Maint				(i.e., thermal s	ystems	SF or LF)	Rer	Re	nca	inc				
in Facility		Custo		Staff?	i	insulation, surfac			Remova	Repair	Encapsulate	Enclsoure				
(13)	-	Yes	(12) No	N/A	-	or other miscella	aneous)		<u>a</u>		late	re				
1 ST FLOOR BATTERY AREA						VAT/MAS	TIC	70 SF			-+					
1 ST FLOOR FOYER		H				VAT/MAS		55 SF		님님	╡┼	H				
1 ST FLOOR HVAC ROOM			Ħ	┝┝┥		VAT/MAS	and the second se	750 SF		片뷰	╡┼	님				
1 ST FLOOR DIESEL ROOM			H	H		VAT/MAS		225 SF		님님	╡┼	님				
1 ST FLOOR FRAME AREA			H	H		PIPE INSULA	341 F346 (26)	8 LF		님뷰	╡┼	H				
		Ħ.	H	H						님뷰	=++	片				
Name of Registered Waste Haule	r		NJ	DEP	Waste	Cubic Yards	Name of Regi	stered Landfill								
			Ha	uler II	100000	of Waste										
SERVICE TRANSPORT GRO	UP, INC.		20	990		10	MINERVA L	ANDFILL								
City, State NEW CASTLE, DE 19720						Disposal Date City, State WAYNESBURG, OH 44688										
Completed By (Print or Type)							Date									
PATRICK T. DeCARO PRO																
					MGR. Patrick P. De Care / 1 6/25/14											
PD14046									1							

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Basement	+-		6	P	be			P	++	-
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Name of Registered Whole Harler	<u>t</u>	. E	Hereitan Antorior			les phant	alanai i 2000 Séine Londis	i (Statier 1		
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Date of Notification (1)			N	ame of Bu	uilding Owner/	Operator	(2)	Davia Comp	anies	•	h				
7/10/2014 Agencies Notified Type No	tification		s	treet Addr	ress		ne	Davis Comp		<u>n -</u>	17				
	ial			125 High	Zip Code		-				•				
K DEP X Am	ended endment # 2				MA 02110				8. E						
	ergency (inc		1.00	lame of C					Telephone Nu	mber		÷			
	tification) ncellation			Enrique	Bellido								_		
				FACILI	TY INFORMA	TION	TV	pe of Facility (4)			•		-		
Name of Facility Where Abatemen	nt is Taking P	lace (3)													
N/A								School (K-12) Subchapter 8	(Other than K-1	2)					
Street Address 75 Demarest Drive							X	Other (i.e. privetc.)	vate & commerce	cial build	ngs, h	omes			
							Sc	juare Feet	# of Floors		dg. Ag	е			
City (5) Wayne								90,000	2	4	6				
County (6)				County Co				urrent Use (Prior actory - Vaca							
Passaic Name of Monitoring Firm Hired by		(ner (8)		ASCM	No.	Name	1	Abatement Cont							
CTSI Environmental Safe	v & Health	Profes	SS.	00109		Inci	nia	Contracting,	Inc.						
Street Address	.,		-			Street									
237 West 35th Street, Sui	te 805				1012			lifton Avenue	e, Unit 365)					
City, State, Zip Code								e, Zip Code							
New York, NY 10001				Tolophor	a No	Telep		NJ 07012	License	se No.					
Project Manager for Monitoring F Farhood Selamie	Irm			Telephone 212-92		1		60-9500	01036						
Start Date (10)		Schedule	d Cor	npletion D		Name	e of	OSHA Monitor		7					
7/28/2014		12/31/2	2014					Contracting,	Inc.			-			
Occupancy Status During Abate	ment (Check	Only One	e)					dress Clifton Avenu	e Unit 365						
Facility Closed/Vacated Du Abatement Performed Outs Other – Describe:	ing Entire Pe ide of Norma	eriod of A I Facility	bater Hour	nent s		City,	Stat	e, Zip Code , NJ 07012	e, 0/11/000						
	han h d					UII		, 140 07012							
Scope of Work (Check All That ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	(рріу)	Barran Co.	enova emoli				×	Mini-Enclosure	edure						
								Non-Exempted	d (*) and Non-Fr			ement			
			Loca	STATISTICS 10		Descripti	00.0	¢			Ту	/pe	-		
Location of Asbestos-Containing Materia <u>TO BE ABATED</u> In Facility (13)	al (ACM)	Use Ma	d Sol	ely by ance/ Staff?	(i.e. ther s	Containing	y Ma msi vAT,	terial (ACM) nsulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
	-	Yes	No	N/A					11,000 SF	: v		-	-		
First Floor - Colum			X			y-on Fir	-				-		-		
First Floor - Horizontal	Beams		X			y-on Fir			50,000 SF		+		-		
First Floor - Over	IS		Х			n Stack			188 SF	X			-		
Mezzanine - Crawl S			X			y-on Fir		oofing	5,000 SF	the second se					
Name of Registered Waste Hau Weigle Trucking Compar	Nocto														
City, State Linden, PA			1			isposal Da BD	ate	City, Sta Wayne	^{te} esburg, OH	•					
Completed by Milena Zoric		Title Exe	cutiv	e Direct	or	Signat	V	Xa	\bigcirc	Date 7/18/	2014				

ASB-41 (R-06-08)

		Locati mally		Description of Asbestos		Ab	ateme	nt Typ	e
Location of Asbestos- Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Ma	Solely b aintena todial S (12)	nce	Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	ColumnsXzzanine – Boiler RoomXzzanine – Boiler RoomXzzanine – Boiler RoomX			=			ė		
Mezzanine – Columns		x		Spray-on Fireproofing	11,000 SF	x			
Mezzanine – Boiler Room		x		Pipe Fittings	750 LF	x			
Mezzanine – Boiler Room		x		Boiler Breaching	400 SF	x			
Mezzanine – Boiler Room		x		Small Pipe Elbow Insulation	200 LF	x			
Mezzanine – Boiler Room		x		Large Pipe Elbow Insulation	180 LF	x	ø		
Mezzanine – Boiler Room		x		Water Tank Insulation	360 SF	x			
Mezzanine		X		Oven Stack Insulation	113 SF	X			
Second Floor – Columns		x		Spray-on Fireproofing	11,000 SF	x			
Second Floor – Horizontal Beams		x		Spray-on Fireproofing	6,000 SF	x			
Second Floor – Roof		X		Duct Insulation Tar	600 SF	X			
Second Floor – Penthouse		x		Pipe Insulation	300 LF	x	•		2
Second Floor		x		Oven Stack Insulation	227 SF	X			
Waste Water Treatment Plant		x		Roofing Membrane	2,000 SF	x			

(K 9004 Jul 22 2014 09:33am 2001/002 Senior Services 2 r mera State of New Jersey (signature) Time: 1.2 NOTIFICATION OF ASBESTOS ABATEMENT Date: (Porsuent to NJAC B:GD and 12:120) Name of Building Owner/Operator (2) Date of Notification ions truction nell Street Address Agencies Notified Type Notification 1 Rell BUR EPA Initial City, State, Zip Code Amended DEP 08812 BROOK ALX DOL DOL Amendment # steen Emergency (including Name of Contact Telephone Number A DOH justification) /Y/uRRay Mike DCA Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Alalement is Taking Place (3) Building 1a Can School (K-12) Subchapter 8 (Other than K-12) 00 Street Address Other (i.o. private & commercial buildings, homes, 00.0 4145 O. etc. # of Floots Square Feet Bldg. Age City (5) -NJ runswic. (60+outh County Code (7) Current Use (Prior if being demolished) County (6) STATE USE ONLY) Building Office/Lab ida eser ASCM No. Name of Abatement Contractor (9) Name of Monitoring Finn Hirsd by Building Owner (8) EPC nologics Jni Street Address Street Addre **?.0.**1 P. 0 -City, State, Zip Code Reas E City, Sta 2 (Pro) 77 Project Manager for Telephone No. Telephone No. ACM 3265 120 609*758-*3365 69758-Name of OSHA Monito Scheduled Completion Date (11) Start Date (10) 7-22 31 - 14 EPC Tec 7-10 T Street Address Occupancy Status During Abatement (Check Only One) More P-0. 337 BOR Facility Closed Macular During Entire Period of Abatement Abatement Periormed Classide of Normal Facility Hours City, State, Zip Code 3hift New Egypt X Other - Describe: 08533 Scope of Work (Check All That Apply) Full Containment with Negative Pressure 22 sf or 23 lf Renovation Found 耳 Demolifion Mini-Enclosure ≥160 af or ≥280 If Glovebag Procedure Non-Exempled (") and Non-Friable Procedure 10 Abatement is Location Туре Normally Description of Location of Used Solely by Asbestos-Containing Material (ACM) TO BE ABATED Asbentos Containing Material (ACM) Amount Survey Encepsulate Maintenance/ (i.e. thormal systems insulation, (Specity Remoyal Enclosure Repair Custodial Staff? surfacing, VAT, or SF or LF) In Fadility (12) other miscellaneous) (13) No NA Yes .50 SF Parels K × Exterior Ransite 180 SF x Roof Aid Ducts × an 0 Another Ż 75 SF x VAC x lak Koof 00 Name of Registered Landfill NJDEP Waste **Cubic Yards** Name of Registered Waste Haulor, Hauler ID No. of Waste Management of PIA Wask nologies 7000 Disposel Date City, State City, State PA by 7-31-15 Mornisville NT Vew E Skinabig Data THIS -22-14 President terre

