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

CHECK # 22190

Date of Notification (1) 07-17-15	=				Building (outh Uni			(2)		201	15 JUI	2/		7	Faci	
Agencies Notified X EPA	Type Notification			Street A	^{ddress} edar Ave	enue			9	4.57	5 JUL	-4	4.1	8:	24	
DEP X DOL	Amended Amendment #		10.5		ite, Zip Co Long Bra		J 077	64-18	98	Ş	£ 1.10	ENT	1/4	J.R.	Ũį.	
DOH DCA	Emergency (in justification) Cancellation	ncluaing			Contact t L. Corn	iero			3	2005	enhone l	Numbe	г			
				FACI	LITY INFO	RMATI	ON									
Name of Facility Where Monmouth University Street Address				2					of Facility (4 School (K-12 Subchapter 8) 3 (Oth						
400 Cedar Avenue									Other (i.e. pri etc.)	ivate 8	& comme	ercial b	uild	ings,	home	es,
City (5) West Long Branch		*	Ų.					Squar ~59,0	e Feet 000	3	f Floors			dg. A 968	ge	
County (6) Monmouth					Code (7) USE ONLY)	_			nt Use (Prior demic	if bei	ng demo	olished	Ř			
Name of Monitoring Firm Briggs Associates	Hired by Building O	wner (8)		ASCM 0004					tement Cont nvironme							
Street Address 3 Crosswicks Stree	t						100000000000000000000000000000000000000	Addres Broad	Street							
City, State, Zip Code Bordentown, NJ 08									p Code NJ 07072							
Project Manager for Mor Mike Hoodak		- 1	Telephoi	ne No. 298-5520	<u> </u>	Teleph	none No	D.		Licens						
Start Date (10)		Schedule			Date (11)		The state of the s		IA Monitor		00750		_			
08-03-15		10-31-						-Air Ir								
Occupancy Status Durin								Addres 9 Jack	s kson Aven	ue						
	ated During Entire P ned Outside of Norma						City, S	state, Zi	p Code d City, NY		01					
Scope of Work (Check A	II That Apply)						LONG		HA Class I			cific V	aria	nce		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			lenovat emoliti				×	Full Min Glo	Containment i-Enclosure vebag Procentes resempted	nt with	Negativ	e Pres	sur	е	0	
		Ι						1001	I-Exempled	() an	u Non-Fi	nable r		-	ement	
Location	o of	1005	Location Location			Do	scription	of						Ту	ре	
Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Ma	d Solel intenar todial S (12)	ice/		tos Cont thermal surfa	scription taining N system cing, VA niscellar	Material s insula T, or		(\$	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
Level 1 Hallway	& Room F2	165	140	X		Rla	ck Mas	stic		1	250SF		2			
Level 1 North & Eas		1		X			Wall P			- 22	400SF					
Level 2 Thro		X			eiling				000SF	_	2					
Lvl. 2 Rms. 145, 142, 141, 161-164							ransite				850SF	-	2			
Name of Registered Was	Marketine April 2 Description		N	JDEP W	/aste	Cubic	Yards		Name of R	egiste	ered Lan	dfill				
ATC, Inc. / JBT (500				auler ID I310	No.	of Was			Minerva	Ente				ń		
City, State Shirley, NY / Bronx,	Shirley, NY / Bronx, NY						sal Date		City, State Waynes		, OH 44	4688				
Completed by Richard Doran		Title Proje	ct Ma	nager		S	Signature		DE	2/10		Date 07-1	7-1	5		

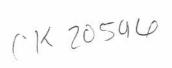
Title Of Project: Monmouth University: Edison School of Science Additional Materials / Floors

Pg. 2

Location of	T			8. 4
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Level 2 Rms. 147, 148, Hallway by 148 & 127	N/A	Transite	325SF	Removal
Level 3 Throughout		White Ceiling Plaster	20,975SF	Removal
Level 3 Rms. 235, 238, 237, 234, 232 & 208	N/A	Transite Exhaust Hood		Removal
Rms. 242 - 245, 209, 217, 222 & 223	N/A	VAT/Mastic	Hood 355SF 1,200SF R	

Date of Notification (1)					Building Owner				17.	- 11	10			53 (52)
07/20/15				Param	us Board of I	Education	on							
Agencies Notified	Type Notification			Street Ac					2815 JU	1 01				
П ЕРА	Initial			-	oring Valley F	load				- 27	+	18:	20	
DEP	Amended				te, Zip Code			ź	Jr.					
× DOL	Amendment a		- [Section 2	us, NJ 07652				_ ~ ~ ~	182	1-		N.	
X DOH	justification)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of				-	Telephone	e Núm	ber	G	·	
☐ DCA	Cancellation			Bob Au										
Name of Facility Where	Abetement is Taking	Plane /2	1	FACIL	LITY INFORMA	ION	Type of	Facility (4)						
Paramus High Sch		riace (S	7					23 - 18/1/192 						
Street Address	1001							hool (K-12) bchapter 8 (Other than	K-12				
99 E. Century Roa	d							ner (i.e. priva				lings,	home	⊋S,
	<u> </u>						Square		# of Floor:	0	TB	ldg. A	OA.	
City (5)							11000	1	3	3	1	5	ge	
Paramus				County C	20d0 (7)			Use (Prior if		nolieh				
County (6)					ISE ONLY;		School	100 mm - 100	being der	HOHOLE	-u)			
Bergen Name of Monitoring Firm	n Uisad by Building (huper (8)		ASCM	I No.	Name		ment Contra	etar (9)				-	
R.K. Occupational								ruction &		tion. I	nc.			
Street Address	SCHOOL OF THE CHAIN	/ ti lai y oi	0, 1110	0000			Address	raction by	10010701				-	
403 St. James Ave	nue							16 Suite 3	D					
City, State, Zip Code							State, Zip							
Phillipsburg, NJ 08	1865						wa, NJ							
Project Manager for Mon				Telephor	ne No.		hone No.		Licer	nse No).			
Jon Gilbert	intoring i iiii				54 6316		256 701	10	006					
Start Date (10)	T	Schedule	ed Cor		Date (11)	Name	of OSHA	Monitor						
07/21/15	,	07/21/				Bak	o Const	ruction &	Restorat	lion, l	nc.			
Occupancy Status Durin	ng Abatement (Chec	k Only Or	ne)			Street	Address							
	cated During Entire F			nent		265	Route 4	16 Suite 3	D					
Abatement Perform	ned Outside of Norm	al Facility	Hours	S		City, S	State, Zip	Code						
Other - Describe:	4pm - 12am					Tota	owa, NJ	07512						
Scope of Work (Check /	All That Apply)				, i na sana kanan kanan anan antara at araw									
≥3 sf or ≥3 lf		X	Renova	ation		Ε	Full C	Containment	with Nega	ative P	ressu	re		
≥160 sf or ≥260 lf		-	emoli				×		25				-	
							Glove Non-l	Enclosure ebag Proced Exempted (*	ure 🦘	-Friahl	e Pro	cedur	0	
		Т.					140111	LXCITIFICA) and Ivon	THUD	1	1.00	ement	t
			Locat Vorma									Ty	ре	
Locatio Asbestos-Containing		Use	d Sole	ely by	Asbestos Co	escription		ACM)	Amount	ŧ			m	
TO BE AE	BATED	178	intena todial		(i.e. therm	al system	ns insulation	on,	(Specify		Re	R	inca	Enc
In Fac (13)			(12)			acing, V			SF or LF	-)	Removal	Repair	Encapsulate	Enclosure
(10)		2/	NI	T		1111000110					a	~	late	Iге
		Yes	No	N/A										
Girl's Loock	er Room		Х		Asbesto	s Pipe	Insulatio	on	26LF		X			
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		1		+							-	-		
Name of Desistered 101s	ata Llaulas			LIDEDIA	looto 100	o Varie		Name -f D-	winday! !	22 451	L			
Name of Registered Wa			1000	IJDEP W lauler ID		c Yards aste	100	Name of Re		anatili				
Bako Construction	& Restoration, In	ic.	11.583	0889	TBI			G.R.O.W.	S. Inc.					
City, State						osal Date	э (City, State						
Totowa, NJ				07/2	22/15		Morrisville	, PA						
Completed by		Title				Signatur	e -	M	1	Dat				
Goran Kojic		Proje	ect M	anager		5	Fron	-INDL	L	07	/20/	15		

	- 100 mg	-		ırsuant t	to NJAC 8	:60 and	12:120))			PE	Ϋ́,	-4 5	3 5 7	300	
Date of Notification (1) 07/20/15			- 1 2		Building (us Boar					91						
Agencies Notified	Type Notification			Street Ad							15 JU	21	4 /	H E	}: j	3
□ EPA	Initial				oring Va		ad			#						
DEP X DOL	Amended Amendment #				te, Zip Co us, NJ (4	& L.	INE	U 6	-171	ROL	
	× Emergency (in			W	Contact	71002				Tele	ephone N	Jumb	er	141:		
DOH DCA	justification) Cancellation		1	Bob A						1	751.01.0		-,			
				FACI	LITY INFO	RMATE	ON									
Name of Facility Where	Abatement is Taking	Place (3)					Туре	of Facility (4	4)						
Memorial School								×	School (K-1 Subchapter		ar than K	(-12)				
Street Address 203 E Midland Ave	nue							H	Other (i.e. p	rivate 8	comme	ercial	build	ings,	home	s,
City (5)	.100							Squa	etc.) are Feet	# of	Floors	-	В	dg. A	ge	
Paramus								450		1			5	5		
County (6) Bergen				County (Code (7) JSE ONLY)			7/00277027	ent Use (Prid	or if bei	ng demo	lishe	d)			
Name of Monitoring Firm	Hired by Building O	wner (8)		ASCIV	1 No.		Name	0.000	atement Con	iractor	(9)	-				
R.K. Occupational				0090	1				nstruction			n, Ir	C.			
Street Address			***************************************				Street									
403 St. James Ave	nue								e 46 Suite	3D						
City, State, Zip Code Phillipsburg, NJ 08	865						0.000 Tag. (0.000)		Zip Code NJ 07512							
Project Manager for Mor			- 1	Telephoi	ne No.		Telepi		occopia de la companya del companya della companya		License	e No.				
Jon Gilbert					54 6316		11 75		7010		00666	3				
Start Date (10)				npletion l	Date (11)				SHA Monitor	۸.						
07/21/15		07/21/					Street		nstruction	& Res	storatio	n, ir	ic.			
Occupancy Status Durin									te 46 Suite	3D						
X Abatement Perform	ated During Entire Poned Outside of Norma						City, 5	State, 2	Zip Code					-		
_						_	Toto	wa,	NJ 07512							
Scope of Work (Check A	All That Apply)	_					г	7								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demolit				2	FI M	ull Containme ini-Enclosure		Negativ	re Pre	essu	e		
		Leaned					3	G	lovebag Prod on-Exempted							
		l la	Locati	ion				14	UII-Exemple	I () all	u 14011-1 1	Ilabic	110		ement	
Location	n of	1	Vormal	ly		De	scription	n of				1		Ту	ре	
Asbestos-Containing TO BE AB	Material (ACM)		ed Sole			tos Cont	taining N	Materia	al (ACM)		mount		TI		Ē.	ш
In Faci	lity	Cus	todial S (12)	Staff?	(1.6.		cing, VA	T, or			Specify or LF)		Remova	Repair	caps	Enclosure
(13)				Т		other n	niscella	neous)				oval	air	Encapsulate	sure
		Yes	No	N/A								_			w	
Boy's & Girl's	Bathroom	Х	-	Asl	pestos	Pipe I	nsula	ation	6	30LF		X				
		-								_	_					
		-		-								_				
Name of Registered Wa	ste Hauler		I All	JDEP W	laste	Cubic	Yards		Name of	Pogiat-	rod!a=	den				
Bako Construction &		n.	H	lauler ID		of Was			G.R.O.			um				
City, State		J.	2	0889		TBD	nol D-4									
Totowa, NJ						07/22	sal Date 2/15		City, State Morrisv		Α					
Completed by						ignature	e (,)		M	4	Date					
Goran Kojic		Proje	ect Ma	anager	VII. DO S C. T. P. S C. S C. S.			3	5200	4	~	07/	20/1	5		