A38-41 (R-06-08)

JUI 22 2014 US: JJAM YUUZ/UUZ neu-8-00 8 0 800 V V IS Sept. of Health & Senior Services # 89 State of Now Jersey NOTIFICATION OF ASBESTOS ABATEMENT 12 (signature) (Pursuant to MJAC 8:59 and 12:120) ZLAMMO: Date: Name of Building Owner/Operator (2) onstruction Date of Notification (1) Kelli -10-. Street Address Court Type Notification Kelly Agencies Notified K 08812 Initial City, Stats, Zip Code EPA BROOK, LU Amended DEP DReen Amendment # DOL Telephone Numb 5 Emergency (including Name of Contact 11 justification) - DOH MURRAY Mike Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) office Building School (K-12) El Subchapter 8 (Other than K-12) Other (i.e. private & commondat buildinge, homes, Vacant Street Address Road etc.) Bldg. Age # of Floors Source Feet NJ BRUNSWICK .604-City (5) Current Use (Prior if being demolished) County Code (7) (STATE LISE ONLY) Bu dina County (6) offices/Labs 1110 Sec ractor (9) Nume of Abstement C ASCM NO. Nume of Monitoring Firm Hingd by Building Owner (8) n NI 51 Stract Address Street Address RO. . 0 State Zie Cotio C a City, State, Zip Cod G 20 Telephone No. Telephona No. Project Manager for 69758-326 609 758-3365 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) EPL-Technol 7-3-14 6-20-14 Street Address Occupancy Status During Abatement (Check Only One) P.O. BOx 337 Abatement Performed Outside of Normal Facility Hours Abasament Performed Cutsida of Normal Facility Hours Other - Describe: City, State, Zip Code 08533 New Eg Yot E Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation Mini-Endosuro Demolition Glovebag Procedure 2160 % or 2260 f Non-Exempted (") and Non-Frisble Procedure Abatement Type la Localion. Normally Description of Aspestos Containing Material (ACM) Amount Location of Used Solely by Encapsulati Asbestos-Containing Material (ACM) TO BE ABATED Enclosure (Specify Removie 0.e. thermal systems insulation, Repeir Maintenence/ SF or LF) Custodial Stal?? surfacing, VAT, or (12) alther miscallaneous) In Facility (13) No N/A Yes 8000 SF K FLOOR imasi x Ensi × 150 SF x Rn Name of Registered Landilli Cubic Yards NUDEP Weste Name of Registered Waste Haular Waste Management of PIA Hauler ID No. of Wanta ologies 70.00 City, State Disposal Date PA Mornisville City, State 7-2-14 NJ Dark Signatu 10-14 TINC Completed by ø President TRUE . Do not use this form for asbestos licensure exampled activities.

ASB-41 (R-06-08)

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(K 2762

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

40 APR	Print Form
	N 1

Date of Notification (1) 07/21/14				Name of George	Building C Nurse)wner/O	perator	(2)		20	JUL]2	et (5		
Agencies Notified	Type Notificati	on	1.3	Street Ad PO Box							State of the second		11	t pur	10		
EPA DEP X DOL	Initial Amended Amendme	ent #			e, Zip Co us, NJ 0						8		10				
DOH DCA	justificatio			Name of George						Tele	ephone N	lumber					
				FACIL	ITY INFO	RMATI	ON								200		
Name of Facility Where Building Street Address	e Abatement is Ta	king Place (3)	2					of Facility (4) School (K-12 Subchapter 8) 8 (Othe				•			
179 Madison Stree	et								Other (i.e. pri etc.)	ner (i.e. private & comm :.)				nercial buildings, non			
City (5) Passaic, NJ									re Feet	# of	Floors	1	3ldg.	Age			
County (6) Passaic	*			County C (STATE U	Code (7) ISE ONLY)				nt Use (Prior i-Family	f if bei	ng demo	lished)					
Name of Monitoring Fir	m Hired by Buildi	ng Owner (8)		ASCM	No.		100000000000000000000000000000000000000		tement Cont								
Street Address								Addre HITE	ss DOVE CO	URT			•				
City, State, Zip Code								, State, Zip Code KEWOOD, NJ 08701									
Project Manager for Mo	onitoring Firm			Telephor	ne No.		A CONTRACTOR OF A	hone N 668-9			License 1200	e No.					
Start Date (10) 07/31/14		Schedule 07/31/		Completion Date (11) Name					HA Monitor	SSIO	NALS						
Occupancy Status Dur	ing Abatement (C	State and the state					Street	Addre	SS								
× Facility Closed/Va Abatement Perfor Other – Describe:	acated During Ent med Outside of N	ire Period of	Abater				City, S	State, Z	DOVE CO								
-						- a i	LAK	EWO	OD, NJ 08	\$701							
Scope of Work (Check	All That Apply)																
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Renova Demoli				2	Full Containment with Negativ Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Fr									
		ls	Locat	tion									Ab	atem Type	ent		
Locati	ion of		Norma		0.000	De	escription	n of					Т	J			
Asbestos-Containin <u>TO BE A</u> In Fa (1:	Cility) Ma	aintena	2) c			itaining l I system acing, V/ miscella	ns insul AT, or	ation,	(Amount Specify F or LF)	Removal	Nepair	Lincapadiate	Enclosure		
Base	ment	res					PSI				15 LF	x	+	+			
	ment													-	_		
Name of Decision of the	lasta Llouisa			NJDEP W	laste	Cubi	c Yards		Name of F	Reniet	ered I an	dfill					
Name of Registered W NEWARK CARTIN			1	NJDEP M Hauler ID)4509		of Wa			IESI	logist							
City, State NEWARK, NJ			Disposal Date 7/31/14				City, State BETHLEHEM PA										
Completed by JOSEPH PERLST	EIN	Title Signature OWNER						Date 07/21/14									

		N		CATION	Ite of New OF ASBI	ESTOS A	BATER		Chec	k # 15	544	4	1	10
Date of Notification (1) 07/19/2014					Building ER RIV			(2)		BA JUL 2			52	
Agencies Notified	Type Notification			Street Ad		DADKI		-		A Contractor of				
EPA DEP	× Initial Amended				IORTH te, Zip Co					135		150	н)	
∑ DOL	Amendmen				SAUKE		8109			Q2		¥Ę,	6	
DOH DCA	Emergency justification) Cancellation	-			Contact STEUE	BER				Telephone N	Number	č		
<u> </u>				FACIL	LITY INFO	ORMATIC	N							
Name of Facility Where At COOPER RIVER PL		ig Place (3	5)					-	of Facility (4					
Street Address									chool (K-12 ubchapter 8) I (Other than K	(-12)			
5105 NORTH PARK	DRIVE							× O	ther (i.e. pri tc.)	vate & comme	ercial bu	ildings	, hom	es,
City (5) PENNSAUKEN						2		Square	e Feet	# of Floors 2	1.	Bldg.	Age	
County (6)				County C	Code (7)			300,0 Curren	1.842	∠ if being demo		60		
CAMDEN					ISE ONLY)	_		RTMENT		,			
Name of Monitoring Firm H CONNELL GREEN (ASCM	l No.				ement Cont ENVIRO	ractor (9) NMENTAL	SERV	ICES	INC	
Street Address 904 KINGS ARM DR	IVE							Address CLEM	s S RUN					
City, State, Zip Code DOWNINGTOWN PA	A 19335							tate, Zip	Code HILL NJ (08062				
Project Manager for Monito RICK PELLISSIER	an decision pro-		Telephor	ne No. 2-9363		Teleph	none No 304-46		Licens 01145					
Start Date (10)				Date (11)		Name	of OSH	A Monitor	0114	,				
07/31/2014	Alberta and (Oba	08/04/2					EMS							
Occupancy Status During				ent				Address RT 130	») NORTH					
Facility Closed/Vacate Abatement Performed Other – Describe:	d Outside of Nor	nal Facility	Hours					tate, Zip NAMIN	Code ISON NJ	08077				
Scope of Work (Check All	That Apply)													
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Renova Demoliti				×	Mini	-Enclosure vebag Proce	nt with Negativ				
		le	Locati	00			E		-Exempled	(*) and Non-F			temen	t
Location of	of	1	Normall	ly	20		scription					T	ype	-
Asbestos-Containing M TO BE ABA		Ma	ed Solel	nce/		tos Conta thermal				Amount (Specify	7	1	Enc	E E
In Facility (13)	1	Cus	todial S (12)	stan?		surfac	niscellar	T, or		SF or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							<u>0</u>		late	Ire
BOILER RO	DOM	-		X	В	OILER	BREA	CHIN	G	120 SF	X		-	
BOILER RO		X		PIPE	FITTI	NGS		10 LF	X					
						·								-
Name of Registered Waste	e Hauler			JDEP W	1790 T T T C	Cubic			Name of F	tegistered Lan	dfill	-	-	
ASSURED ENVIRON	MENTAL SE	VICES	1.36.00	auler ID)34895		of Was 12	sie		SOUTH	ERN ALLEC	GHENI	ES		
City, State MULLICA HILL NJ							anpate /2/014		City, State DAVIDS	VILLE PA				
Completed by RON SWANSON		Title	JECT	COOF	RDINAT		gnature	00	hr	AN PA	Date 07/19	/201	4	
							fue	int	Jul	vin	01/10			15.15
ASB-41 (R-06-08)						\mathcal{O}	* Do no	ot use th	his form for	asbestos licen	sure exe	empte	d activ	ities.

Print Form

VE	merger	CY NO		Stat ATION (suant to	e of New Je OF ASBEST NJAC 8:60	orsey OS ABATE and 12:120	MENT	CK	- 	slo			Prin	t For
Date of Notification (1) 7/22/14			N	ame of I		ner/Operator								
	e Notification			treet Ad 01 Lat	dress urel Court			2		÷	<u>, i</u> i –	÷G	2	-
EPA DEP DOL	Initial Amended Amendment #				e, Zip Code leasant N	J 08742			and the second s	말먹		te ti		
DOH DCA	Emergency (ir justification) Cancellation	icluding	1.4.52	ame of ohn	Contact				Telephone	Numbe	er			
				FACIL	ITY INFORM	NATION								
Name of Facility Where Abate Pete Rabot Private Hor		Place (3)				·	× s	of Facility (4) School (K-12)					
Street Address 301 Laurel Court									(Other than I vate & comm		build	ings, I	nome	s,
City (5) Point Pleasant NJ 0874	42				+-		1000		# of Floors		35	dg. Ag 5+	je	
County (6) Ocean)#				SE ONĹY)			10 III.	if being demo	olished)	23		
Name of Monitoring Firm Hire N/A	ed by Building O	wner (8)		ASCM	No.		of Abai	tement Cont 1C.	ractor (9)					
Street Address							t Addres Box 32							4
City, State, Zip Code								p Code n NJ 0809	11			43	-	
Project Manager for Monitorin	ng Firm		Т	elephon	ie No.		hone No 753-9		Licens 0072					-
Start Date (10) 7/23/14		Scheduled 7/25/14	d Com	pletion D	Date (11)	Name		A Monitor						
Occupancy Status During Ab	atement (Check	Only One)			Stree	t Addres	ss						
Facility Closed/Vacated Abatement Performed C Other – Describe:				ent		City,	State, Z	ip Code						2
Scope of Work (Check All Th	nat Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovati emolitio				Mir Glo	ni-Enclosure ovebag Proc	nt with Negati edure					
		T				L		n-Exempled	(*) and Non-F	-nable		Abate		
Location of Asbestos-Containing Mat	terial (ACM)	N	ocatio	y	Ashestos	Descriptio Containing			Amount	+		Ty	pe	
TO BE ABATE In Facility (13)		Custo	ntenan odial Si (12)	2023-223 III	(i.e. th	ermal system surfacing, V ther miscella	ns insula AT, or		(Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A							3		ate	ſe
Exterior Sidi	ng			x		Exterior S			1800SF	>	٢			
through-ou	t	+	_	x		Floor T	ile		300SF	2	c			
Name of Registered Waste H United Containers	Hauler		Ha	JDEP W auler ID 2459	200522050	Cubic Yards of Waste }		G.R.O.V	Registered La V.S.	natili			24	
City, State Elm NJ			_			Disposal Dat 7/25/14	e	City, State Morrisvi	lle PA 1906	67				
Completed by Anthony T Perna		Title Presid	dent			Signatu	re L	1	_	Date 7/22		ı		

A NO		ATION C	OF ASBES	TOS ABATE		CK	14/2	37	2		Prin	it Fo
	Na W	ame of E Vashin	Building Ow gton Tow	ner/Operator	(2) rd of E				-			
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						10.00	3010 4 L	LEN.	ban Bih	n F In	Cu.	
			Contact									43
		FACIL	ITY INFOR	MATION			•		1			
g Place (3)					NO.							
						Subchapter 8 Other (i.e. pri	(Other tha			ings, l	nome	s,
		U.			Squa	re Feet	# of Floo 1	rs			je	
					Curre	ent Use (Prior	if being de	emolishe	ed)			
Owner (8)		ASCM	No.				ractor (9)					
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		2)1					
	Т	elephon	e No.					2002/00/00				
Scheduled 7/24/14	i Comp	oletion D	ate (11)			HA Monitor						
ck Only One)			Stree	t Addre	SS	0					
		ent		City,	State, Z	Zip Code						
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					Mi	ni-Enclosure ovebag Proce	edure				9	
ls L	ocatio	n				2.						
Used Main Custo	Solely	y by ce/	(i.e. th	s Containing nermal syster surfacing, V	Materia ns insul AT, or	lation,	(Speci	ify	Removal	Repair		Enclosure
Yes	No	N/A									0	
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				Disposed Det	-	I Othe Ohala	and the second se					
				Disposal Dat 7/24/14	e	City, State Morrisvi	lle PA 19	9067	1	10 M (1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
	#	# N. (including N. g Place (3) N. ig Place (3) C ig Place (3) C ig Place (3) C ig Place (3) C ig Place (3) T Scheduled Comp T 7/24/14 C ck Only One) Period of Abatemem Period of Abatemem Demolitic Is Locatic Normally Used Solely Maintenan Custodial S (12) Yes No is Locatic Normally Maintenan Custodial S (12) Yes	Name of E Washing Street Add 827 Wh City, State Turners Name of C Annina FACIL Ig Place (3) County C (strate us) Owner (8) ASCM Scheduled Completion D 7/24/14 ck Only One) Period of Abatement mail Facility Hours Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No NJDEP W	Name of Building Ow Washington Tow Street Address 827 Whitman Sc City, State, Zip Code Turnersville NJO Name of Contact Annina FACILITY INFOR Index of County Code (7) (Including County Code (7) (Including ASCM No. Scheduled Completion Date (11) 7/24/14 cocation Normally Used Solely by Maintenance/ Custodial Staff? (I.e. the second staff? Yes No NJDEP Waste Hauler ID No.	Name of Building Owner/Operator Washington Township Boa Street Address 827 Whitman School Drive City, State, Zip Code Turnersville NJ08012 Name of Contact Annina FACILITY INFORMATION including County Code (7) (including FACILITY INFORMATION ig Place (3) Owner (8) ASCM No. Name of Contact Annina FACILITY INFORMATION ig Place (3) Owner (8) ASCM No. Name of Contact No No PO Owner (8) ASCM No. Pol City, i West Telephone No. Telephone No. Stree Pol Ck Only One) Stree Period of Abatement mail Facility Hours Is Location Normally Used Solely by Maintenance/ Custodial Staff? <t< td=""><td>Name of Building Owner/Operator (2) Washington Township Board of B Street Address 827 Whitman School Drive City, State, Zip Code Turnersville NJ08012 Name of Contact Annina FACILITY INFORMATION ig Place (3) County Code (7) County Code (7) (STATE USE ONLY) Owner (8) ASCM No. Name of Aba Pernaco I Street Addres Vest Berl City, State, Z West Berl City, State, Z West Berl Telephone No. Scheduled Completion Date (11) 7/24/14 ck Only One) Period of Abatement mal Facility Hours City, State, Z West Schotlant Staff? (12) Yes No N/A Yes No/ N/A NJDEP Waste Cubic Yards NJDEP Waste Cubic Yards NJDEP Waste Cubic Yards NJDEP Waste Cubic Ya</td><td>Name of Building Owner/Operator (2) Washington Township Board of Education Street Address 827 Whitman School Drive City, State, Zip Code Turnersville NJ08012 Name of Contact Annina FACILITY INFORMATION ig Place (3) County Code (7) County Code (7) (street Address PO Dex 3229 County Code (7) Current Use (Prior Owner (8) ASCM No. Name of Abatement Control Pernaco Inc. Street Address PO Box 3229 City, State, Zip Code West Berlin NJ 0805 Telephone No. 856-753-9800 Scheduled Completion Date (11) 7/24/14 Ck Only One) Period of Abatement mal Facility Hours City, State, Zip Code Normaliy Used Solely by Maintenance/ Custoial St</td><td>Name of Building Owner/Operator (2) Washington Township Board of Education 2014 JUI Street Address 827 Whitman School Drive 2014 JUI City, State, Zip Code City, State, Zip Code 2014 JUI Turnersville NJ08012 Annina Telephor Annina FACILITY INFORMATION Type of Facility (4) Ig Place (3) FACILITY INFORMATION Subchapter 6 (Other the Other (i.e. private & con etc.) Square Feet 000+ 1 Owner (8) ASCM No. Name of Abatement Contractor (9) Vertex Eddress PO Box 329 City, State, Zip Code West Berlin NJ 08091 Telephone No. Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091 Telephone No. Telephone No. Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091 Scheduled Completion Date (11) Name of OSHA Monitor Scheduled Completion Date (11) 7/24/14 Same City, State, Zip Code Scheduled Completion Date (11) Washint_Enclosure Glovebag Procedure Non</td><td>Name of Building Owner/Operator (2) Washington Township Board of Education Street Address 827 Whitman School Drive City, State, Zip Code Turnersville NJ08012 Name of Contact Annina FACILITY INFORMATION ig Place (3) Explore County Code (7) (ricuding) County Code (7) (strate USE OWL?) 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County Code (7) (STATE USE ONLY) Owner (8) ASCM No. Permaco Inc. Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091 Telephone No. 856-753-9800 00727 Scheduled Completion Date (11) Name of OSHA Monitor City, State, Zip Code Mini-Enclosure Glovebag Procedure Mini-Enclosure City, State, Zip Code Mini-Enclosure</td> <td>State of New Jersey NOTHICATION OF ASBESTOS ABATEMENT (Pursuant to NACE 6:80 and 12:129) CK_H237 Name of Building Owner/Operator (2) Washington Township Board of Education Street Address CK_H237 Street Address Street Address B27 Whitman School Drive City, State, Zip Code (including (including) Name of Contact Annina Telephone Number FACILITY INFORMATION Type of Facility (4) School (K-12) School (K-12) School (K-12)</td>	Name of Building Owner/Operator (2) Washington Township Board of B Street Address 827 Whitman School Drive City, State, Zip Code Turnersville NJ08012 Name of Contact Annina FACILITY INFORMATION ig Place (3) County Code (7) County Code (7) (STATE USE ONLY) Owner (8) ASCM No. Name of Aba Pernaco I Street Addres Vest Berl City, State, Z West Berl City, State, Z West Berl Telephone No. Scheduled Completion Date (11) 7/24/14 ck Only One) Period of Abatement mal Facility Hours City, State, Z West Schotlant Staff? 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County Code (7) (STATE USE ONLY) Owner (8) ASCM No. Permaco Inc. Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091 Telephone No. 856-753-9800 00727 Scheduled Completion Date (11) Name of OSHA Monitor City, State, Zip Code Mini-Enclosure Glovebag Procedure Mini-Enclosure City, State, Zip Code Mini-Enclosure	State of New Jersey NOTHICATION OF ASBESTOS ABATEMENT (Pursuant to NACE 6:80 and 12:129) CK_H237 Name of Building Owner/Operator (2) Washington Township Board of Education Street Address CK_H237 Street Address Street Address B27 Whitman School Drive City, State, Zip Code (including (including) Name of Contact Annina Telephone Number FACILITY INFORMATION Type of Facility (4) School (K-12) School (K-12) School (K-12)