Date of Notification (1) 7/21/2015			Building C E BOAR			- C	N	28	ti jy	5.						
Agencies Notified	Type Notification		1.8	Street Ad	ddress LLSIDE	AVEN	UE			٠	ts <u>de</u> Ge		4	7 5	ં ૄક	
EPA DEP DOL	Initial Amended Amendment			City, Sta	te, Zip Coo E, NJ 07	de	7001440					7.		Ž.	Ų	
DOH DCA	Emergency (justification) Cancellation	including			Contact IAUSER					Tel	ephone	Numb	er			
				FACII	LITY INFO	RMATIC	ON									
Name of Facility Where ALPINE SCHOOL	Abatement is Takin	g Place (3)					×	of Facility (4	2)	4b 1	V 10\				
Street Address 500 HILLSIDE AVE	ENUE							Ħ	Subchapter Other (i.e. p etc.)	rivate &	comm	ercial	build	ings,	home	es,
City (5) ALPINE								Squa	re Feet	# of	Floors	8	BI	dg. A	ge	
County (6) BERGEN				County (Code (7) JSE ONLY)		_		ent Use (Pric				1)			
Name of Monitoring Firm ENVIRONMENTAL				ASCM	1 No.				atement Con			ΓING	IN	С.		
Street Address 20-10 MAPLE AVE	NUE, BLDG, 35	SE						Addre	ss _AND AVI	ENUE						
City, State, Zip Code FAIR LAWN, NJ 07							City, S	State, Z	ip Code , NJ 0751							
Project Manager for Mor	Project Manager for Monitoring Firm						Teleph	none N	lo.	_	Licens					
Start Date (10)	WILLIE MORALES Start Date (10) Schedul 7/22/2015 7/24/2						Name	of OS	HA Monitor S (9) ABO	\/E	0010					
Occupancy Status Durin	a Abatement (Chec		20000200					Addre		v L						
_	27%						Sueet	Addre	55							
Abatement Perform	ated During Entire Interest of Normal UNOCCUPIED, 3:00	nal Facility	/ Hours			_	City, S	State, Z	ip Code				= -2-			
Scope of Work (Check A	All That Apply)						San									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demolit				× × ×	Mi	II Containme ni-Enclosure ovebag Proc	e edure						
		T	13 703					ı NC	n-Exempted	i () an	u Non-r	TIADIE		Transfer or Sales	ement	
	2	652	Locati Normal			_									ре	
Locatio Asbestos-Containing TO BE AB In Faci (13)	g Material (ACM) IATED lity	Use Ma Cus	ed Sole intena todial S (12)	ly by nce/ Staff?		tos Cont thermal	system sing, VA	Materia s insul \T, or		(8	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
0700405	DOOM	Yes	No	N/A		חוחר	FLDC	NAIC			5 LF	-	.,			
STORAGE			X			W 40 CC	ELBC ASTE	2000000			1 SF	-	X			
OLD BOARD	X					2000			20 1 COV	-	Х			_		
HALLV	X			PL	ASTE	:K		- 1	2 SF	-	Х					
Name of Registered Wa	IN	JDEP W	/aste	Cubic	Yards		Name of	Registe	ered Lar	ndfill						
TWO BROTHERS CONTRACTING				lauler ID 8743	No.	of Was	ste		WASTE	E MAI	NAGE	MEN	T G	.R.C).W.	S.
City, State TOTOWA, NJ				Dispos 7/24/2	al Date 2015)	City, State		LE, PA	4						
Completed by VIVECA RAMOS	Completed by Title						ignátur VL	e	u Ra	74m		Date 7/2		15		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)			1.0				C#15 . 1111	0.			
Date of Notification (1)	21/15			ame of Buildi	ng Owner/Operator	(2) - BUILDE	FR. 1111	24	AH	7:	59
Agencies Notified	Type Notificatio	n	S	treet Address		. 1	the A. J. C. J.	7 1			
Ø ₽A Ø Dæ	☐ Amended		_	661		1/VE,	& Lin	F. I.	U.E	12	Ω_L
☑ DOL ☑ DEP	Amendment		С	ity, State, Zip	Code PRONFIEL	D NIJ	,08033			3	
☑ DOH	Emergency (justification)		N	ame of Conta		7 1	Telephone Numb				_
DCA	Cancellation		'		SME		I releptione Numb	er			
									- 1	× 1	_
Name of Facility When		- 51 - 71		FACILITY IN	FORMATION						
Name of Facility Where		ng Place (3)			Type of Facility	y (4)				
	E/VCE					School (K-1		v			
Street Address Z63	4474 57	-					8 (Other than K-12 private & commercia		dings		
City (5)						Square Feet	# of Floors	TBI	dg. A	oe.	-
SEA	ISLE (iTt				1000		1	10		_
County (6) CAPE	Mar			ounty Code (ISE ONLY)	7) (STATE		nor if being demolis	hed)			
Name of Monitoring Firm	Hired by Building	Owner	ASI	CM No.	Name of Abatem						_
(8)	A					1 CO IN					
Street Address					Street Address						=
							ICE AVE.				_
City, State, Zip Code				*	City, State, Zip C	ode SHAT	E, N.J. O	80	57		
Project Manager for Mon	itorina Firm		Telepho	ne No	Telephone No.		License No.			_	=
	ito ing 1 iini		Гегергю	776 TWO.	856-77	7-0472		4			
Start-Date (10)	Sche	duled Corr	pletion	Date (11)	Name of OSHA N	Monitor					=
8/3/1	7 8	110	/15		JOSEP	H KLEN	11				
Occupancy Status During	Abatement (Che	ck only on	e)		Street Address		1				_
Facility Closed/Vacate	d During Entire Pe	eriod of Ab	atemen	nt	369 5	, SPRUC	EAVE				
Abatement Performed	Outside of Norma	l Facility H	lours		City, State, Zip C	ode					_
Other - Describe:					MAPLE	= SHADE	= , N,J,O.	803	52		
Scope of Work (Check al	I that apply)					Marie W cost son					_
≥3 sf or ≥3 lf		□ Pano	vation		☐ Full Con		egative Pressure				
≥160 sf or ≥260 lf		Demo			Gloveba	g Procedure					
					Non-Exe	empted (*) and N	on-Friable Procedur	1			
		Is Loc Norm			62			A	bate: Typ		
Location o	f	Used Sc			Description of			-	175		
Asbestos-Containing M		Mainter Custo			tos Containing Mat		Amount (Specify	_		Ę	m
TO BE ABATE IN Facility	=0	Stat		(I.e.,	thermal systems in surfacing, VAT,		SF or LF)	₹em	Repair	Сар	nclo
(13)	_	(12	2)		other miscellaneo	xus)		Removal	balr	Encapsulate	Enclosure
		Yes N	10 N	A				-		le	
SIDIN	S		X	T	RANSITE		3000.SF	X			
			+	_							
		_	_	-							
Name of Registered Wast	e Hauler			P Waste	Cubic Yards	Name of Reg	istered Landfill				
KLEMCO:	INC,		Hauler 179	10 No.	of Waste	C.M	, C, M, U	. 1	١,		
City, State MAPLE	51107E	N,J	-,		Disposal Date	City, State	> BINE , 1	7 .	7		
Completed By	Title	1 -			Signature	1	Date .	2.5	_	_	_
JOE KLE		aw N	ER	<u> </u>	Locer	h Klen		21		15	
90.71									-		

CK.3753

HOTHCATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:134)

GIV.3755	(Pv	CYLICA OF Y28			17-2-	\ .
Oate of Notification (1)	15	Mame of Bullding	HELL A	(2)) 15 HD = 2815	Jill a.	
G PA BY	Notification vial	Street Address 23 Chy, Stage, 2ip C	KINC	ST. A.	7.	n 7:59 .
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	usinication)	Hama of Contac	Sm =		Mobione unibe	
		FACIUTY INF	ORMATION			
RESIDEA				Type of Facility (4) School (K-17)		,
2.39 4	THAUE'.			Subchapter 8 (C	re é commerces	T.
WEST CA	PE MAY			2000	7 01 710011	40-
COUNT IGI COUNT IGI APE MAY		County Code (<i>-</i> :		y period descolar	(8)
name of Marionny Firm Hired	by Building Owner	ASCH No	Hame of Abaim	Teni Conviscioi (9)	N.	
Succi Addiess			SUPPLADDIE W		E Svi	
City State Zip Code			CAY. State. 20		N.J.0	5052
Piak: Manager la Montana) Firm	800 more 40	The prome No.	79-0472	COULS	14
Sian Obie (10)	Screaued Com	delon Oale (11)	Hame OLOSH	Hava		
Occupancy Status During AD	alement I Chock only on	5/15	Sucer Addres	1	- 1 :	
SO FOR CICKERNACATED DI	unng Entre Penos of AD	atement	CAY, State, Dis	S. SPRVI	e Ave	
Oiner Describe	side of Hormal Facility P	90013	M. W. P.	= 5,10 DE	N'J. 08	052
Scope of Work (Check all Va	□ Reno	valion .	□ WU.	Containment with Neg Enclosure Loag Procedure		
₹ 160 11 or 2760 n	Ø.0em	alion	12 10	ET & LLOS OUT HO	PEINDE PIOCEO	×
Location of Location of Acoessos - Containing Mate 10 BE ABATED IN Facility (13)	nai (ACM) Non Used S Mainin Cus Si	many solely by example (includial and 17)	own wices	Material (ACM) Material (ACM) (A1, 0)	Amani (Specin Stalt)	Heren
э	1 ts	× -	SIDIA	16-	12005	1= ×
TRANSITE						
Same of Registered Waste	Haulei	MOD MISS	Cubic Yald	Name of Re	Siziere o rangin	Α
	N C .	1790'	0,00000	Tale City State	<u> </u>	= 1 T
MAPLE S	11ADE, N.	5.	- Sign	موسلا		5 71 /15
Competion By	LEMM	V/P		June 150		//(//)
7030111				e exempled schring	3	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

5 . (11 .15 .1 .14)				T								
Date of Notification (1)	121/15		4	Na	me of Build A M	fing Owner/Operato	FRPRIS	11 24 AL	7. ,			
Agencies Notified	Type Notificat	ion		Str	eet Addres	SS	A 1.27		-			
□ ®A □ D®	Initial Amended			_	140		ARKHAIS	SAS AVE				
DOL	Amendmer			Cit	y, State, Zip		i'T(1 - 100	01	()		
DOH DOH	Emergency justification		ing	- No	me of Cont	ANTIC CI	117.		01	1	313	
□ DCA	☐ Cancellatio			144		4 MASON	1	Telephone Nun	nber			
	6.		•	F		FORMATION					_	_
Name of Facility Where	Abatement is Tal	king Pla	ce (3)	-	,		Type of Facility	y (4)				
	SIDENCE						School (K-1					
Street Address	7 57H	ST					Other (i.e.,)	8 (Other than K-1 private & commerce		uilding	ıs,	•
City (5)	<u> </u>	31-					homes, etc Square Feet	# of Floors		Bldg.	Δne	
BRICE BRICE	ANT MA	E					1000 \$	2	İ) +	-
County (6)					unty Code E ONLY)	(7) (STATE		rior if being demol	shed)		
ATLANIT								ACANT				
Name of Monitoring Firm (8)	Hirea by Builaing	j Owner		ASU	M No.		nent Contractor (9					
Street Address						Street Address	400 In	o C.		_		=
							S. SPI	SUCE AU	É			
City, State, Zip Code						City, State, Zip C	ode			_		
Project Manager for Monit			1 7-1			MAPLO Telephone No.	= SHAO)Sc	25 6	<u>_</u>
Project manager for month	oring Firm		Tele	phone	e 140.		29-0472	License No.	y	1		
Start Date (10)	Sch	eduled (Comple	tion D	ate (11)	Name of OSHA N						_
7-31-15		8-		15	· .	Tosel	PH KLE	mm				_
Occupancy Status During				encomento.		Street Address	(' 50		· -			
Facility-Closed/Vacated Abatement Performed (City, State, Zip Co		EUCE AL	16		_	=
Other - Describe:	705100 OT 110111R	J. 1 0 0 M.	., 1100	~		[2012]	LE SHA	DE NJ T	_	080	,	7
Scope of Work (Check all	that apply)					7 (24)	CC JAI	DE Va,		000	2)	=
≥3 sf or ≥3 lf		ПР	enovati	20		Full Cont	tainment with Neg	gative Pressure				
≥160 sf or ≥260 ff			molition			Glovebag	g Procedure					
		leil	ocatio	7	1	Non-Exe	mpted (*) and No	n-Friable Procedu	1	A b = 4 =		\dashv
		No	omally			V	1		1	Abate Tyj		
Location of Asbestos-Containing Mat	erial (ACM)		Solely itenanc		Asbest	Description of os Containing Mate	rial (ACM)	Amount		Π		
TO BE ABATED			stodial) 		thermal systems in:	sulation,	(Specify	Re	R	Enca	En
IN Facility (13)			(12)			surfacing, VAT, of other miscellaneou		SF or LF)	Removal	Repair	Encapsulate	Enclosure
0* 500 FC		Yes	No T	N/A			,		/al	-	late	are
SIVAIC				V		DIANCIT		17.00 mc	5/		\dashv	\dashv
SIDIMG		-	\dashv	Δ.	=	RAMSITE		13005	X			\dashv
		-	+						-		\dashv	\dashv
		\dashv	\rightarrow	-	-			7		\vdash	-	\dashv
Name of Registered Waste	Hauler		11/3/39/93	DEP V		Cubic Yards	Name of Regist	tered Landfill				\dashv
KLtmco :	TNC.		Ha	uler ID		of Waste		A				
City, State			14			Disposal Date	City, State	V.		-		
MAPLE	SHADE						PLEAS	BUNTULLI	Ξ.	, 1	U -	5
Completed By MICHAEL KL	Title	1.4	10			Signature 0	AV.	Date	61	115	-	
MICHACE PC	MU _	V.	-			-I-Mull	V re		IC)	1)	_	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