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

Cht pet

				(Pur	suant	to NJAC	8:60 and 5:16	5)		ן ביולי ביולי							
Date of Notification (1)		(Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Blackman and Company, Inc. 2014 JUI 24 FH 3:51 ation Street Address															
07 /	15 /	14			Blac	kman an	d Company, Inc	3.	2012 111 01								
Agencies Notified	Type Notific	ation			Street A	Address				Ph	3:	51	-				
⊠ EPA	Initial				2 W.	Eveshar	n Rd.		State State and state			- (
DOLWD	Amende	d		-	City, St	ate, Zip Co	ode		& LICEN	UC:	112	11	_				
DHSS	Amendm					rry Hill,			& LIKEP	ISHA	(G	14 a.					
	Emerger justificat		luding	-		of Contact			Telephone Numbe	er		~ ~					
(NJAC 5:23-8)	Cancella					Harris		4	1 6								
					FAC	ILITY INF	ORMATION										
Name of Facility Where A	batement is	Taking	Place	(3)				Type of Facility (4	4)			22220					
Plastics Consulting								School (K-12)									
Street Address									(Other than K-12)	ial hui	Idina						
1431 Ferry Ave								homes, etc.)	ivate and commerc	al Du	lung	5,					
City (5)			10 10000					Square Feet	# of Floors	Blo	e						
Camden								3500Sf	1 Floors 80 yrs.								
County (6)					Count	y Code (7)	(STATE USE ONLY)	Current Use (Pric	or if being demolish	r if being demolished)							
US; Camden CO.						,		Warehouse									
Name of Monitoring Firm	Hired by Bui	Iding O	wner (8	3) A	ASCM	No.	Name of Abateme	ent Contractor (9)									
Atlas Environmenta			2				Graham-Tecl	h Environmenta	al Service, LLC.								
Street Address	•						Street Address						_				
P.O.Box 11645																	
City, State, Zip Code																	
Phildelphia, PA 191	16																
Project Manager for Mon				Tele	phone N	No.	Telephone No.		License No.	No.							
jason Dua				26	7-784-	4693	856-318-1341		01158								
Start Date (10)		Sched	uled Co	mplet	tion Dat	e (11)	Name of OSHA M	Aonitor									
/ / /					1		Graham-Tecl	h Environmenta	al Services, LLC				- 1				
Occupancy Status During		12/17/252					Street Address										
Status Duning					nent		14 Read Driv	re									
Abatement Performed						cribe	City, State, Zip C					152 - 24 J					
Time of Abatement: 7							Sicklerville,										
Scope of Work (Check al	I that apply)						,										
								tainment with Neg	ative Pressure								
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf			□ Re ⊠ De				Mini-End Gloveba	closure Ig Procedure									
				nonac			Non-Exe	empted (*) and No	n-Friable Procedur	e							
				Locat						Ab	atem	ent T	уре				
Location				lorma d Sole			Description			Re	Re	Щ	Ē				
Asbestos-Containing TO BE ABA	C 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	M)	102031-00	intena			stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	cap	clos				
IN Facili			Cust	- 10.000 C	Staff?	(surfacing, VAT	r, or	SF or LF)	val		Encapsulate	Enclosure				
(13)			Vee	(12)	NI/A		other miscellane	eous)				ate					
			Yes	No	N/A				5000 -	57							
First Floor						Floor Ti	500Sq										
First Floor				\boxtimes		MasticF	Removal Under	3000Sq									
Name of Registered Was	ste Hauler			N	JDEP 1	Naste	Cubic Yards of	Name of Regis	stered Landfill								
Graham-Tech Envi		Servio	e, LL	с н	lauler II		Waste	G.R.O.W. 1	W. North Landfill & Tullytown								
City, State					00346		Disposal Date	City, State									
14 Read Drive Sick	lerville, NJ	0808	1				\cap	1513 Brod	entown Rd. Mor	risvi	lle,P	Ą					
Completed By (Print or T		Title					Şignature		Da				1				
Vernice Graham	1717-119 7 0	P	reside	ent			Vaul	- AW	\mathcal{N}	7.	15	·M	f				
ASB-41			-		-		- yr	lon									

Date of I	Notification (1)	2		Na	me of Bu	ilding Owner/Operato (WOOD T	Frencis	59844 44 64		DA.P.	
Agency	10.11	ype Notification		Sta	eet Addr	ess	0100300	-2614 111 24	PM	3.	56
DEPA		i Initial					ZIA TE	12 1 2 2 2			
D DEP	1 4	Amended Amendment#		City	y, State,	WOOD P.	Ler N'	\$ 8740	TIN	s i K KG	J
DOH		Emergency (includi iustification)	ing	Na	me of Co	antact		Telephone Name	-		
DCA	1	2 Cancellation	N	M	R. F	Saner		<u> </u>		<u></u>	-
Name	F. Th. M Ab	atement is Taking Pla		F	ACILITY	INFORMATION	Type of Facility				_
Name of	Carrier and the second and the second s	od tex		Ē	•	HMATION	School (K-1)				
Street A	ddress					:	D Subchapter	8 (Other than K-12) rivate & commercial	Basileti		
	75	10ZIA	TER	RAC	15		homes, etc.)			20.00
City (5)	ELAWO	DO PAR	K			. 12	Square Feet		Bidg	Age 9	4
County (unty Coc	le (7) (STATE USE	1	rior if being demolis	1		
Name of	BERGE Monitoring Firm H	ired by Building Own	er IA	SCM No		Name of Abate	Himent Contractor (S APTS	-		_
(8)							Removal 1	- 90			
Street A	ddress	relation of the second second			24	Street Address	COMBOND CONTRACT	lorp.			
City, Sta	te, Zip Code					City, State, Zip					_
							nsack, N.				
Project 1	fanager for Monito	ting Film	Telt	ephone I	No. ,	Telephone No. 201-329		License No	N.		
Start Da		Scheduled C			11)	Name of OSHA	Monitor	1	1		
18	4/14	batement (Check on	14	-	; ;	Omega En	nvironmer	ital inc			_
2014		During Entire Period		mont			yler St				
D Abate	mant Performed O	M TO S V	Bly Hour	5	•	City, State, Zip South		.k, N.J. 0	760	96	
Scope di	Work (Check all ti	nat apply)	Houni		_	Refe		Negative Pressure			
□≥3st 23≥160	or ≥ 3 lF sf or ≥ 260 lf				Renovati Demolitic	n 🛛 Gio	i-Enclosure vebag Procedure -Exempted (*) an	d Non-Friable Proce	dure		
	in Kato (· A .	2122002	ocation	Τ.					Ab	ate Ty
·	Location (Used	solely b		Description sbestos Containing M		Amount		Π	
	TO BE ABA	TED	Cu	tenance/ stodial		fi.e., thermal system surfacing, VA	s insulation.	(Specify SF or LF)		Removal	Rep
•	(13)		7	(12)		other miscellar		ار سد دی ریپ		oval	Repair
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Name of	Registered Waste	Hauler	IN.5	EPW	te Haulei	Cubic Yards of	Name of Regis	stered Landfill			
-	Removal		ID N			Waste 10CY	1	Enterpri	ses	5	
City, Stat	Hackens	ack, N.J.	_ <u>_</u>			Disposal Date 8/8/14	City, State	ourg, Oh			
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Date of Notification (1)				Name o	of Building	Owner/Operator	or (2)				•		19. 	
	14	-	A	Angela	Scerbo				2814 H a					
Agencies Notified Type Notifical	tion			-	Address				<u></u>	- 24	13	H 3	. 40	
EPA Initial			2	48 Gre	enville A	venue							1.0	5
DOLWD Amended			Ī	City, S	tate, Zip Co	ode			10 - 10 - 10 10 - 10		00	LT	20	s (6535
DHSS Amendme		Idino	IJ	lersey	City, NJ (07305			ee j	- 21	64	ΗŔ	1 al.	
(NJAC 5:23-8) Justificatio		101118			of Contact				Telephone N	umber			े ः	e e
Cancellati	ion		1/	Angela	a Scerbo					12				
				FAC	LITY IN	FORMATION								
Name of Facility Where Abatement is T	aking F	Place	(3)				Ty	pe of Facility (4)					
Private home								School (K-12))	4.00				
Street Address								Subchapter 8 Other (i.e., pr	(Other than K- rivate and com	n 2) mercia	Ես։	idina	3	
48 Greenville Avenue							2	homes, etc.)				ang.		
City (5)				1			S	quare Feet	# of Floors		Bld	g. Ag	je	
lersey City, NJ 07305														
County (6)				Count	ty Code (7) (STATE USE ONL	Y) C	urrent Use (Pri	or if being dem	nolishe	d)			
Hudson											2			
Name of Monitoring Firm Hired by Build	ding Ov	vner (δ)	ASCM	No.	Name of Abate	ement	Contractor (9)						
						Gr Tech LLC	2							
Street Address						Street Address	s							
						576 Valley R	d #28	3						
City. State, Zip Code						City, State, Zi;	p Code	3						
						Wayne, NJ 0'	7470							
Project Manager for Monitoring Firm			Tele	phone	No.	Telephone No.) .		License No	l,-		00		
			1			973-638-177	7		01127					
	Schedu	iled C	omple	tion Da	te (11)	Name of OSH	iA Mor	nitor					~~~~	
07 / 30 / 14	07	<u> </u>	31		14	Envirovision	Cons	ultants,Inc						
Occupancy Status During Abatement (Check	only c	one)			Street Address					-			
X Facility Closed/Vacated During Entr	ire Peri	od of	Abate	ment		20-21 Wagar	raw R	oad, Bldg .# :	34A					
C Abatement Performed Outside of N	ormai F	acility	y Hour	s - Des	scribe	City, State, Zij								
Time of Abatement:AM	PM	1	PW_		AM	Fair Lawn, N	JJ 074	10						
Scope of Work (Check all that apply)						Clea	an up a	nd decontamin			ress	ure		an a
⊠ >3 sf or >3 lf	3		enovati				Contai -Enclos	nment with Neg	gative Pressure	8				
> 160 sf or >260 if	2		enovau emolitic			Glove	ebag P	Procedure	Tent with Neg	ative P	ress	ure		
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Name of Registered Waste Hauler			NJ	DEP Was	te Hauler ID No	Cubic Yards of	1		stered Landfill					
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City, State					2419-115-11-12-12-12-12-12-12-12-12-12-12-12-12-	Disposal Date	e	City, State						
Wayne, NJ 07470						TBD		Tullytown, P						
Completed By (Print or Type)	Title					Signatur				Date	2			
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Date of Notice (3) 7-21-14		DEDWSK			
Agency Notified Type Notification	Street Address	1		Plat tin or	
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-E DOL Annalment #	Inding GLEN		JJ 074	5 L	
DOH (SUICESSO) DCA DCA Case selection		olowsk			<u></u>
Name of Facility Whom Abalament's Taking	FACILITY III	PORMATION	Type of Facility (4	4 5 5 4 5 5	
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CIN 6					85YRS
HASBROUCK HEIGHT	County Code (7) (STATE USE	2 350 Correct Uso (Price	Plaing dismolishe	
BFRGEN	ONEY)	Name of Abalas	RESIDENC	<u> E</u>	
0		Best R	emoval In	c]	
Street Address	•	Street Address 450 S.	River St	n ye Xyenatanayo	
City, State, Zip Code		Hacken	sack, N.J	. 07601	
Project Manager for Moniloding Film	Telephono No.	Telephone No. 201-329-	1	00388	
Stat Data (19) 7-31-14 8-	Completion Date (11)	Name of OSHA		al Inc	
Occupancy Status During Abalement (Check	• / •	Street Address			
C. Pacifity Closed/Vacanind During Entire Peni C Abatempt Performed Outside of Names P	acity Hours	280 Huy	Xode		
Citor-Dosetile: 8 AM 5 PI Scope of Wate (Check all flint apply)	η		ackensack	(2)	606
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Name of Registered Waste Hauter	NJBEP Waste Hauter ID No.	Cabic Yands of Waste	Name of Register		
Best Removal Inc	17109	2. YD	1	Enterprise	25
Hackensack, N.J.	07601	8-1-14	Waynesbu		
1 VELDININO 1	mator	R.Veld	ran	7	-21-14
ASE-61 *Do	nat use this form for asbestos ii	ecosore exceptiod:		and the second	
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Check# 2750