			(1	Pursua	int to NJA	C 8:60 and 12:13	20)	2015 JU					
Date of Notification (1)	k1/15		874	Na	ame of Build WA	ing Owner/Operato	or (2) ERPRE		24 7	.//	1:5	9	
Agencies Notified	Type Notifica	tion		St	reet Addres	s	ARKAN	fu , '	an in	37	. (• e)		
DEP	Amended			Cit	y, State, Zip		ARCICARI	2H3	AVE	MA			_
DOL	Amendme Emergence		ding			ANTIC C	iTY.	N.5	08	-04	11		
DOH DCA	justification	n)	an ig	Na	me of Conta				hone Nurr			14.5	
	Cancellation	n		_	AND'	4 MASOR	<u>U</u>	J.	- ^ -				
Name of Facility Where	Abstoment in Te	Li DI			ACILITY IN	FORMATION		7.5				100	
RESI O	Abatement is Ta	King Pk	ace (3)				Type of Faci						
Street Address							School (K	er 8 (Other	than K-1	2)			
444 1	TACKNE	7 4	CLE	ACE			Other (i.e. homes, e	, private &	∞mmerc	ial bu	ilding	s,	-
City (5)							Square Feet		Floors	TE	Bldg.	Age	_
County (6)	ANTINE						1000 p	_	2	_ _		+	_
ATLANT	ic			US	ounty Code (SE ONLY)	(7) (STATE	Current Use			shed)	()		
Name of Monitoring Firm		g Owne		ASC	M No.	Name of Abaten		A CAU	ЧТ	_			_
(8)	4					KLET		N.C.					
Street Address						Street Address							_
City Ctata 7:- 0-1						_ 369	S. SF	RUCE	AU	<u> </u>			
City, State, Zip Code						City, State, Zip C	Code C SHAI	N /	N.J	_	·C-	·	,
Project Manager for Mon	itoring Firm		TTe	lephon	e No.	Telephone No.	COMM		ise No.		180	520	_
							79-0472	-	504	44	1		
Start Date (10)					ate (11)	Name of OSHA							=
7-31-15				-15	· .	_ Jost	PH KL	tmm					
Occupancy Status During Facility Closed/Vacate				ement		Street Address	S SD	RUCE	AL),=			
Abatement Performed	Outside of Norm	al Facil	ity Hou	irs	120	City, State, Zip C		FUCE	AU	<u> </u>	_		_
Other - Describe:						MUP		ADE	T. Du	(280	27	2
Scope of Work (Check all	that apply)					П. г. и с	-						_
≥3 sf or ≥3 lf			enovat			Mini-Enc	tainment with No losure	egative Pre	essure				
≥160 sf or ≥260 lf		Mo	emolitic	on			g Procedure mpted (*) and N	lon-Friable	Procedur	٥			
			Location					I I I I I I I I I I I I I I I I I I I	1 10000		bate	ment	
Location of			ormally i Solel			Description of	40				Typ	е	
Asbestos-Containing Ma TO BE ABATE			ntenan		Asbesto	os Containing Mate thermal systems in	erial (ACM)	Amo				ш	m
IN Facility	<u>~</u>	:	Staff?			surfacing, VAT,	or	(Spec		Remova	Repair	icap	nclo
(13)		-	(12)	Г		other miscellaneou	us)			oval	air	Encapsulate	Enclosure
		Yes	No	N/A								e	.
SIDIMG				X	-I	RAMSITE		150	04	X			
lame of Registered Waste	Hauter		-	JDEP V	lasta T	Outi- Valle							
KLEMCO	TNC		199.0	uler ID	No.	Cubic Yards of Waste	Name of Regi	2	dfill				
ity, State	TIME.		-11	790		Disposal Date	City, State) H					_
MAPLE	SHADE				1	Jispusai Dale	•	SHALT	()(116	-	A	1	7
ompleted By	Title		1.0			Signature	An/		Date	,	1	4 -	_
MICHAEL KL	Jun _	V	10			- Dul	Ule			121	\prod)	_
41			0%			_							_

NO CK

100 (NOTIFIC	CATION	ate of Nev I OF ASBE to NJAC I	STO	SABATEN	MENT)				R.	Abo.	ζ,		50
Date of Notification (1) 7–20–15				Name o	f Building (lton T	Owner Own	r/Operator ship Bo	(2) oard	of Ed	ducat:	2815 ion 15	JUL	21		1100	- The
Agencies Notified 图 EPA	Type Notification			Street A	ddress ark Av	enu	e			3	A35E	37	11 ~	F.	47	:56
₩ DEP	☐ Initial ☑ Amended Amendment #		_ [City, Sta	ite. Zip Co lton,	de	08690				Je	LI	EN	S/A	*TR	01
Ď DOH ☑ DCA ·	☐ Emergency (in justification) ☐ Cancellation	nciuaing			f Contact Miran	ıda				Tele	ephone M	Niumi	201		0	
Nigge of Facility 180		-		FACI	LITY INFO	RMA	TION									
Name of Facility Where A								Type	of Facility	(4)						
Street Address	gii 501001	NOT U	1						School (K-		ar than 1	(10)				
1055 Klockner	Road							□ c	Subchapte Other (i.e. etc.)	private &	& comme	ercial	build	lings,	home	es,
City (5) Hamilton									e Feet 000	# of	Floors		2.50	ldg A	ge	
County (6) Mercer			(County (STATE)	Code (7) USE ONLY)	-		Currer	nt Use (Pr .001	ior if bei	ng demo	lishe	d)			
Name of Monitoring Firm		wner (8)		ASCN	I No.		Name	of Abat	ement Co	ntractor	(9)					
Pennoni Associ	lates, Inc.			001	102		Ply	mout	h Envi	ronme	ental	Co	.,	Inc.	5	
Street Address 515 Grove Stre	eet						Street 923		s s Aver	nue						
City, State, Zip Code						City, St										
Haddon Heights				Telepho					own, E	PA 19	401					
Tom Adams							Teleph 610-		-9920		License 00	e No 398				
Start Date (10) 6-22-15			ed Com 1-15	pletion	Date (11)		200000000000000000000000000000000000000		A Monitor		ental	Co		Inc.		
Occupancy Status During	Abatement (Check	Only Or	ne)				Street					1077	,			
☐ Facility Closed/Vaca ☐ Abatement Perform ☐ Other – Describe:	ed Outside of Norma	eriod of a I Facility	Abatem / Hours	ent		_	City, St	ate, Zip	o Code cown, PA	10,020740	01					
Scope of Work (Check A	Il That Apply)			-												
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf			Renovat Demoliti	25 37				Min Glo	Containm i-Enclosur vebag Pro i-Exempte	e cedure					9	
		ls	Location	on										Abate		
Location	3070	10.507.505	Normalled Solel		100000		Description					-		Ly	pe	
Asbestos-Containing TO BE ABA In Facili (13)	ATED	Ma	intenan todial S (12)	ice/		therm sur	ontaining M nal systems facing, VA r miscellan	insula T, or		(5	mount Specify or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A											le	CD.
boiler room		X			inter	ior	boile	r in	s.	912	SF		x			
boiler room		x			boile	r b	reechi	ng i	ns.	160	SF .		X			
boiler room		x					reech .	ins.		50 1	LF		x			
1st floor 1st floor	X		pipe	fit	tings ulation	n		100	T.		X X					
Name of Registered Was Robinson Waste	N.	JDEP W	/aste No.	Cub of W	ic Yards Vaste		Name of	f Registe	ered Lan							
City, State				7304			0 oosal Date		Grows City, Sta	S	dfill					
Voorhees, NJ 0				8-	31–15		Morri		le, P	A						
Completed by						Signature	/				Date	9				
James M. Kelly		Vice	e-Pre	eside	nt					_		7-	20-	15		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

¥()								17.00				
Date of Notification (1)	July 21, 2015				Name of Building	Owner/Ope EDM		15 Jin 2 -	70	:8'	ĵ	
Agencies Notified [X] EPA [DEP		Notific	eation otification		Street Address	200000000000000000000000000000000000000	chley Drive	15 JUL 24 AM	7: :			
[x] DOL	Ame [X] Emer	ndment i gency (i			City, State, Zip Co		oro, NJ 07746	ELLEPTAN.	Air.	<		
[X] DOH [] DCA		ication) ellation			Name of Contact Matt 1	Martino		Telephone Number	- 1.			
				FAC	ILITY INFORM	IATION	William Town					
Name of Facility Where All Res	patement is Taking sidence	Place (3	3)				Type of Facility (4	School (k-12)				
Street Address 76	Front Street						[] [x]	Subchapter 8 (oth Other (i.e., privat			ial build	lings,
City		Coun	ty (6)		County Code (7)	V)	Square feet	homes, etc.) # of Floors	Bldg	. Age		
Red Bank		Mor	ımouth		(STATE USE ONL	Υ)		if being demolished)		- (50	
Name of Monitoring Firm					ASCM No.	Name of	Resid	or (9)	Tura			
Street Address	ardian Contract		1C.		7	Street A	ddress	lian Contracting,	inc.			
City, State, Zip Code	Route 9, Un					City, Sta	te, Zip Code	Route 9, Unit 61	0.00	155.1	071	
Project Manager for Monit	ms River, NJ 0	3/33	Telephone Nu	mher		Telephor	ne Number	River, New Jers		33-1	2/1	
Nicholas Ferr			732-349-99				9-9932	00624	umoci			
Scheduled Start Date (10) 7/22/15	12		Scheduled Cor 7/23/15	mpletic	on Date (11)	Name of	OSHA Monitor E.M.S	S.L. Analytical				
Occupancy Status During A	Abatement (Check lity Closed/Vacate		(A)	of Abat	ement	Street A		Stelton Road				
[] Aba	tement Performed	Outside	of Normal Facil	lity Ho	urs	City Sta	te, Zip Code					
[] Othe	er – Describe	-				City, Ota		away, New Jerse	y 088	54		
Scope of Work (Check all t	that apply)		2			[]	Full Containme Mini-Enclosure	nt with Negative Pres	sure			
[X] >3 s	f or ≥3 lf		[x] R	Lenovat	tion	[x]		dure				
[] ≥16	0 sf or ≥260 lf		[] [Demolit	ion		Non-Exempted	(*) and Non-Friable l	Procedu	re		
									Abat	ement	Гуре	
Location	-5		Is Location	,		Description		Amount	R	R	Е	Е
Asbestos-Containing M		į .	Normally used Solely by	1		ocstos-Co Material (A		(Specify SF	E	E P	N C	N C
TO BE ABA		Mair	ntenance/Cust	odial		., thermal		or LF)	M	A	A	L
in facility	y		Staff		ins	ulation, su		1 12	0	I	P	0
(13)			(12)			VAT,			V	R	S	S
YES NO N/A					oth	er miscell	aneous)	8	A L		L E	R E
Basement X					Asbestos pipe	insulatio	n	175 lf	X			
			1							<u> </u>		
								+				
Name of Registered Waste	NJDEP Waste I		ID No. Cubic Ya	ards of Was		tered Landfill						
City, State	Carl Control C						T.R.R.F.					
Toms River,		m'-t		7/24/		Tullyt	own, Pennsylvan	ia	L			
Completed by (Print or Typ Nicholas Fer		Title Proje	ect Manager		Signature	hot	11.1		7/2	/201	5	

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

740 00 0	(Pur	suant to NJAC 8:60	and 12:1	20)		PA	N. 7	
Date of Notification (1) July 21, 2015	5	Name of Building		erator (2) ate Police Headqua	arters 2015	1(4)	1)9	fi in
[] DEP [] Ame	ation al Notification ended Notification endment #	Street Address City, State, Zip Co	ode	er Road, Bldg 15	10 10 10 10 10 10 10 10 10 10 10 10 10 1	CF, 1	AH Z	.52
[] DCA justi	ergency (including fication) cellation	Name of Contact Bill I	West Harrison	Trenton, NJ 08628	B Felephone Number	1.7	<i>[[4]</i>	7
	F	ACILITY INFORM	ATION					
Name of Facility Where Abatement is Taking NJ State Police H	g Place (3)		2111011	Type of Facility (4)	School (k-12)			*
Street Address 1 River Road, Blo	lg 15		6	[] [x]	Subchapter 8 (of Other (i.e., priva			ildings,
City	County (6)	County Code (7) (STATE USE ONL	Y) ·	Square feet 150 sf	homes, etc.) # of Floors	Bldg. A		
West Trenton	Mercer			Current Use (Prior if Genera)	40	
Name of Monitoring Firm Hired by Building Brinkerhoff Envir	Owner (8) conmental Services	ASCM No.	Name of	Abatement Contractor		Inc		
Street Address 1805 Atlantic Ave	enue		Street Ac	ldress	oute 9, Unit 61	me.		
City, State, Zip Code Manasquan, NJ 08	8736		City, Stat	te, Zip Code	liver, New Jers	ev 0875	5-1271	
Project Manager for Monitoring Firm Jason Hooper	Telephone Numl 732-223-222		Telephon 732-34	e Number	License N 00624		, 12/1	
Scheduled Start Date (10) 8/3/15	Scheduled Comp 8/4/15	oletion Date (11)		OSHA Monitor	L. Analytical			
	d During Entire Period of A		Street Ad	ldress	elton Road		,	
Abatement Performed Other – Describe	Outside of Normal Facility	Hours	City, Stat	e, Zip Code Piscatay	way, New Jerse	v 08854		
Scope of Work (Check all that apply)	- 19		[]		with Negative Pres	3		
$\begin{bmatrix} X \end{bmatrix} > 3 \text{ sf or } \ge 3 \text{ lf}$ $\begin{bmatrix} \end{bmatrix} \ge 160 \text{ sf or } \ge 260 \text{ lf}$	2	ovation	[] [] [x]	Mini-Enclosure Glovebag Procedu Non-Exempted (*)	re) and Non-Friable F	Procedure		
			[]	Tron Exempted ()	Tana reon-r madic r			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodi Staff (12)	Ast N (i.e	Description Destos-Con Material (A , thermal s plation, sur VAT, or	taining CM) systems facing,	Amount (Specify SF or LF)	R R E E M P A O I V R	E N C	E N C L O S
-	YES NO N/A		er miscella			A L	U L E	U R E
Generator #2	X	caulk			75 lf	X		E
Name of Registered Waste Hauler	NIDED W IV	I TO VI I O VI I	200					
Guardian Contracting, Inc.	NJDEP Waste Hau 20223		rds of Waste	Name of Registere T.R.R.F.	ed Landfill			
City, State Toms River, New Jersey	Dis	posal Date /15	City, Stat					
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	hal	tel		Date 7/21/20	15	