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

Adender Notified Notification Type Stread Address BI EPA Initial Notification #2 ENVIRONMENTAL HEALTH & SAFETY DEPT. BI DOL Dinitial Notification #2 ENVIRONMENTAL HEALTH & SAFETY DEPT. New Start & Completion Date Cancelled Citx, State 20, Code BI DOL Cancelled Citx, State 20, Code Pister Address Cancelled Treephone Number Address Cancelled Name of Collar, Mark 20, Code Address Cancelled Treephone Number Address Cancelled Treephone Number Address Cancelled Date of Failth (4) Date of Failth (4) Discol (Failth (4) Discol (Failth (4) State Uncollegation State Uncollegation Current Use (prior if being demolished): ACADEMIC Candro ATC ASSOCIATES 0098 Current Use (prior if being demolished): ACADEMIC State Uncollegations State Uncollegation Number License Number Candro ATC ASSOCIATES 098 State Marks Orgen Attrack (6) State Uncollegation State Marks Candro Attress State Marks	Date of Notification (1) July 18, 2	014				Name of Building Owner/Op		/EDC				
Name of Facility Vitrier Abatement is, Takking Preset (3) Lybe of Facility (4) Lybe of Facility (4) CAMDEN SCIENCE BLDG, BLDG# 7002 Stockhapter 6 (other than K-12) U Stockhapter 6 (other than K-12) Stock Address CAMDEN CAMPUS Stockhapter 6 (other than K-12) CAMDEN CAMPUS Caunty (6) Caunty (6) Caunty (6) Cardino ATC ASSOCIATES 0098 Name of Contractor (9) Cardino ATC ASSOCIATES Street Address 3 TERRI LANE Street Address Current Use (prior if being demolished): ACADEMIC Street Address 3 TERRI LANE Street Address Current Use (prior if being demolished): ACADEMIC Street Address 3 TERRI LANE Street Address Current Use (prior if being demolished): ACADEMIC Street Address 3 TERRI LANE Street Address Caunty (6) Caunty (6) Street Address Street Address Caunty (6) Caunty (6) Caunty (6) Street Address Street Address Caunty (6) Caunty (6) Caunty (6) City State ZacOade BUTLINGTON, NJ 08016 BUTLINGTON, NJ 08016 Caunty (6) Caunty (6) Caunty (6) Fr	Agencies Notified EPA EDCA DOL DEP- No Longer REQUIRED		□ Initial N ☑Amend New Start □ Emerg justific	Notifica ed Noti & Con ency (i ation)	fication # 2 – apletion Dates including	Street Address ENVIRONMENTAL HI 27 ROAD 1, BLDG 40 City, State, Zip Code PISCATAWAY, NJ 08 Name of Contact MICHAEL SMITH, EN HEALTH & SAFETY	EALTH 8 86, LIVII 854	& SAF	ETY I		S ·	
CAMDEN SCIENCE BLDG., BLDG# 7002 □ School (K12) Street Address CAMDEN CAMPUS CAMDEN CAMPUS Subchapter 6 (other than K-12) CAMDEN CAMPUS Subchapter 6 (other than K-12) CAMDEN CAMPUS Subchapter 6 (other than K-12) Carton 60 Cambo Campus Carton 400 Cambo Campus Street Address Current Use (prior if being demolished): ACADEMIC Name of Monitoring Film Hidde by Bidg, Cowner (a) ASCM No. Cardno ATC ASSOCIATES O98 Street Address Street Address 3 TERRI LANE Street Address Street Address Street Address Street Addr	Name of Facility Where Abatemen	t is Taki	ing Place (3)		TAGETTIN			-	10.08	-		
Since CAMPUS □ Other (is, private & commercial buildings, homes, etc.) Sol, Feet:, N/A # of Floors; 4 Bidd, Age: 60+ years Citv(5) County (6) County (6) County (6) County (6) CAMDEN ASCM Mo. Current Use (prior if being demolished): ACADEMIC Name of Montom Firm Hinder by Bids, Owner (6) ASCM Mo. Oog8 Current Use (prior if being demolished): ACADEMIC Name of Montom Firm Hinder by Bids, Owner (6) ASCM Mo. Street Address Street Address Street Address 3 TERRI LANE Street Address Street Address City State, ZacOde Elephone Number BURLINGTON, NJ 08016 BUTLER, NJ 07405 Elephone Number 00840 Scheduled Start Date (10) Scheduled Combelion Date (11) PT-402-0477 00840 072/3/14 Or/28/14 Elephone Number 00840 Counton's Stabus During Ablement (Check only one) Street Address 20-21 WARGARAW ROAD Counton's Stabus During Ablement (Check only one) Street Address 20-21 WARGARAW ROAD Counton's Stabus During Ablement (Check only one) Street Address Mini-Enclosure Glovedag Procodure Decrific of Abb	CAMDEN SCIENCE BLD	G., Bl	LDG# 700	2								
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CAMDEN Camber State Lise Only Current Use (prior if being demolished): ACADEMIC Name of Monitoring Firm Hind by Bids, Owner (B) Cardno ATC ASSOCIATES ASCM No. 0098 Name of Contractor (B) GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address 3 TERRI LANE Street Address 3 TERRI LANE Street Address 3 TERRI LANE Street Address 3 TERRI LANE City, State, Zip Code BURLINGTON, NJ 08016 Street Address 973-492-0477 Street Address 973-492-0477 Itelephone Number 609-386-8800 Scheduld Start Date (10) 07/23/14 Scheduled Completion Date (11) 07/28/14 Name of OSHA Monitor 1 Itelephone Number 609-386-8800 Itelephone Number 973-492-0477 00840 Cocupancy Status During Abatement ESTeed Address 2009M - 5:00AM Street Address 202-11 WARGARAW ROAD Street Address 202-21 WARGARAW ROAD Street Address 202-21 WARGARAW ROAD Cocupancy Status During Abatement (Check only one) ERCorber 260 Street Address 202-21 WARGARAW ROAD Street Address 202-21 WARGARAW ROAD Scheduld (Adm in Facility Hours - Describe ESTeret Address 2019, Status Zip Code Street Address 202-21 WARGARAW ROAD Street Address 202-21 WARGARAW ROAD Location of Aebestos-Containing Material (ACM) in Facility (13) It location Normally Used Soley by Maint/Custodial YES Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, Addresit Address 202 Address 2	City (5)	inty (6)		County	Code (7)	<u>Sq. Feet.</u> N/A <u># 01</u>	<u>FI0015.</u> 4		. Age.	ou+ ye	ars	1
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Street Address Street Address 3 TERRI LANE Street Address 268 MAIN STREET City State, Zip Code BURLINGTON, NJ 08016 Telephone Number Forlext Manager for Monitoring Fim Telephone Number BRIAN KEARNY 609-386-3800 Scheduled Start Date (10) O7/28/14 O7/28/14 Scheduled Completion Date (11) Mame of OSHA Monitor 00840 Scheduled Start Date (10) O7/28/14 Ordupation Abatement (Check only one) Street Address Pacility Closed/Vacated During Entire Period of Abatement Street Address Zlobatement Performed Outside of Normal Facility Hours - Describe: Street Address Describe Solif Hours: 5:00PM – 5:00AM Street Address Bottor - Describe: Shift Hours: 5:00PM – 5:00AM Failk Containment with Negative Pressure Imaterial (ACM) in Facility (13) Is Location Normally Used Starty (12) State Zip Code Location of Asbestos-Containing Material (ACM) in Facility (13) Is Location Normally Used Starty (12) Description of Asbestos Containing Material (ACM) (ic. Hemal systems insulation, surfacing, VAT, or other miscle): insulation, surfacing, VAT, or o			wner (8)			Name of Contractor (9)		-				
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07/23/14 07/28/14 1 Occupancy. Status During Abatement (Check only one) ENVIROVISION, INC. □Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD □Execribe Store1 Address □Zity. State. Zip Code City. State. Zip Code □Couction of Asbestos-Containing Is Location Normally Used □ ≥ 3 sf or ≥ 3 if □ Demolition □ ≥ 3 sf or ≥ 260 □ Demolition □ Couction of Asbestos-Containing Is Location Normally Used □ Location of Asbestos-Containing Is Location Normally Used □ Solely by Maint./Custodial Staff? (12) YES No <na< td=""> 127 MER Image: Couction Normality 0.42 □ Name of Reg. Waste Hauler NUDEP # uset Hauler ID # Numer frame Staff? (12) YES NO<na< td=""> 127 MER Image: Couction Normality 0.7405 □ 1 Numer of Reg. Waste Hauler NDEP # 107113 Numer, NJ 07405 NDEP # 107113 Itile Hauter #1) Horizon Disposal Services, Inc., Trenton, NJ 08611 N DEP # 22612 Itile Completed by (Print or Type) Tile Signature Signature RayMOND C. PEDALINO Tile Signanture Signature <td< td=""><td></td><td></td><td></td><td>~</td><td></td><td></td><td></td><td>0084</td><td>40</td><td></td><td></td><td></td></td<></na<></na<>				~				0084	40			
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□ Facility Closed/Vacated During Entire Period of Abatement IZIAbatement Performed Outside of Normal Facility Hours - Describe 20-21 WARGARAW ROAD □ Describe IZIOther – Describe: Shift Hours: 5:00PM – 5:00AM □ Describe IZIOther – Describe: Shift Hours: 5:00PM – 5:00AM □ Describe IZIOther – Describe: Shift Hours: 5:00PM – 5:00AM □	Coorting party Status During Abote		Negels and see									
⊠Abatement Performed Outside of Normal Facility Hours - Describe 20-21 WARGARAW ROAD ⊠IOther – Describe: Shift Hours: 5:00PM – 5:00AM City. State. Zip Code Scope of Work (Check all that apply) FAIRLAWN, NJ □ ≥ 3 sf or ≥ 3 if □ Demolition □ ≥ 160 sf or ≥ 260 □ Demolition □ Demolition □ Demolition <t< td=""><td></td><td></td><td></td><td></td><td>.+</td><td>Street Address</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>					.+	Street Address						
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FAIRLAWN, NJ Scope of Work (Check all that apply)		ure: 5	-00PM _ 4	5.00 AN	А	ont, onto, Lip oodo						
□ ≥ 3 sf or ≥ 3 lf □ □ Glovebag Procedure □ ≥ 160 sf or ≥ 260 □ Demolition □ Glovebag Procedure □ Location of Asbestos-Containing Material (ACM) in Facility (13) Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES Description of Asbestos Containing Material, (ACM) (i.e. thermal systems insulation, surfacing, YES Monut (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) Abatement Type Remove Repair Encap Enclose 127 MER Image: Cubic Yards of Waste: 10 CY Name of Registered Landfill G.R.O.W.S. North Landfill Name of Reg. Waste Hauler See Hauler #10 Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJDEP # 102113 NJDEP Waste Hauler ID # See Below Cubic Yards of Waste: 07/28/14 10 CY Name of Registered Landfill G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJDEP # 22612 Inc., Trenton, NJ 08611 Disposal Date 07/28/14 City, State 100 New Ford Mill R.d. Morrisville, Pa 19067 215-736-1700 Completed by (Print or Type) RAYMOND C. PEDALINO Title SENIOR PROJECT Signature Remove Repair Encap Date 07/28/14 Date July 18, 2014	Bother - Describe. Shint Ho	uis. J		J.00/41	n	FAIRLAWN, NJ						
Image: Solution in the second seco	Scope of Work (Check all that app	y)										
Image: Second	□ >3 of or > 2 if				XReportion				with Neg	ative Pre	essure	
Image: Construction of Asbestos-Containing Material (ACM) in Facility (13) Is Location Normally Used Solely by Maint/Custodial Staff? (12) Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) Amount (Specify SF or LF) Abatement Type Remove Repair Encap Enclose 127 MER Image: Containing Material Staff? (12) No NA TSI-DUCT INSULATION 240 SF Image: Containing Material Staff? Amount (Specify SF or LF) Remove Repair Encap Enclose 127 MER Image: Containing Material Staff? NJDEP Waste Hauler ID # Cubic Yards of Waste: 10 CY Name of Recistered Landfill Image: Containing Material Staff? Name of Req. Waste Hauler See Below Cubic Yards of Waste: 10 CY Name of Recistered Landfill City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 Image: Consultants, Inc., Trenton, NJ 08611 Image: Consultants, Inc., Trenton, NJ 08611 City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 NJ DEP # 22612 Image: Completed by (Print or Type) Title Signature Date 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 Completed by (Print or Type) Title SENIOR PROJECT Signature Date 100 New Ford Mill Rd. Morrisville, Pa 19067 July 18, 2014		0							Ire			
Location of Asbestos-Containing Material (ACM) in Facility (13) Is Location Normally Used Solety by Maint./Custodial Staff? (12) YES Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, YES Amount (Specify SF or LF) Abatement Type Remove 127 MER Image: Containing Material Staff? (12) YES TSI-DUCT INSULATION 240 SF Image: Containing Material (Specify SF or LF) Amount (Specify SF or LF) Abatement Type Remove 127 MER Image: Containing Material Staff? (12) TSI-DUCT INSULATION 240 SF Image: Containing Material (Specify SF or LF) Name of Registered Landfill G.R.O.W.S. North Landfill Name of Reg. Waste Hauler See Hauler Below #1 & 2 Image: Material See Below Cubic Yards of Waste: 10 CY Name of Registered Landfill G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJDEP # 102113 Image: Cubic Yards of Waste: 10 CY Name of Registered Landfill G.R.O.W.S. North Landfill Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 Image: Cubic Yards of Waste: 07/28/14 City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 Completed by (Print or Type) RAYMOND C. PEDALINO Image: Cubic Yards of Waste: Image: Cubic Yards of Waster Image: Cubic Yards of Waster Image: Cubic Yards of Waster Raymond C. PEDALINO Image: Cubic Yard							· · · · · · · · · · · · · · · · · · ·			- riable P	rocedur	e
Staff? (12) YES VAT, or other miscell.) or LF) Remove Repair Enclose 127 MER Image: Construction of Reg. Waste Hauler Image: Construction of Reg. Waste						bestos Containing Material	Amoun	t				
YES NO NA With of other mission/ Of ET/ 127 MER Image: Signature fill of the fill	Material (ACM) in Facility (13)			ustodial				y SF	Remove	e Repair	Encap F	Inclose
127 MER Image: Sec Hauler See Hauler Below #1 & 2 TSI-DUCT INSULATION 240 SF Image: Sec Hauler ID # Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste: 10 CY Name of Registered Landfill Manuer #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 Cubic Yards of Waste: 10 CY Name of Registered Landfill Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 Disposal Date City, State NJDEP # 102113 Inc., Trenton, NJ 08611 Disposal Date City, State Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 Disposal Date City, State NJ DEP # 22612 Inc., Trenton, NJ 08611 Disposal Date Of/28/14 Completed by (Print or Type) Title Signature Date RAYMOND C. PEDALINO SENIOR PROJECT Signature Date July 18, 2014 July 18, 2014 July 18, 2014				NA	var, or other mis	cen.)	OF LF)					
Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste: 10 CY Name of Registered Landfill See Hauler Below #1 & 2 See Below Cubic Yards of Waste: 10 CY Name of Registered Landfill Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 Disposal Date Oiry 28/14 City, State NJDEP # 102113 Inc., Trenton, NJ 08611 Disposal Services, Inc., Trenton, NJ 08611 Oiry 28/14 City, State NJ DEP # 22612 Title Signature Disposal Care Date Completed by (Print or Type) Title Sensor PROJECT Date July 18, 2014	127 MER				TSI-DUCT IN	SULATION	240 S	F	X	1		
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See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJDEP # 102113 Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 NJ DEP # 22612 Disposal Date 07/28/14 City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 Completed by (Print or Type) RAYMOND C. PEDALINO Title SENIOR PROJECT Signature Reumand (C. Pudalina) Date July 18, 2014												
NJDEP # 102113 100 New Ford Mill Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 07/28/14 NJ DEP # 22612 100 New Ford Mill Completed by (Print or Type) Title RAYMOND C. PEDALINO Title SENIOR PROJECT Signature Date July 18, 2014			and the second se		r ID #	Cubic Yards of Waste: 10	ĊY					11
NJDEP # 102113 100 New Ford Mill Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 07/28/14 NJ DEP # 22612 19067 Completed by (Print or Type) Title RAYMOND C. PEDALINO Title SENIOR PROJECT Signature Date July 18, 2014	Hauler #1) Greenwood Abatemen	t Consu	iltants. Inc	Butler,	NJ 07405	I Di	sposal Da	te		City, Stat	te	
RAYMOND C. PEDALINO SENIOR PROJECT Revenand C. Pedalina July 18, 2014	NJDEP # 102113 Hauler #2) Horizon Disposal Serv								X	100 New Rd. Mori 19067	Ford M risville,	
AMBRARA (, FRAMARA						Signature						
MANACEN	RAYMOND C. PEDALING	- CO	ENIOR PI		ст	Reymond C. Peda	lins		July 18	8, 2014		