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



Date of Notification (1) 7/21/15				Name Debb	of Building (bie & Joe F	Owner/C	perator rivate	(2) Home		201	9 114		-	
Agencies Notified	Type Notification	1		Street	Address Sarazen ro		Tivato	Tionic		435	S JUL	24	AH	7: ,
EPA DEP DOL	Amended Amendmen				tate, Zip Coo ntine NJ (ð	= [](EN	3/W	IRO
DOH DCA	Emergency justification Cancellation	100		Name Mano	of Contact ly				Te	elenhone N	Jumpel		114	J
Name of Facility 184				FAC	ILITY INFO	RMATI	ON							
Name of Facility Where A Debbie & Joe kelly	Abatement is Takii Private Homo	ng Place (3)					Type of Facility	y (4)			-		
Street Address	1 Tivate Home				390			School (K	(-12)					
914 Sarazen rd.								Subchapt	er 8 (Ot	her than K & comme	-12)			
City (5)								Other (i.e etc.)	. private	& comme	rciai bu	ilaing	s, nom	nes,
Brigantine NJ 0820	3							Square Feet	01 30 3	of Floors		Bldg.	Age	
County (6)								1000+	_ 1			35+		
Atlantic					Code (7) USE ONLY)			Current Use (F	rior if be	eing demol	ished)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASC	M No.		Name	of Abatement C	ontracto	r (9)		,		
Street Address							Street	Address	-					
City, State, Zip Code								Sox 329						
(2)								tate, Zip Code Berlin NJ 08	091					
Project Manager for Mon	itoring Firm			Telepho	one No.			one No. 753-9800		License 00727	No.			
Start Date (10) 8/3/15		Schedule 8/7/15	ed Cor	mpletion	Date (11)		Name (of OSHA Monito	r .					
Occupancy Status During	Abatement (Chec		ne)			-		Address						
Facility Closed/Vaca Abatement Performe Other – Describe:	ited During Entire	Period of	Abaten	nent s				ate, Zip Code						
Scope of Work (Check Al	That Apply)													
≥3 sf or ≥3 if ≥160 sf or ≥260 if	, тако крртуу	Proposed .	enova emolit			(4)	×	Full Containr Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure				re	
		Is	Locati	ion									ement	t
Location			lormal d Sole		- 1	Des	cription	of				T	уре	
Asbestos-Containing I <u>TO BE ABA</u> In Facilit (13)	TED	Ma	ntenai odial S (12)	nce/	(i.e. th	nermal s surfaci	systems ing, VAT		(3	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
V-2224		Yes	No	N/A		outer m	iscellane	eous)			val	air	ulate	sure
Ceiling living room	and hallway			X		popco	rn ceil	ing	50	00 SF	x	-		
Exterior Si	ding			х		Exteri	or Sid	ing	14	00 SF	х			
		-												
Name of Registered Wast	e Hauler		IN	JDEP W	/aste	Cubic Y	arde	Name of	Daniet					
United Containers			Н	auler ID 2459	No.	of Wast		G.R.O.		ered Landfi	ш			
City, State Elm NJ				- 0,0		Disposa	l Date	City, Sta		1000				
Completed by		Title				3/7/15			/IIIe PA	19067				
Anthony T Perna		Presid	dent			Sig	nature	2		1	ate /21/15	5		

Date of Notification (1) 7/20/15				Name of Chris N	Building (Owner/C	perator	(2)	2815	11 11	01				
Agencies Notified	Type Notification	×	5	Street Ad		d Poo	۲	<u> </u>	A	ru <u>t</u>	24 <u>(.</u> 4	0: (2		
× EPA × DEP × DOL	Initial Amended Amendment	#		City, Stat	te, Zip Coo	de			# # # # # # # # # # # # # # # # # # #	L	F. S	Tritl G	1		
DOH DCA	Emergency (justification) Cancellation	including	11 8	Name of Chris N	Contact Moore					Tele	ephone Nu	mber			
Name of Equility Masses	Abstract is Takin	Diago (2)	7/2	FACIL	LITY INFO	RMATI	ON	T	-f F1114 . /4\						
Name of Facility Where House	Abatement is Takin	g Place (3)							of Facility (4)						
Street Address					7.5				School (K-12) Subchapter 8	(Othe					
194 Beechwood Ro	oad								Other (i.e. pri- etc.)	vate 8	& commerc	ial buil	dings,	home	es,
City (5) Ridgewood								_	re Feet	# of	Floors		ildg. A	ge	
County (6)	111		7	County C	Code (7)				ent Use (Prior				W/A		
Bergen					JSE ONLY)			Hou		II Del	ng demons	i icu)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCM	No.				atement Contr tement, Inc		(9)				
Street Address								Addre	2000 Commence of the Commence	077					
City, State, Zip Code									gren Avent Zip Code	1e					
							Toto	wa, N	J 07512						
Project Manager for Mor	nitoring Firm			Telephor	ne No.		100000000000000000000000000000000000000	hone N 345-8			#00675				
Start Date (10) 7/31/15		Scheduled 0 8/01/15	Com	pletion [Date (11)				HA Monitor tement, Inc						
Occupancy Status Durin	g Abatement (Chec	k Only One)						Addre							
	ated During Entire I								gren Avent Zip Code	1e					
Other – Describe:		iai i aciiity i it	Juis						NJ 07512						
Scope of Work (Check A	All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Ren Den					2	Mi Gi	III Containmer ni-Enclosure ovebag Proce	dure					
		T					L	_ No	on-Exempted	(*) an	d Non-Fria	ble Pro		e ement	
1		ls Lo Nor	cation mall			-		,						ре	
Locatio Asbestos-Containing	Material (ACM)	Used S Mainte	Solei	y by		tos Cont		Materia	al (ACM)	А	mount			т	
TO BE AB		Custod	ial S	5.75.750 (1)	(i.e.	thermal surfa	system cing, VA		lation,		Specify or LF)	Remova	Repair	ncap	Enclo
(13)		(12)				niscella			74.730		ova	pair	Encapsulate	Enclosure
		Yes 1	No	N/A										е	7.50
basem		X			pipe	insula	ation		2	0 LF	X				
*															
							-								
Name of Degistered Me	ata Unidas		L	IDEDIA	/	0 1:	VI-								
Name of Registered Wa D&S Abatement, Inc			Н	JDEP W auler ID		of Wa	Yards ste		Name of R Waste M						
City, State	···		#2	20096		TBD	anl D-4				gernent (JI I''A			
Totowa, NJ						TBD	sal Date	•	City, State Tullytow		A				
Completed by		Title	720020			5	Signatur	e	201		e = = = = = = = = = = = = = = = = = = =	ate			
Deanna Brkusanin		Project	Ma	nager			1/10	all	4 K Ilu	all	7	/20/1	5		

(K. 9548101578

	N			OF ASBES o NJAC 8:						F 1 2 -	×	fi.	~ ~	
Date of Notification (1) 7/20/15				Building O		perator	(2)		201	5 JUL.	2/.	٢٠.		
Agencies Notified Type Notification X EPA X Initial		1	treet Ad 77 Gr	ldress ove Stre	et			1.5		iĝo.	- T	AM	€: ₍	1
X DEP Amended X DOL Amendment #_				e, Zip Cod air, NJ 07				747	ś	£ Ling	- 1	47 1813	ii 0	Ĺ
Emergency (incl. justification) DCA Emergency (incl. justification) Cancellation	luding	1000		Contact et Schilli	ng				Telepho	one Num	ber			
			FACIL	ITY INFO	RMATIC	ON								
Name of Facility Where Abatement is Taking P House Street Address	lace (3)			71			☐ Sc					inas	nome	
277 Grove Street City (5)							Square	(c.)	# of Flo			dg. Ag		-
Montclair							N/A		N/A			/A		
County (6) Essex				code (7) ISE ONLY)	S <u>-</u>		Hous	е	or if being o		ed)			
Name of Monitoring Firm Hired by Building Ow N/A	ner (8)		ASCM	No.				ment Con ment, In	tractor (9) C.					
Street Address							Address losengi	s ren Aver	nue					
City, State, Zip Code				()) k			State, Zip wa, NJ	Code 07512						
Project Manager for Monitoring Firm		Т	elephor	ne No.		100000000000000000000000000000000000000	hone No 345-86		10000	cense No 00675	١.			
	chedule /04/15		oletion [Date (11)				A Monitor ment, In	c.					
Occupancy Status During Abatement (Check C	Only On	e)				Street	Address	S						
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal			ent				loseng State, Zip	ren Aver	nue					
Other – Describe: Occupied						F. F. F. S.		J 07512		-				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if		tenovat emolitic				2	Mini Glov	i-Enclosure vebag Pro		(150)	e Pro	cedur		
Location of	1	Locatio	/		De	scription	n of					Abate Ty		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cust	d Solel intenan todial S (12)	ce/ taff?		os Con thermal surfa	taining I	Material ns insulat AT, or		Amo (Spe SF or	cify	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										- 15	
basement	X			pipe	insula	ation		260	LF	X				
5														
Name of Registered Waste Hauler		100 3168	JDEP W	8070 (SEE 1977)	(12.31-17.27.18.18.2)	Yards		Name of	Registere	d Landfill				
D&S Abatement, Inc.	155414		auler ID 20096	No.	of Wa	0.0.0		Manage Solly Co.	Manage	ment of	PA			
City, State Totowa, NJ	8				TBD	sal Date	2	City, Star	te wn, PA					
Completed by Deanna Brkusanin	Title Proje	ect Ma	nager		5	Signatur	PORU	ew Rh	luelle	Da 7/	te 20/1	5		

7 - 1 - 3	O / N			OF ASBE to NJAC 8					RED:		1 p-			
Date of Notification (1) 7/20/15				Building (Lukaszc		perator	(2)	2815	JUL 21,		- 1,			
Agencies Notified Type Notification EPA Initial			Street Ad 33 Feri	ddress ndale Av	/e			Asig	i o pro	AH	8: 0	ij		
DEP Amended Amendment		1 1		te, Zip Coo lock, NJ		9		Ĝ	Life	1-17 140	RO	L		
DOH justification) DCA Cancellation	Š.		Name of _ark G	Contact aydos					732-37	1.00	ber			
			FACIL	LITY INFO	RMATI	ON								
Name of Facility Where Abatement is Takin House Street Address	g Place (3)						of Facility (4 School (K-1) Subchapter	2) 8 (Other tha					
63 Ferndale Ave								Other (i.e. p						S,
City (5) Glen Rock					L = 2 To		N/A	re Feet	# of Floo N/A	200	N	ldg. A /A	ge	
County (6) Essex				Code (7) JSE ONLY)			Hou:	ent Use (Prid Se	or if being de	emolish	ed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	l No.				tement Con ement, In						
Street Address						T, TO, T, T,	Addres	ss gren Aver	iue					
City, State, Zip Code								ip Code J 07512		125				
Project Manager for Monitoring Firm			Telephor	ne No.		15 35 C. S.	hone N 345-8			ense No 0675).	0		
Start Date (10) 8/04/15	Schedule 8/05/15		pletion [Date (11)				HA Monitor ement, In	c.		====			±
Occupancy Status During Abatement (Chec	k Only Or	ne)					Addres	505 00						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: Occupied						City, S	State, Z	gren Aver ip Code	iue					
Scope of Work (Check All That Apply)						Toto	wa, N	IJ 07512			-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovat Demoliti	77.707.0			>	Mir Glo	Il Containme ni-Enclosure ovebag Prod n-Exempted	edure				е	
	17772	Location	7,000										ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cus	Normall ed Solel intenar todial S (12)	y by nce/ taff?		tos Cont thermal surfa		Material ns insula AT, or		Amount (Speci SF or L	fy	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							_				
basement		X			pipe	insula	ation		147 L	F	X			
	-					-								
					, a _ 1 _ a 1 _ a 1					[6				
Name of Registered Waste Hauler		7.743.75	JDEP W			Yards		Name of	Registered I	_andfill				
D&S Abatement, Inc.		1200000	auler ID 20096	INO.	of Wa				Managem	ent of	PA			
City, State Totowa, NJ					TBD	sal Date)	City, Stat			11000			
Completed by Title Signature Deanna Brkusanin Project Manager Title Vigue 7/20/15														

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

RECEIVED

Date of Notification (1)			Name	of Building	Owner	Oporete	- (2)	: 1	Aut Call	11-	Ü_		
7/20/15			Kathl	een Del F	Rosso	Operato	2	#15 UU	2/ -				
Agencies Notified Type Notified EPA Initial	cation			Address verlook T	errace	9			24 A				
X DEP Amend	iment #			tate, Zip Co nfield, NJ		3	žvy,	20 - N & L	rac ICENT,	Will Wig	TOL		
■ DOH			Name	of Contact een DelR					elephone N				
Name of Facility Whose Abstract is	T. 1. 5		And the second second	ILITY INFO		ION			+0-021-2	<u></u>			
Name of Facility Where Abatement is House	raking Place (3)						Type of Facili						
Street Address 71 Overlook Terrace							School (I Subchap Other (i.e	ter 8 (Oth	ner than K- & commer	12) cial bu	iilding	s, hor	nes.
City (5) Bloomfield			d				etc.) Square Feet N/A		of Floors		Bldg.		
County (6) Essex			County (STATE	Code (7) USE ONLY)	9		Current Use (I	200		- 1	N/A		
Name of Monitoring Firm Hired by Buil N/A	ding Owner (8)		ASCI	M No.		Name D&S	of Abatement C Abatement,	Contracto	(9)				
Street Address						Street	Address osengren Av					-	
City, State, Zip Code						City, S	tate, Zip Code wa, NJ 0751			1			
Project Manager for Monitoring Firm		ī	Telepho	one No.		Teleph	one No. 845-8685		License				
Start Date (10) 8/07/15	Scheduled 8/08/15	Com	pletion	Date (11)		Name	of OSHA Monito Abatement,		#00675	1.5			
Occupancy Status During Abatement (Check Only One))					Address	1116.					
Facility Closed/Vacated During Er Abatement Performed Outside of Other – Describe: Occupied	ntire Period of Ab Normal Facility H	ateme	ent		-		osengren Av	enue					
Other - Describe: Occupied Scope of Work (Check All That Apply)					-		va, NJ 0751	2					
≥3 sf or ≥3 If ≥160 sf or ≥260 If	Property Co.	novatio				×	Full Contains Mini-Enclosu Glovebag Pr Non-Exempt	ire ocedure					
	Is Lo	ocatio	n				Tron Exempt	eu () am	I NOH-FIIA	JIE PI	75755-715	emen	t
Location of Asbestos-Containing Material (ACM		rmally Solely				cription					- Ty	ре	
TO BE ABATED In Facility (13)	/ Maint Custod	enand	ce/	(i.e. th	nermal s surfaci	aining Ma systems ing, VAT iscellane		(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
becoment		No	N/A							=		ate	è
basement		X			pipe i	nsulati	on	7.	5 LF	X			
							Λ.						
Name of Registered Waste Hauler		N.IF	DEP Wa	asta	Cubic Y	'ords	Ness	(D)					
D&S Abatement, Inc.		Hau	uler ID 1 0096	No.	of Wast				ed Landfill ement o				
City, State Fotowa, NJ					Disposa ΓBD	Date	City, Sta Tullyto	te wn, PA					
Completed by Deanna Brkusanin	Title Project	Mana	ager		Sid	pature	11.11e/ 12/1	lugar	Da	te 20/15	i		

Date of Notification (1)			Name o	f Building	Owner/Ope	rator (2)							
July 21, 2015			Evonik	Corp			7775						
Agencies Notified Type Notification			Street A					- C.	J 10				
⊠ EPA □ Initial			299 Jef	ferson l	Road		.1		4 74		7		
DEP Amended	2		City, Sta	ate, Zip C	ode	13		- 9					
DOL Amendment Emergency		_	Parsipp	any,NJ	07054								
DOH justification)	including		Name o	f Contact				Те	lephoneN	umber			
DCA Cancellation			Engine	ering M	anager			800	-244	UJ.			
Name of Engility Where Abstract is Table	- DI (0)	FAC	ILITY INF	ORMATION								
Name of Facility Where Abatement is Takin	g Place (3)				Ту	pe of Facility	(4)					
Evonik Corp Street Address			Aller of the second				School (K-						
ESSAGE TANDERS AND							Subchapter Other (i.e.				ldinas	hom	es
2 Turner Place							etc.)						
City (5)						Sc	luare Feet	# 0	f Floors		Bldg.	Age	
Piscataway, NJ County (6)													
Providence Company Com				Code (7) USE ONLY	7)	Cı	urrent Use (Pri	or if be		shed)			
Middlesex Name of Monitoring Firm Hired by Building	0 (0								Facility				
	Owner (8):	ASCN	ЛNO.	1000		Abatement Co		(9)				
UniPro Inc Street Address							K Group, L	LC.					
See See						Street Add			2020				
173 Karkus Avenue City, State, Zip Code							gs HWY N,	STE	209				
							e, Zip Code	7.0					
Woodbridge, NJ 07095 Project Manager for Monitoring Firm		_	Telepho	no No			ill, NJ 0803	4	T 17				
David Tolchin			mana Asas		1000	elephone			License	No.			
Start Date (10)	Schedul		732-433	3-5246 Date (11)			9 - 5000 OSHA Monitor		00781				
5/5/15	Concoun	cu 00	5/5/16					1.0					
Occupancy Status During Abatement (Chec	k Only O	ne)	3/3/10	,		treet Add	K Group, L	LU.					_
Facility Closed/Vacated During Entire I	G 1.50 84	100			1,897		gs HWY N,	STE	200				
Abatement Performed Outside of Norm	al Facility	y Hour	rs		-		, Zip Code	SIL	209				
Other - Describe:							ill, NJ 0803	И					
Scope of Work (Check All That Apply)					01	icity it	11, 140 0000	1					-
≥3 sf or ≥3 If	\square	Renov	ation			\boxtimes	Full Containm	ont with	Negative	Droces			
≥160 sf or ≥260 lf		Demol				\times	Mini-Enclosure	ent witi	Negative	riessi	ii e		
							Glovebag Pro		Nam Fried	l- D			
		-					Non-Exempted	() and	Non-Friad	le Proce		emen	t
l and in the	100	s Loca Norma				entrode volumente.					200000000000000000000000000000000000000	ype	ı.
Location of Asbestos-Containing Material (ACM)	Use	ed Sole	ely by	Asbes	Descri stos Contain	iption of ing Mate	rial (ACM)	Д	mount				
TO BE ABATED	9.000	aintena todial	ance/ Staff?	0.00	thermal sys	stems ins	sulation,	(5	Specify	R	ת	Enca	En
In Facility (13)		(12)			surfacing other misc			SF	or LF)	Remova	Repair	Encapsulate	Enclosure
,	200	7.00								Val	1	llate	Гe
	Yes	No	N/A										
Building 3		X			Pipe In	sulation	n	3	52 LF	X			
n		X			Vat/N	∕lastic		10	30 S/F	X			
"		X		Windo	ow/Door w	v/ Caul	k/Glazing		each	$ \langle $			
"		$\langle \rangle$		7711100	contract		TO CIUZING				-	-	-
Name of Registered Waste Hauler			NJ DEP W	/aste	Cubic Yar	nsite	Name of	2000	00 S/F red Landfi				
		133	Hauler ID		of Waste	143	Ivalile of	registe	red Landii				
Freehold / Newark Carting / Rovic			450	09	23	3.8	Cumberl	and C	o./ BFI /	GRO	WS	/ TRI	RF
City, State					Disposal	Date	City, Stat	е					
Freehold / Newark / Riverdale, NJ						5/16	Newburg	/ Imp	erial / N	lorrisv	ille,	PA	
Completed by	Title				Sign	ature	7/2			ate			
Mike Cooper	Presid	dent			1/10	-///		-	7/	21/15			

Location of	Is	s Location Normalled Solel	on y	Description of			Abat Ty	emen /pe	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Solel aintenan stodial S (12)	ice/	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			_		e e	
Building 5		X		Transite	10000 S/F	X			
"		X		Roofing	10000 S/F	X			
Building 5 (2 Boilers)		X		Boiler Insulation	2600 s/f	X			
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Date of Notification (1) 07/22/15				Building (Operator (RTIES	2)		C# 3) <u> </u>	- 24			8: 2	,
Agencies Notified Type Notification EPA X Initial		- 1	Street Ad 7 GLE) AVE	ENUE, S	UITE	412	4	- 1	a j	524			į.
DEP Amended X DOL Amendment #		111 127		te, Zip Co ORANG		J 07017			-	/	ÛÇ A		43	-	
Emergency (in justification) DCA Emergency (in justification) Cancellation	cluding			Contact ZY FISH	BAIN				Teleph	none N	lumbe	r			
			FACI	LITY INFO	RMAT					-1-29013					
Name of Facility Where Abatement is Taking Street Address	Place (3)							of Facility (4) School (K-12) Subchapter 8)	than V	12)				
381 BERKELEY ROAD			*				×	Other (i.e. pri etc.)	vate & c	omme					es,
City (5) ORANGE, NJ						1.50	Squar 2000	e Feet	# of FI 2	loors		Ble	dg. A	ge	
County (6) Essex County				Code (7) JSE ONLY)		100	Curre	nt Use (Prior 1E	if being	demol	ished)				
Name of Monitoring Firm Hired by Building Ox	wner (8)		ASCN	l No.				ement Contr PROFES		5					
Street Address				9.		Street A		SOVE CO	URT						
City, State, Zip Code						City, St.		p Code DD, NJ 08	701						
Project Manager for Monitoring Firm	Telephor	ne No.		Telepho 732-6				icense 200	No.	3054 11					
Start Date (10) 8 08/02/15	Date (11)				IA Monitor PROFES	SIONA	ALS	-							
Occupancy Status During Abatement (Check	Only One)				Street A			Section 1						
Facility Closed/Vacated During Entire Pe			ent			10000	2.5.6766	OOVE CO	JRT						
Abatement Performed Outside of Norma Other – Describe:	i Facility F	iours			_	City, Sta		DD, NJ 08	701		5				
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 if ≥160 sf or ≥260 if		novat moliti				×	Min Glo	Containmer i-Enclosure vebag Proce	dure						
			NC 100				NOI	n-Exempted	() and i	NON-FII	able F			ment	
Location of	1000000	ocatio	A CONTRACTOR OF THE PARTY OF TH		D	escription (of						Ту		
Asbestos-Containing Material (ACM)	Used Main	Solei			os Co	ntaining Ma	aterial		Amo			_		Щ	Е
TO BE ABATED In Facility	Custo	dial S	F2/10/201	(i.e.		al systems acing, VAT		tion,	(Spe		1	Domova	Repair	ıcap	inclo
(13)		(12)			other	miscellane	eous)				1	200	air	Encapsulate	Enclosure
	Yes	No	N/A											(D	
INTERIOR			F	PIPE	INSULA'	TION		80	LF	2	2				
						ŭi									
		2													
Name of Registered Waste Hauler NEWARK CARTING		Ha	JDEP W auler ID 509	(317:37:0)	of W	c Yards aste		Name of R	egistere	a Land	ITIII				
City, State NEWARK, NJ	•					osal Date 2/15		City, State BETHLE	НЕМ Р	PA					
Completed by JOSEPH PERLSTEIN OWNER Signature 07/22/15															

NF6 #XX

Date of Notification (1) 7/22/15					f Building		Operator	(2)	21	15 1	UL 24					
	T 11 00 0			020020000000000	Perebo	row				* *	VL 24		2 1			
Agencies Notified X EPA	Type Notification			Street A 325 G	arfield A	ve			Éi ,				1 1	4	1	
× DEP × DOL	× Amended Amendment				ite, Zip Co New Je			2		Ğ !	- (CE)		10	NO.		
⊠ DOH □ DCA	Emergency (justification) Cancellation			Name of	f Contact					Tel	ephone I	Numb	ег		10,7000	
<u> Бол</u>	Caricellation				LITY INFO	DM ATI	ION			1						_
Name of Facility Where	Abatement is Takin	g Place (3)		FACI	LITTIME	JAMAII	ION	Type	of Facility (4))						
Pereborow Resider		- , , , , ,							School (K-12	1						
Street Address									Subchapter 8	(Oth						
325 Garfield Ave									Other (i.e. pri etc.)	ivate 8	& comme	ercial	builo	lings,	home	es,
City (5)									re Feet	# 01	Floors		В	ldg. A	ge	
Avon								2000)	2			5	0+		
County (6) Monmouth					Code (7) USE ONLY)			nt Use (Prior dence	if bei	ng demo	lished	1)			
Name of Monitoring Firm	Hired by Building	Owner (8)	_	ASCN	I No.		Name	(3.35.35.7.3	tement Conti	ractor	(9)		_	_		
	, , , , , , , , , , , , , , , , , , , ,						1		ation Co., I		(0)					
Street Address								Addres	ss se Road							
City, State, Zip Code							City, S	State, Zi	ip Code							
Project Manager for Mon	itorina Firm		- 1	Toloobo	no No			s Necl	k, N.J. 077	722	1:	- 11-				
1 Toject Wallager for Wor	morning i iiiii			Telepho	ne No.			-294-1			License 00029					
Start Date (10) 7/31/15	-	Scheduled 8/3/15	pletion l	Date (11)		Name	of OSH	A Monitor	,							
Occupancy Status Durin	g Abatement (Chec	k Only One)		-			Street	Addres	SS							-
Facility Closed/Vac	ated During Entire F	Period of Ab	atem	ent												
Abatement Perform X Other – Describe:		al Facility H	ours				City, S	State, Zi	p Code							
Scope of Work (Check A	іі і пат Арріу)						_	7								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		1 2000	nova				-	Min	I Containmer i-Enclosure vebag Proce		Negativ	e Pre	ssur	e		
							×		n-Exempted		d Non-Fr	iable	Prod	cedur	е	
		Is Lo													ement	1
Location		No.	rmal Sole				scription					-		1 9	ре	
Asbestos-Containing TO BE AB		Maint	enar	nce/		tos Cont thermal					mount Specify		70		En	ш
In Facil		Custod	lial S 12)	Staff?		surfa	cing, VA	T, or			or LF)		Remova	Repair	aps	Enclosure
(13)		-				other n	niscellar	neous)					val	air T	Encapsulate	sure
		Yes	No	N/A								1			CD .	
outdoo	ors			X		0	siding			20	000sf	>				\vdash
												+				
												+				
Name of Registered Was	te Hauler		899	JDEP W			Yards		Name of R	egiste	red Land	dfill				
Ace Insulation Co., I	nc.		350	auler ID 2086	No.	of Was	ste		Chrins							
City, State Colts Neck, New Jer	sey					Dispos 8/3/1	sal Date 5	,	City, State Easton,,	PA						
Completed by		Title					Signature	2			T	Date				
Bree McGuire		Secreta	ary	Treasu	ırer		1	3	1	_		7/22	2/15	5		