		()	Webser were nown		8:60 and 12:12					1	1 -		
Date of Notification (1) 07/09/2014				Building & Swan, Ll	Owner/Operato	r (2)	Jl	JL 24	2014		· į		
Agencies Notified Type Notification	ו		Street Ac 419 Laf		et - 2nd Floor				-				
□ EPA Initial □ DEP Amended ¥ DOL	~* 44	ľ	0.52	te, Zip Co					. • •		-		
* DOH justification	(including			rk, NY 100 Contact				Telepho	ne Nun	nber			
* DCA □ Cancellation			Federico					i 				\sim	
Name of Facility Where Abatement is Taki	ng Place (3	i)	FACI		ORMATION	Туре	of Facility (4)	-				
Street Address 87 Newkirk Street			-					2) 8 (Other that private & com			inas.	home	es.
City (5)							etc.) re Feet	# of Floors Bldg. Age				ge	
Jersey City County (6)			County (Code (7)		12,0 Curre		2 or if being de	molish) YE	ARS	
Hudson County	0		(STATE L	JSE ONLY,		Con	nmercial						
Name of Monitoring Firm Hired by Building Testor Technology	Owner (8)		ASCN	INO.		t Contractor (9) ent Services Inc.							
Street Address 10-59 Jackson Avenue				Street Address 557 Grand Concourse - Suite 3-51									
City, State, Zip Code Long Island City, NY 11101				ip Code Y 10451						-			
Project Manager for Monitoring Firm Sten Evenhouse	· 등 것 같은 것					hone N -906-		1 STANDAR	ense N 241	0.			
Start Date (10) 07/28/2014	Schedul 08/24/		mpletion [Date (11)		e of OSH TIN MO	HA Monitor CREA						
Occupancy Status During Abatement (Che	eck Only Or	ne)				t Addres							
 Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: 													
Scope of Work (Check All That Apply)								-					
□ •3 sfor •3 if ¥ •160 sfor •260 if		Renova Demoli	¥				ni-Enclosure ovebag Proc	e cedure	egative Pressure on-Friable Procedure				
	225	s Loca				1		() =		1	Abate	ement pe	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Use Ma	aintena	ely by ance/ Staff?	Asbes (i.e	Descriptio stos Containing thermal syster surfacing, V other miscella	Material ns insula AT, or	(ACM) ation,	Amour (Specify SF or L	y	Remova	Repair	Encapsulate	Enclosure
1	Yes	No	N/A									ate	a
1st Floor, 2nd Floor 1st Floor, 2nd Floor		X		VAT				12,000	Contraction of the	X			
lst Floor, 2nd Floor		X X		-	Insulation	1		350	LF SF	X X			-
		-	-	Chimne	y Sealant			20	эг				
Name of Registered Waste Hauler		ł	NJDEP W Hauler ID 24310		Cubic Yards of Waste 40 YARI			Registered L			L		<u> </u>
City, State			*		Disposal Dat	1897 - T.	City, Stat	e					
The second se								ANESBURG, OH 44688 Date 07/23/2014					
Completed by Angela Martinez	Title	O	wner		171	NEDIA	VInn	184 000		17/09	/20	14	

Date of Notification (1) 7/7/2014				Na	me of Bu tate of	ilding Owne NJ (DPM)	r/Operator	(2)							
gencies Notified	Type Notification	1		Str	eet Addr	100 million			.11	UL 2 4 2	014				
EPA DEP	Initial Amended Amendmen	ند ، د		Cit	y, State,	Zip Code NJ 0862			0			11	1		
DOL DOH	Emergency justification	y (includi 1)	ng		ame of Co Valter F	ernandez				Telephone Number					
DCA	Cancellatio	on				YINFORM									_
Name of Facility Whe Street Address		ting Place	e (3)						of Facility (4) chool (K-12) ubchapter 8 Other (i.e. prin		(-12) ercial bu	ilding	gs, ho	mes	5,
100 Causeway	Street							œ e	tc.) e Feet	# of Floors		Bldg	. Age		
City (5) South River								2000	5.F0.6	if being demo	olished)	30-	+	-	
County (6) Middlesex		2		(S	ounty Co	de (7) E ONLY)		n/a		l a					
Name of Monitoring Health and Safe	Firm Hired by Buildin	ng Owner	(8)		ASCM	No.	Name Site	e of Abat Enter	tement Contr prises, Inc	ractor (9)					
Street Address			Street Address 815 12th Street					ss Street							
City, State, Zip Code	318 12th Street						City, Hai	State, Z nmont	ip Code on, NJ 08	3037					
Project Manager for					elephon	e No. 4-8850	Teler	ohone N 9-567-1	0.	Contract of the Contract of the Contract	se No. 2				
James Proctor Start Date (10)		Sch	edulec		pletion D	Wedney Cessors	Nam	e of OSI	HA Monitor	rvices, Inc.			- 14-		Ĩ
7/22/14	During Abatement (C	heck On		1 11	119				SS	10003, 110.					
Facility Closed	Wacated During Enti rformed Outside of N	ire Perio	d of Al	batem	ent		City.	State, Z	Street Zip Code Iton, NJ 0	8037					
Other - Description Scope of Work (Chr ≥3 sf or ≥3 lf ≥160 sf or ≥26	eck All That Apply)		_	enova emolit				HM	ini-Enclosure	ent with Nega ecedure d (*) and Non-		Proc	edure		-
				Locat									Abate Ty		it
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		1)	Use Mai	lormal d Sole intena todial (12)	ly by nce/ Staff?	(i.e. th	Descript s Containing nermal syste surfacing, other misce	g Materia ems insu VAT, or	llation,	Amount (Specify SF or LF	/	Removal	Repair	Encapsulate	
	-iding		Yes	No	N/A X		shing	les		4450s	f	x			-
-	siding de roof				+x		shingle			200sf		x			
SI	roof				X		black			65sf		X			
	y/roof flasing				X	5	Shingles/t	ar/pap		80sf		Х			
chimne	1.100.1.100.1.9	Name of Registered Waste Hauler Site Enterprises Inc.				Vaste	Cubic Yard	s	(1) 100 (200) 200 (200) 200	Registered L					
Name of Registere					Hauler IE 003522	No.	of Waste 30 cy		GROV	VS Landfill					