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

NOT. FICATION

	Date of Notification (1)			Name of P.S.E.	f Building C G.	wner/C	perator	(2)	Shir .	·		-			
	Agencies Notified Type Notification			Street A					4.875		for to		ż		
	☐ EPA ☐ Initial ☐ Amended ☐ Amendment		-	City, Sta	HADLEY Ite, Zip Coo H PLAIN	le		7080	<i>F</i>	1 . [
	DOH Emergency (injustification) DCA Cancellation	ncluding		Jo	F Contact	p	JAR	077	É	Tele	ephone Nur	mber	, .	9/-	~ _
	Name of Facility Where Abatement is Taking PSE & GTTE Street Address City (5)	M		7-4 P 3	42)	RIVIATI	ON		of Facility (4 School (K-1: Subchapter Other (i.e. p etc.)	2) 8 (Other street &		al build	dings,		es,
	County (6) ESSEX	7NG		County (Code (7)			Сипе	N/A- nt Use (Pric	or if being	ng demolish	ned)	N	14	
	Name of Monitoring Firm Hired by Building C ENVIRONMENTAL TACTICS	wner (8)		ASCN 004					ement Con		(9)	4			
	Street Address -64-BROAD-STREET							Addres VHITI	s EHEAD-A	VE:			-		
	City, State, Zip Code MATAWAN, NJ 07747				,				p Code IVER, NJ	0888	2				
	Project Manager for Monitoring Firm TOM GEIGER			Telepho 732-29	ne No. 92-2217			one No 432-83			License N 01111	io.			
	Start Date (10) 4/15	Scheduled	- /	pletion 3//	Date (11)				IA Monitor SYSTEMS	SOF	AMERICA	4			
	Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire F				, 0			Addres WHITE	s EHEAD A	AVE.					
	Abatement Performed Outside of Norm Other – Describe: 647 300 0	al Facility H	lours	1611(_			p Code IVER, NJ	0888	2				
	Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		nova moliti					Min Glo	Containme i-Enclosure vebag Prod i-Exempted	edure				e	
		10.000000000000000000000000000000000000	ocati							2	-1		Abate	ement pe	
	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	tenar dial S (12)	ly by nce/ Staff?	Asbesto (i.e. t	os Cont hermal surfa	scription taining M systems cing, VA niscellan	laterial s insula T, or	(ACM) tion,	(S	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure
	outside	-	No ×	N/A	Acn	, P	: n=	<u></u>	nastic	2	00 LF	X			
	0444790		_		7,0,7		pe_	00/1	(1)5/12						
	Name of Registered Waste Hauler WASTE MANAGEMENT		Н	JDEP W auler ID 1125	The second secon	of Was	Yards ste ► 10		Name of F	- T	red Landfill RTH				
	City, State ELIZABETH, NJ		1			Dispos	sal Date		City, State		E, PA				
İ	Completed by CAROL RAIMO	Title OFFIC	EM	IGR.			Signature		La	in .	Da Da	ite 7	/2:	3/1	5

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

NOTIFICATION

	Date of Notification (1)			of Building C	Owner/O	perator		C =			100	-14,95	
	1/23/15		P.S.E	363.00				Fij	11 21		1 10		
	Agencies Notified Type Notificatio	n	1	Address HADLEY	ROA					est.		Ċ.	
	DEP Amended Amendmen			ate, Zip Coo TH PLAIN		, NJ 0	7080	-	1.12.5	14.			
	□ Emergence □ justification	y (including 1)	Name o	of Contact		_		Tele	ephone Nun	ber			
	DCA Cancellation			HN			OTTE	100	<i></i>		_	07	11
	Name of Facility Where Abatement is Tak	ing Place (3)	FAC	ILITY INFO	RIVIATIO) I	Type of Facility	(4)				-	
	PSE+G (BHI	TEM-	72, 9	3, 96,	97)	School (K-	12)					
	Street Address ROUTE SID NEAR						Subchapte Subchapte Other (i.e.	r 8 (Othe private 8	er than K-12 commercia) al build	dings,	home	es,
	City (5)		01	,			Square Feet	# 01	Floors	В	ldg. A	ge	
	MAPIEWOO	00					NA	- 1	UA		N	14	
	County (6) ESSEX		County (STATE	Code (7) USE ONLY)	-	_	Current Use (Pr	ior if bei	ng demolish	ed)			
	Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS	g Owner (8)	ASCI 004	M No. 45			of Abatement Co QUE SYSTEM						
The second second	Street Address						Address						
	64-BROAD-STREET City, State, Zip Code						WHITEHEAD- tate, Zip Code	AVE			72		
100000000000000000000000000000000000000	MATAWAN, NJ 07747						TH RIVER, N	J 0888	2				
	Project Manager for Monitoring Firm TOM GEIGER		732-2	one No. 92-2217		500000000000000000000000000000000000000	one No. 132-8350		License No 01111).			
95 H 8 H 95	Start Date (10)	Scheduled C	ompletion	Date (11)			of OSHA Monitor		AMERICA				
100000	Occupancy Status During Abatement (Ch	1256 55 0	13/	115			Address	0 01 7	TIVILITION		-		
	Facility Closed/Vacated During Entire						VHITEHEAD	AVE.					
	Abatement Performed Outside of No Other – Describe: 647 300	mal Facility Hou	UITS		_		tate, Zip Code TH RIVER, N	.1 0888	2				
	Scope of Work (Check All That Apply)											,	
	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		vation				Full Containm Mini-Enclosur Glovebag Pro	e	Negative P	ressur	e		
				T		X	Non-Exempte		d Non-Friabl	1			
ļ		Is Loc Norm			1940							ement pe	
	Location of Asbestos-Containing Material (ACM)	Used So Mainter	lely by		os Conta		aterial (ACM)	Aı	mount			П	_
	TO BE ABATED In Facility	Gustodia (12	I Staff?	(i.e. t		systems ing, VA	insulation, T, or		pecify or LF)	Remova	Repair	Encapsulate	Enclosure
	(13)		·	-	other m	iscellan	eous)			oval	air	sulati	sure
		Yes No		1.0	7		_			-		TD.	
	outside	X		ACM	7 1,	PE	SOMASTIC	2	00 LF	X			
						•							
	Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP V Hauler ID 1125		Cubic \ of Was	te	GROW		red Landfill RTH				
	City, State ELIZABETH, NJ		1120		Disposi	al Date	City, Sta		E DA				
	Completed by	Title				B ∆ gnature	1			e -	. /		
	CAROL RAIMO	OFFICE	MGR.			M	a Va	in	A	e 7	23	3/1	5

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

NOTIFICATION

Print Form

Date of Notification (1)	Name of Building Owner/Operate P.S.E.G.	for (2)	
Agencies Notified Type Notification	Street Address 4000 HADLEY ROAD	415,00-24 (2)	
□ EPA □ Initial □ Amended □ Amendment #□ Emergency (includin justification)	City, State, Zip Code SOUTH PLAINFIELD, NJ	Telephone Numb	per
DCA Cancellation	FACILITY INFORMATION	AROTTE www	-/ -//
Name of Facility Where Abatement is Taking Place	(3)	Type of Facility (4) School (K-12)	
Street Address		Subchapter 8 (Other than K-12) Other (i.e. private & commercial etc.)	buildings, homes,
City (5) KENIL WORTH	!	Square Feet # of Floors N/A N/A	Bldg. Age NA
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolishe	ed)
Name of Monitoring Firm Hired by Building Owner (ENVIRONMENTAL TACTICS		me of Abatement Contractor (9) NIQUE SYSTEMS OF AMERICA	
Street Address 64-BROAD-STREET		eet Address 96 WHITEHEAD-AVE.	
City, State, Zip Code MATAWAN, NJ 07747		y, State, Zip Code DUTH RIVER, NJ 08882	
Project Manager for Monitoring Firm TOM GEIGER	732-292-2217 73	ephone No. License No 32-432-8350 01111	
Start Date (10) 8/4/15 Sched		me of OSHA Monitor NIQUE SYSTEMS OF AMERICA	
Occupancy Status During Abatement (Check Only	One) Stre	eet Address 96 WHITEHEAD AVE.	
Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Fac Other – Describe:	ility Hours City	y, State, Zip Code OUTH RIVER, NJ 08882	
Scope of Work (Check All That Apply)			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Demolition	Full Containment with Negative Pr Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable	2 20 02
	Is Location	Non-Exempled () and Non-Trials	Abatement Type
Aspestos-Containing Waterial (ACW)	Normally Jsed Solely by Maintenance/ custodial Staff? (12) Descrip Asbestos Containin (i.e. thermal syst surfacing, other misce	ng Material (ACM) tems insulation, , VAT, or Amount (Specify SF or LF)	Encapsulate Repair Removal
outsi be		SomAstic 200 LF	X
Name of Registered Waste Hauler WASTE MANAGEMENT	NJDEP Waste Hauler ID No. 1125 Cubic Yard of Waste	GROWS NORTH	
City, State ELIZABETH, NJ	Disposal D	Date City, State MORRISVILLE, PA	
Completed by Titt CAROL RAIMO OI		ature laine Da	7/23/15

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

NOT: FICATION

Print Form

	Date of Notification (1)			Name o	of Building Owner.G.	r/Operat	tor (2)							
	Agencies Notified Type Notification		- 1		Address HADLEY RO	ΑD	v	į	15 100	24 %	10	55		
	EPA		-	City, Sta	ate, Zip Code TH PLAINFIE		J 07080	1.		F				
	DOH justification) Cancellation	nodung	- 1	Ja	of Contact	MA	4 Ro	TTE	Tele	phone Nur	nber	.,	~ ·	1
	Name of Facility Where Abatement is Taking	Place (3)	_	1/	TETT HELOKUI		Туре	of Facility	(4)					
	Street Address A 3 GROVE	<i>y</i>	TH	7-7- 7-2	ナーーー = ナー		×	Other (i.e.	r 8 (Othe	er than K-12 commerci		dings,	home	es,
	City (5) ROSELLE	PAR	01. 190				Squa	etc.) are Feet N / /-	1	Floors N/A	E	Ildg. A	Age A	
	County (6)			STATE	Code (7) USE ONLY)			ent Use (Pr	1A		ed)			
	Name of Monitoring Firm Hired by Building C ENVIRONMENTAL TACTICS	wner (8)		ASCI 004				atement Co SYSTEM			(
	Street Address 64-BROAD-STREET						et Addre	ess FEHEAD-	AVE:-					
	City, State, Zip Code MATAWAN, NJ 07747							Zip Code RIVER, N	J 08882	2		- 18-10-		
	Project Manager for Monitoring Firm TOM GEIGER			Telepho 732-29	one No. 92-2217	100000000000000000000000000000000000000	ephone N 2-432-8			License N 01111	0.			
	Start Date (10) 8/4/15	Scheduled	~ /	pletion	Date (11)			HA Monitor SYSTEM		MERICA				
	Occupancy Status During Abatement (Check			•	75	Stre	et Addre	0.35, 5, 30, 6, 30, 6						
	Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: 6 kt 1 00 R S	eriod of Aba al Facility H	etem ours	ent		City,	, State, Z	Zip Code RIVER, N		2				
[Scope of Work (Check All That Apply)				2	1 30	JUINI	NVER, IV	J 0000					
	≥3 sf or ≥3 if ≥160 sf or ≥260 if		nolitio				⊢ Mi Gi	III Containm ni-Enclosur ovebag Pro on-Exempte	e cedure				۵	
		ls Lo					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Example	-	HOIT HOD		Abate	ement pe	
	Location of Asbestos-Containing Material (ACM)	Used S		/ by	Asbestos Co	Description		I (ACM)	An	nount		iy		
	TO BE ABATED In Facility (13)	<u> </u>			(i.e. them sur	al syster facing, \	ms insul	ation,	(Sp	oecify or LF)	Removal	Repair	Encapsulate	Enclosure
-	5-11-		No	N/A	1-0.0		_		-				е	
	outsi be		X		ACM P	PE	Som	ASTIC	do	OLF	×			
						-				20				
	Name of Registered Waste Hauler WASTE MANAGEMENT		Ha	DEP Wouler ID	No. of V	ic Yards laste		Name of GROW		ed Landfill CTH				
	City, State ELIZABETH, NJ		1		Disp	osal Da	te	City, Stat		E, PA				
	Completed by CAROL RAIMO	Title OFFICE	E M	GR.				ex			e/2:	3/	15	

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

NOT: FICATION

Date of Notification (1)		Name o	if Building Owne .G.	r/Operato	r (2)					
Agencies Notified Type Notification		Street A	Address HADLEY RO	ΑD		-Standing	5			
□ EPA □ Initial □ Amended □ DEP □ Amendment	#		ate, Zip Code H PLAINFIE	LD, NJ						
DOH justification Cancellation	ncluding	Name o	of Contact	MA	ROTTE	Telephone Num	nber 90	1	2//	a, _
Name of Facility Where Abatement is Taking		1	ILITY INFORMA		Type of Facility	(4)				
95646 (ITE Street Address 646-652 WE:				0207.5-05	Other (i.e.	12)		dings,	home	es,
City (5) ROSE//E) / · · · · / - · · / - · · / - · · / - · · ·				Square Feet	# of Floors	В	ldg. A	ge A	
County (6)			Code (7) USE ONLY)		Current Use (Pr	ior if being demolish	ed)			
Name of Monitoring Firm Hired by Building C ENVIRONMENTAL TACTICS	Owner (8)	ASCI 004	M No. 15		e of Abatement Co	7.71 ntractor (9) IS OF AMERICA	Α.			
Street Address 64 BROAD-STREET			Martin to the martin of	Stree	et Address	AVE:				
City, State, Zip Code MATAWAN, NJ 07747	1221 - 223 - 223 - 223 - 223 - 223 - 223 - 223 - 223 - 223 - 223 - 223 - 223 - 223 - 223 - 223 - 223 - 223 - 2			City,	State, Zip Code UTH RIVER, N					
Project Manager for Monitoring Firm TOM GEIGER		Telepho 732-2	one No. 92-2217		ohone No. -432-8350	License No.	0.			
Start Date (10) 8/4/15	Scheduled Co	mpletion	Date (11)		e of OSHA Monitor	S OF AMERICA	ί.			
Occupancy Status During Abatement (Checi	(Only One)	,	75	1	t Address WHITEHEAD	AVE				
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: 6 kt 1 002 S	al Facility Hou			City,	State, Zip Code					
Scope of Work (Check All That Apply)			*	50	UTH RIVER, N	J U8882				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renov Demo	1000			Mini-Enclosur Glovebag Pro					
	Is Loca	ation			Non-Exemple	a () and North Hab	1	Abate	ement	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Norma Used Sol Mainten Custodial (12)	lely by ance/ I Staff?	Asbestos Co (i.e. them		Material (ACM) ns insulation, AT, or	Amount (Specify SF or LF)	Removal	Repair	e. Encapsulate	Enclosure
outsi de	X		ACM P	DE.	SomAstic	200 LF	×			
Name of Registered Waste Hauler	- 1	NJDEP V		ic Yards	Name of	Registered Landfill				
WASTE MANAGEMENT		Hauler ID 1125		Vaste V≫∟ /(S NORTH			<u> </u>	
City, State ELIZABETH, NJ			Ďisi	osal Dat	e City, Sta MORR	ISVILLE, PA				
Completed by CAROL RAIMO	Title OFFICE	MGR.	18	Signatu	aral X	aimo Da	1/2	3/	15	_

CK#6435-

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

NOT: FICATION

Date of Notification (1)			Name o	of Building Owner.G.	r/Oper	ator (2	2)	2Est	11.6				
Agencies Notified Type Notification		1		Address HADLEY RO	Λ £				M. 24		315		
EPA Initial Amended		-		ate, Zip Code	AU							U	
DOL Amendment Emergency		- [SOUT	TH PLAINFIE	LD, N	IJ 07	080	9	1.1.1.	110	1 - 1		
DOH justification) DCA Cancellation			Name o	of Contact	M	AF	STIF	Te	lephone Nur	nber	. ,	-·	/
Name of Facility Where Abatement is Takir	a Place /2	\	FAC	ILITY INFORMA	TION	117	Type of Facility	(4)				,	
PSG4 G (ITT	EM-	2	5) MH25	- 2/-		School (K-						
Street Address	``	11	15	7.11.00		TĪ	Subchapte	er 8 (Oth	er than K-12 & commerci		dinas	hom	es.
City (5) 18 AS HWO	00	7 V	C.				etc.) —— Square Feet		f Floors		Bldg. A		
KEN, LWOR	TH						N/1	7	NIA		N	TA	_
County (6)				Code (7) USE ONLY)			Current Use (Pr	ior if be	ing demolish	ed)			
Name of Monitoring Firm Hired by Building	Owner (8)		-1	M No.			Abatement Co						_
ENVIRONMENTAL TACTICS Street Address			004	45			JE SYSTEM	IS OF	AMERICA	1		307/3	
64 BROAD-STREET					10000000		HITEHEAD-	AVE:					
City, State, Zip Code MATAWAN, NJ 07747							te, Zip Code H RIVER, N	J 0888	32				
Project Manager for Monitoring Firm TOM GEIGER			Telepho 732-2	one No. 92-2217			ne No. 32-8350		License N 01111	0.			
Start Date (10) 8/4/15		-	ppletion 31/	Date (11)	1 2 8 7 7		OSHA Monitor JE SYSTEM		AMERICA		- 34		
Occupancy Status During Abatement (Chec		-	917	75	Str	reet Ac	idress						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm	nal Facility	baten Hours	nent		Cit	y, Stat	HITEHEAD te, Zip Code						
Scope of Work (Check All That Apply)					S	OUT	H RIVER, N	J 0888	32				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Transmit I	enova emolit		2		MILLION WITH	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	re cedure				e	
	ls	Locati	on			y-5	Tron Example		-		Abate	ement	t
Location of Asbestos-Containing Material (ACM)		ormali Sole		Asbestos Co	Descrip			_	mount		1 1	pe	
TO BE ABATED In Facility (13)		ntenar odial S (12)		(i.e. therm	nal syst facing,	ems in VAT,	nsulation, or	(5	Specify or LF)	Removal	Repair	Encapsulate	Enclosure
(10)	Yes	No	N/A	otne	r misce	ellaned	ous)			val .	=	ulate	ure
OUTSIDE		X		ACM P	DE	S	omastic	20	OCF	×			
	1				1								
							¥0.						
Name of Registered Waste Hauler	1 1	1.6	JDEP W auler ID		ic Yard	is			red Landfill				
WASTE MANAGEMENT		110	1125		vaste	10	GROW	S NO	RTH				
City, State ELIZABETH, NJ				Disp	osal D	ate	City, Stat		E, PA				
Completed by CAROL RAIMO	Title OFFIC	CE M	GR.	1	Signa	ture	ralx	ai	Dat	2/9	3/	, <	_

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

NOT: FICATION

	Date of Notification (1)			Name of	Building Owner G.	Орега	ator (2)	V						
	Agencies Notified Type Notification		1	Street A	ddress HADLEY ROA	1:7			ally	JUL 24		: [7.	E M	
	EPA Initial Amended Amendment	#		City, Sta	ite, Zip Code H PLAINFIEL		J 070	80	* 1		7.12		-,	
	DOH justification) DCA Cancellation	137			f Contact	Μ	ΛΔ	0776	Tele	phone Nun	ber		~ .	
				FACI	LITY INFORMA	TION		0116	,,,,				<u> </u>	,
	Name of Facility Where Abatement is Takin	g Place (3)	ó	28)			pe of Facility School (K=					*055	
	Street Address 3/S, Mich	liGA	N	A	VE.		×	Subchapte	r 8 (Othe	er than K-12 commercia) al build	dings,	home	es,
	City (5) KENIL WOR	TH			•		S	quare Feet	# of	Floors	В	ldg. A	ge A	
	County (6)				Code (7) USE ONLY)		. C	urrent Use (Pri	or if bein	ng demolish	ed)			
	Name of Monitoring Firm Hired by Building (ENVIRONMENTAL TACTICS	Owner (8)		ASCN 004				Abatement Co E SYSTEM						
	Street Address 64-BROAD-STREET	77 T THE LA SEAL				1	reet Ad 96 WH	dress HITEHEAD-	AVE	-) - 483 6 - 8 - 8		-		
	City, State, Zip Code MATAWAN, NJ 07747					Cit	y, State	e, Zip Code I RIVER, N.		2				
	Project Manager for Monitoring Firm TOM GEIGER			Telepho 732-29	ne No. 92-2217	1	lephon 32-43	e No. 2-8350		License No).			
	Start Date (10) 8/4/15	Scheduled	- 1	pletion 1	Date (11)			OSHA Monitor E SYSTEM		AMERICA				
	Occupancy Status During Abatement (Chec			- /	70	10000000	eet Ad	dress	Δ\/Ε					
	Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm Other – Describe: 6 kt 100 R	nal Facility H	atem ours	ent		Cit	y, State	e, Zip Code						
	Scope of Work (Check All That Apply)					3	0011	TRIVER, IN	0000					
	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	novat		₩		Ž	Full Containm Mini-Enclosur Glovebag Pro	e cedure	1)				
İ		ls Lo	ocatio	on			Test.	Non-Exempte	u () and	I NOII-FIIAU	FIU	Abate	ement	
	Location of Asbestos-Containing Material (ACM)	Used		y by	Asbestos Co		ition of	erial (ACM)	Ar	nount		ı y	pe	
	TO BE ABATED In Facility (13)	Maint Gustoo ((ī.e. therm	al syst		sulation, or	(S	pecify or LF)	Removal	Repair	Encapsulate	Enclosure
			No	N/A	- 1				-				(e	
	OUTSI DE		X		ACM P;	PE	50	MASTIC.	20	o LF	X			
1	Name of Registered Waste Hauler		N.	JDEP W	aste Cub	c Yard	is	Name of	Register	red Landfill				
	WASTE MANAGEMENT		100000000000000000000000000000000000000	auler ID 125	App	aste >_		GROW		RTH	3 			
	City, State ELIZABETH, NJ				Disp	osal D	ate	City, Stat MORR						
	Completed by CAROL RAIMO	Title OFFIC	EM	GR.			ture	ealX	ai	Dat	e/2	3/	15	-

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

NOT. FICATION

Date of Notification (1)				f Building Owner	/Operato	ог (2)							
1/33/15		F	⊃.S.E.	.G.				2015	n .				
Agencies Notified Type Notification	n			ddress HADLEY ROA	G A			<i>f</i> -	<u> </u>	F	10:	54	
DEP Amended Amendme				ate, Zip Code H PLAINFIEL	D, NJ	0708	0	4	LICEN)/	
□ Emergenc □ justificatio □ DCA □ Cancellati		N	Name or	f Contact	M	۱ ۵ -	776	Telepi	hone Nun	ber			,
Cancellan	Ji I	1:	FACI	ILITY INFORMA	TION	TH)1/2	100	- 0	- /		10/	/
Name of Facility Where Abatement is Tal			1	1		Тур	e of Facility ((4)					
PS E & G C I 7	EM-	0	6)		#8	School (K=1 Subchapter		than K-12)	+++ -		
BOYN T	ERRA	1	E_			×	Other (i.e. p	private & c	ommercia	l build	dings,	home	es,
City (5) /	T. 1					Squ	Jare Feet	# of F		В	ldg. A	ge .	
RENIL WOR	_1 17	-10		0-1-7	_		N//-	Service of the	0/14		IU	1A	•
County (6)				Code (7) USE ONLY)		Cur	rent Use (Pri	or it being	aemolisn	ea)			
Name of Monitoring Firm Hired by Buildin	g Owner (8)		ASCN				batement Cor						
ENVIRONMENTAL TACTICS Street Address			004	ł5 			SYSTEM	S OF AI	MERICA				
64-BROAD-STREET					110000000000000000000000000000000000000	et Addi 3 WH	ress ITEHEAD-7	AVE:			-		
City, State, Zip Code MATAWAN, NJ 07747							Zip Code RIVER, N.	J 08882					
Project Manager for Monitoring Firm TOM GEIGER			elepho 732-29	ne No. 92-2217	100000000000000000000000000000000000000	phone 2-432	No. -8350	- 1	icense No 01111).			
Start Date (10) 8/4/15	Scheduled	2 /	pletion 31/	Date (11)			SHA Monitor SYSTEM	S OF AN	MERICA				
Occupancy Status During Abatement (Ch	eck Only One)	-/ <	9.7	75		et Addr							
Facility Closed/Vacated During Entire Abatement Performed Outside of No	e Period of Aba	eteme	ent			000000000000000000000000000000000000000	TEHEAD / Zip Code	AVE.					
Other - Describe: 6 kt 1008	S				100000000000000000000000000000000000000		RIVER, N.	J 08882			= 1	91	
Scope of Work (Check All That Apply)	5-7				3	<u> </u>							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovati nolitio				l v	full Containm Mini-Enclosure Blovebag Pro	е	egative P	ressui	re		
			_		ь		lon-Exempte		Non-Friabl	$\overline{}$			
	Is Lo	catio mally						5				ement pe	
Location of Asbestos-Containing Material (ACM)	Used S	Solely	by by	Asbestos Co		Mater		Amo	ount			ш	
TO BE ABATED In Facility	Mainte Custod	ial St		(i.e. therm	al syster acing, V			(Spe	ecify r LF)	Remova	Repair	Encapsulate	Enclosure
(13)		12)		other	miscell	aneous	5)			oval	ar	sulati	sure
		Vo	N/A	1-2		_				-		W	
OUTSI DE		X		ACM P;	PE	200	nAstic	200	LF	×			
Name of Registered Waste Hauler		INI	IDEP W	laste Cubi	c Yards		Name of	Registere	d Landfill				
WASTE MANAGEMENT		Ha	iuler ID 125	No. of W	aste			S NORT					
City, State ELIZABETH, NJ				Disp	osal Dat	te	City, Stat MORRI	e SVILLE	, PA				
Completed by CAROL RAIMO	Title OFFICE	E MO	GR.		Signatu		el X	ain	Dat	e /9	3/	15	