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

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

Date of Notification (1) July 21, 20	014				Name of Building Owner/C RUTGERS, THE ST		ERSITY	OF NJ		
Agencies Notified EPA DCA		Notification Initial	Notifica ed Notif	ication #	Street Address ENVIRONMENTAL I 27 ROAD 1, BLDG 4	HEALTH &	SAFET	DEPT.		
DOL DEP- No Longer REQUIRED		Emerg justific		ncluding	City, State, Zip Code PISCATAWAY, NJ C	8854		L 2 4 2014		
DOH DOH		□ Cance	lled		Name of Contact MICHAEL SMITH, E HEALTH & SAFETY		Telephone	Number		
				FACILITY INF					$ \rightarrow $	
Name of Facility Where Abatement STANLEY BERGEN BUIL			GEN S	TREET,	Type of Facility (4) School (K-12)					
BLDG# 7252					Subchapter 8 (other the				. 1	
Street Address RBHS NEWARK CAMPU	s				Other (i.e. private & con Sq. Feet: N/A #			ec.) 2: 60+ years		
City (5) NEWARK	unty (6) ESS	EX		v Code (7) Use Only)	Current Use (prior if being	demolished	: ACADEN	AIC .		
Name of Monitoring Firm Hired by	Bldg. Ow	mer (8)	ASCM		Name of Contractor (9)					
Cardno ATC			0098	3	GREENWOOD ABAT	EMENT C	ONSULTA	NTS, INC.		
Street Address					Street Address					
3 TERRI LANE					268 MAIN STREET					
City, State, Zip Code BURLINGTON, NJ 0801	6				City State, ZipCode BUTLER, NJ 07405					
Project Manager for Monitoring Fin	m i	Telephone I			Telephone Number		License Nu	imber		
BRIAN KEARNY		609-386			973-492-0477		00840			
Scheduled Start Date (10) 08/01/14		Scheduled (08/04/14		on Date (11)	Name of OSHA Monitor					
		a als a also			ENVIROVISION, INC Street Address					
Occupancy Status During Abate				nt	<u>Street Address</u>					
Abatement Performed Outside	· · · · · · · · · · · · · · · · · · ·				20-21 WARGARAW	ROAD				
Souther - Describe: Shift Ho		00 PM – hours a			FAIRLAWN, NJ					
Scope of Work (Check all that app				,						
						Full Contair	ment with N	legative Pressure		
\ge 3 sf or \ge 3 lf				Renovation		Mini-Enclos				
$\square \geq 160 \text{ sf or} \geq 260$	0			Demolition		Glovebag I		on-Friable Procedure		
Location of Asbestos-Containing	Is Loca	ation Norma	lly Used	Description of Asl	bestos Containing Material	Amour	nt Aba	atement Type		
Material (ACM) in Facility (13)	Staff?			(ACM) (i.e. therm VAT, or other mis	nal systems insulation, surfaci scell.)	ng, (Speci or LF)		nove Repair Encap Enc	<u>close</u>	
1 st Floor Lobby Restroom	YES	NO	NA	Mastic		140 \$	SF X			
				Mastic						
Name of Reg. Waste Hauler	L	NJDEP Was	ste Haulo	 r ID #	Ouble Verde of Menter	10 CY	Name of R	egistered Landfill		
See Hauler Below #1 & 2		See Belov			Cubic Yards of Waste:	10 61	G.R.O.W	S. North Landfill		
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJDEP # 12561 Hauler #2) S TG – 58 Pyles Lane, New Castle, De 19720 NJ DEP # 20990				NJ 07405		Disposal Da 08/04/14	<u>ate</u>	<u>City, State</u> 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700		
Completed by (Print or Type) RAYMOND C. PEDALING		ENIOR P		ст	Signature Raymend C. Pea	lalino	Date July	21, 2014		
	M	ANAGE	κ				L			

cheef=# 11095

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

Date of Notification (1) July 21, 201	4		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ
Agencies Notified EPA DCA DOL DEP- No Longer REQUIRED DOH	Notification	Notification ed Notification # gency (including cation)	Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS City, State, Zip Code PISCATAWAY, NJ 08854 Name of Contact MICHAEL SMITH, ENV.
		FAC	HEALTH & SAFETY
Name of Facility Where Abatement is NICHOLS APARTMENTS, I			Type of Facility (4) School (K-12) Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.)
BUSCH CAMPUS			Sq. Feet: N/A # of Floors: 3 Bldg. Age: 60+ years
City (5) PISCATAWAY MI	DDLESEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC
Name of Monitoring Firm Hired by Bld Cardno ATC	<u>g. Owner (8)</u>	ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE			Street Address 268 MAIN STREET
City, State, Zip Code BURLINGTON, NJ 08016			City State, ZipCode BUTLER, NJ 07405
Project Manager for Monitoring Firm	Telephone I		Telephone Number License Number
BRIAN KEARNY	609-386	-8800	973-492-0477 00840
Scheduled Start Date (10)		Completion Date (11	Name of OSHA Monitor
08/01/14	08/25/14		ENVIROVISION, INC.
Occupancy Status During Abateme Facility Closed/Vacated During E Abatement Performed Outside of Describe Other – Describe: Shift Hour needed)	ntire Period of A Normal Facility	batement Hours -	Street Address 20-21 WARGARAW ROAD City, State, Zip Code as FAIRLAWN, NJ
Scope of Work (Check all that apply)			
	Location Norma		Dilition Glovebag Procedure & Wrap & Cut Non-Exempted (*) and Non-Friable Procedure n of Asbestos Containing Material Amount Abatement Type
s	olely by Maint./C taff? (12)	VAT, or	e: thermal systems insulation, surfacing, her miscell.) (Specify SF or LF)
Apts. 51, 55, 56, 57, 58, 60, 64, 66,& 71	res no	NA VINYL VAT	SHEET FLOORING & 1800 SF Image: Control of the second sec
		├ ───	
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Was See Below	l ste Hauler ID <u>#</u> v	Cubic Yards of Waste: 40 CY Cubic Yards of Waste: 40 CH Cu
Hauler #1) Greenwood Abatement C NJDEP # 12561 Hauler #2) Horizon Disposal Services NJ DEP # 22612			Disposal Date City, State 08/25/14 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR P MANAGER		Signature Raymend C. Pedalino July 21, 2014

check# 11094

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

Date of Notification (1) July 21, 2014	1		Name of Building Owner/Ope RUTGERS, THE STAT		ERSITY	OF	I.I	·····	J ana
Agencies Notified EPA DCA DOL DDL DDL DDH	Notification	Notification ed Notification # gency (including cation)	Street Address ENVIRONMENTAL HE 27 ROAD 1, BLDG 408 City, State, Zip Code PISCATAWAY, NJ 088 Name of Contact	ALTH 8 6, LIVIN 54	SAFET	TY DE N CAN 4 201	PT. APUS		
			MICHAEL SMITH, ENV HEALTH & SAFETY	<u>.</u>					<u>.</u>
N			IFORMATION						
Name of Facility Where Abatement is NICHOLS APARTMENTS, E			Type of Facility (4) School (K-12)	10)					
Street Address BUSCH CAMPUS			Subchapter 8 (other than K Cher (i.e. private & comme Sg. Feet: N/A # of F	rcial buildi	ngs, homes Bldg. Ac)+ yea	irs	
City (5) PISCATAWAY	DDLESEX	County Code (7) (State Use Only)	Current Use (prior if being der						
Name of Monitoring Firm Hired by Bldg Cardno ATC	<u>a. Owner (8)</u>	ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEM	IENT CO		ANTS			
Street Address		L	Street Address		HOULT		,		
3 TERRI LANE			268 MAIN STREET						
City, State, Zip Code BURLINGTON, NJ 08016			City State, ZipCode BUTLER, NJ 07405						
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone 1 609-386		Telephone Number 973-492-0477		License N 00840	lumber			
Scheduled Start Date (10) 07/30/14	Scheduled 0 08/04/14	Completion Date (11)	Name of OSHA Monitor	I					
Occupancy Status During Abatemer Facility Closed/Vacated During En Abatement Performed Outside of Describe Other – Describe: Shift Hours needed)	ntire Period of A Normal Facility	batement Hours -	Street Address 20-21 WARGARAW ROA City, State, Zip Code FAIRLAWN, NJ	AD					
Scope of Work (Check all that apply)			<u></u>						
$\square \ge 3 \text{ sf or} \ge 3 \text{ lf}$ $\blacksquare \ge 160 \text{ sf or} \ge 260 \text{ lf}$		Renovation	n 🗖 Mi	ni-Enclosi ovebag Pr	ment with l ure rocedure & d (*) and N	& Wrap	& Cut		re
Material (ACM) in Facility (13) So	Location Norma olely by Maint./C aff? (12) ES NO		sbestos Containing Material mal systems insulation, surfacing,	Amount (Specify or LF)	SF	oatemer emove F	nt Type		•
Apts. 148		VAT		1000	SF IX				l
		····		1					
				1					
				1					
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Was See Below	ste Hauler ID # V	Cubic Yards of Waste: 10 C	CY	Name of F G.R.O.V				11
Hauler #1) Greenwood Abatement Co NJDEP # 12561 Hauler #2) Horizon Disposal Services NJ DEP # 22612		54	08	posal Dat /04/14	e	100 Rd 190	<u>y, State</u> 0 New 1. Morri 067 5-736-1	Ford M sville,	(nit)
Completed by (Print or Type) RAYMOND C. PEDALINO	<u>Title</u> SENIOR P MANAGEF		<u>Signature</u> Raymand C. Pedali	ino	Date July	y 21, :	2014		