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

NOTIFICATION

Print Form

Date of Notification (1)			of Building O	wner/Op	perator (2)					- 0		
1/33/15		P.S.E						2015	11.0	Pre	1.0	20.	
Agencies Notified Type Notification ☐ EPA ☐ Initial			Address HADLEY	ROA Ì)			*	JUL 24	Fet ?	10:	54	
DEP Amended DOL Amendment	#		tate, Zip Cod TH PLAINI		, NJ 07	7080		٠. ر٠	LICER	1	1	JĮ.	
□ Emergency (□ justification)		-	of Contact	Λ.	Λ Λ	Λ -			ephone Nur		-		
☐ DCA ☐ Cancellation		-	SILITY INFO	RMATIC	AI	KO 1	1/6		,	- /	- 0	107	
Name of Facility Where Abatement is Taking		7)				_	f Facility (
Street Address 580 N. MICHI	M 7	1) AV	<u> </u>			S × O		8 (Othe	er than K-12 commerci		lings,	home	es,
City (5) KENILWOR	TH	/ / / / _	<i>.</i>			Square		# of	Floors	В	ldg. A	ge A	
County (6)	(1 1		Code (7)			Curren	t Use (Pri	or if bei	ng demolis	hed)	/0	1/1	
Name of Monitoring Firm Hired by Building (Owner (8)	lead of the second	M No.	-	Name o	of Abate	ement Cor	htractor	(9)				
ENVIRONMENTAL TACTICS		00			UNIQ	UE S	YSTEM		AMERIC	A			
Street Address - 64-BROAD-STREET					Street A			AVE:-					
City, State, Zip Code MATAWAN, NJ 07747					City, St.		Code VER, NJ	0888	2				
Project Manager for Monitoring Firm TOM GEIGER			one No. 292-2217		Telepho 732-4				License N 01111	lo.			
Start Date (10) 8/4/15	Scheduled C	ompletion 31	Date (11)				A Monitor YSTEM		AMERIC	A			
Occupancy Status During Abatement (Chec		, _ ,	70		Street A		HEAD A	A\/E					
Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm Other – Describe: 6 kt 1 00 8 S	al Facility Hou				City, Sta	ate, Zip	Code	n 100 (0000000					
Scope of Work (Check All That Apply)				-	SOUT	TH RI	VER, N.	J 0888	32				
23 sf or ≥3 lf ≥160 sf or ≥260 lf	Processor .	vation olition				Mini- Glov	-Enclosure rebag Pro	e cedure	Negative F			e	
	Is Loc	ation				_ Non	LXCITIPIO		-		Abate	ement	t
Location of	Norm Used So	nally	Antoni		cription o		0.000		maurit		ly	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainter Custodia (12	nance/ al Staff?	(i.e. t	hermal : surfac	aining Ma systems ing, VAT niscelland	insulat r, or		(8	mount Specify For LF)	Removal	Repair	Encapsulate	Enclosure
	Yes N	o N/A								1.		e	
OUTSI DE	>		ACM	Pip	E S	omp	lstic.	20	10 LF	X			
Name of Registered Waste Hauler		NJDEP	0.000000	Cubic '			Name of	Registe	ered Landfil	1			
WASTE MANAGEMENT		Hauler II 1125		of Was			GROW	S NOI	RTH			<u> </u>	
City, State ELIZABETH, NJ				Dispos	al Date		City, Stat		E, PA				
Completed by CAROL RAIMO	Title OFFICE	MGR.		Si	ignature	Tra	ex	ai	Di Me)	ate /	3/	15	_

CK # 6441

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Agencies Notified Type Notification Initial Agency Application Application Street Address Agency Application Street Address Agency Application Agency Application Street Address Agency Application Cancellation FACILITY INFORMATION Name of Facility Where Absterment is Taking Place (3) FACILITY INFORMATION Name of Facility Where Absterment is Taking Place (3) FACILITY INFORMATION Name of Facility Where Absterment is Taking Place (3) FACILITY INFORMATION Name of Address Agency Age	Date of Notification (1)		Name o		Owner/0	Operator (2)	6	2015	101 21			ř	
DOP Arended Amended South PLAINFELD, NJ 07080 DOP County (Column) Street Address City (S) County (Column) Agencies Notified Type Notification				/ ROA	ð	,	6 ac	24	P.L.A	10: 3	54		
DCH	DEP Amended DOL Amendment					D, NJ 0708	30	LÉ [-ICEN	ING	RO	L	
Sample of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) School (K-12	DOH justification)	ncluding	party.		E	VILA	RO	Tele	phone Nun	nber	,	~ ~	1 -
Street Address A 1 3 3 CRAND AVE AVE AVE AVE AVE AVE AVE AVE AVE AVE	Name of Facility Where Abatement is Taking	Place (3)				ON		(4)					
County (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS Street Address 48 A BROAD-STREET City, State, Zip Code MATAWAN, NJ 07747 Project Manager for Monitoring Firm Telephone No. 732-292-2217 732-432-8350 Occupancy Status Diffing Abstement (Check Only One) Abstement Performed Outside of Normal Facility Hours Other – Describe in Demolition Abstement Performed Outside of Normal Facility Hours Other – Describe: McLessatur Agra. Other –							Subchapte	r 8 (Other	r than K-12	2)			
County (6) County (6) County (6) County (6) STATE USE ONLY) Current Use (Prior if being demolished)	City (5)				,		etc.)						es,
Name of Montroling Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS ASCM No. 0045 Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA Street Address 48 BROAD-STREET City, State, Zip Code SOUTH RIVER, NJ 08882 Project Manager for Monitoring Firm Tom GEIGER Telephone No. T32-292-2217 T32-432-8350 Start Date (10) Scheduled Completion Date (11) Name of CSHA Monitor UNIQUE SYSTEMS OF AMERICA Street Address Street Address System And Completion No. Tom GEIGER Telephone No. T32-292-2217 T32-432-8350 Occupancy Status Didring Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Offer—Describe: Mini-Enclosure Offer—Describe: Mini-Enc	County (6)	GEN							2 g demolish		PX	5	0
Street Address SoUTH RIVER, NJ 08882 Name of OSHA Monitor		Owner (8)				Name of A				TAI	1:0	2	
Stephone No. Telephone No			004	5		UNIQUE	SYSTEM	arian marangan 🔊	The state of the s	١			
MATAWAN, NJ 07747 Project Manager for Monitoring Firm TOM GEIGER T32-292-2217 State Date (10) Scheduled Completion Date (11) Variety of Manager for Monitoring Firm TOM GEIGER Scheduled Completion Date (11) Start Date (10) Scheduled Completion Date (11) Variety of Manager for Monitoring Firm Tom Geight Monitor UNIQUE SYSTEMS OF AMERICA Occupancy Status During Abatement (Check Only One) Facility Clossed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: **Recovery and **Completion** Other - Describe: **Recovery and **Completion** Renovation Demolition Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Fr	64 BROAD-STREET					396 WH	ITEHEAD-	AVE:			=		
TOM GEIGER 732-292-2217 732-432-8350 01111 Start Date (10) Scheduled Completion Date (11) VINIQUE SYSTEMS OF AMERICA Occupancy Status During Abatement (Check Cnly One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: ** **Describe: ** **Describe: ** **Describe: **	MATAWAN, NJ 07747							J 08882	2				
Occupancy Status Dúring Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: McLessay Part	TOM GEIGER		732-29	92-2217						٥.			
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Abatement Performed Outside of Normal Facility Hours Other – Describe: Abatement Performed Outside of Normal Facility Hours Other – Describe: Abatement Performed Outside of Normal Facility Hours Other – Describe: Abatement Performed Outside of Normal Facility Hours Other – Describe: Abatement Procedure	8/5/15	12	mpletion 31/	Date (11)					MERICA	ι .			
Abatement Performed Outside of Normal Facility Hours Other – Describe: Necessary again. Only Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) IOBE ABATED In Facility (13) Yes No N/A NAME of Registered Waste Hauler WASTE MANAGEMENT Normal ly Used Soley by Marker In Pacific Normal State Procedure Normal ly Used Soley by Marker In Pacific Normal State Procedure Normal ly Used Soley by Marker In Pacific Normal State Procedure Normal ly Used Soley by Marker In Pacific Normal State Procedure Normal ly Used Soley by Marker In Pacific Normal State Procedure Normal Pacific Normal Facility (i.e. thermal systems insulation, Specify SF or LF) PASE ME NT Name of Registered Waste Hauler WASTE MANAGEMENT City, State ELIZABETH, NJ Completed by Title City, State, Zip Code SOUTH RIVER, NJ 08882 City, State, Zip Code SOUTH RIVER, NJ 08882 City, State, Zip Code SOUTH RIVER, NJ 08882 City, State, Zip Code SOUTH RIVER, NJ 08882 City, State, Zip Code SOUTH RIVER, NJ 08882 City, State, Zip Code SOUTH RIVER, NJ 08882 City, State, Zip Code SOUTH RIVER, NJ 08882 City, State, Zip Code SOUTH RIVER, NJ 08882 City, State, Zip Code SOUTH RIVER, NJ 08882 City, State, Zip Code SOUTH RIVER, NJ 08882 City, State, Zip Code SOUTH RIVER, NJ 08882 City, State, Zip Code SOUTH RIVER, NJ 08882 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-			ment					AVE.				7,000	
Salid or ≥3 if ≥160 sf or ≥260 if Renovation Demolition Pull Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Normally Used Solely by Maintenance/ Custodial Staff? (12) Pescription of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) SF or LF) Republic Renovation Renovation Republic Renovation Republic Renovation Renovation Republic Renovation	Abatement Performed Outside of Norma	al Facility Hou	rsonl	4	_			J 08882	2				
Demolition Description of Abatement Type Description of Asbestos Containing Material (ACM) Amount (Specify Description of Asbestos Containing Material (ACM) (Specify Demolition Demolition Description of Asbestos Containing Material (ACM) (Specify Specify Description of Asbestos Containing Material (ACM) (Specify Description of Description of Asbestos Containing Material (ACM) (Specify Description of Descri		M Panau	ration			П	Tull Contains		V				
Is Location of Asbestos-Containing Material (ACM) Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A N/A N/A N/A N/A N			2171000				Mini-Enclosur Glovebag Pro	e cedure	estimate and a				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A TRANS, TE PANELS AND FLR AND F						2	von-Exemple	u () anu	NOII-FIIADI		Abate	ement	t
AND FLR AND	Asbestos-Containing Material (ACM)	Used Sol	ely by		tos Cont	aining Mater							
AND FLR AND	In Facility	The second secon		(i.e.	surfa	cing, VAT, o	г .			Remov	Repai	ıcapsu	nclosu
AND FIR Wife Sock 480 LF X PIPE TASULATION 65 LF X Name of Registered Waste Hauler WASTE MANAGEMENT City, State ELIZABETH, NJ Completed by Title Wife Sock 480 LF X PIPE TASULATION 65 LF X Disposal Date City, State MORRISVILLE, PA Completed by Title		Yes No	N/A							<u>a</u>		ate	-G
Name of Registered Waste Hauler WASTE MANAGEMENT NJDEP Waste Hauler ID No. 1125 City, State ELIZABETH, NJ Completed by Title NJDEP Waste Cubic Yards of Waste Hauler ID No. 1125 City, State Disposal Date TBS Completed by Title Signature P. PE TASULATION 65 CF Name of Registered Landfill GROWS NORTH City, State MORRISVILLE, PA		X	-							-			
Name of Registered Waste Hauler WASTE MANAGEMENT City, State ELIZABETH, NJ Completed by NJDEP Waste Hauler ID No. 1125 Disposal Date TBS Cubic Yards of Waste GROWS NORTH City, State MORRISVILLE, PA Completed by Title Signature Disposal Date TBS Signature Disposal Date TBS Date TBS Date TD Date TD Date TD Date TD Date TD Date TBS Date										1			
WASTE MANAGEMENT Hauler ID No. 1125 Of Waste APPL 125 GROWS NORTH City, State ELIZABETH, NJ Completed by Title Hauler ID No. 1125 Of Waste APPL 125 GROWS NORTH City, State MORRISVILLE, PA	PIJSCHIENT			7 .	PE	LNSU	LIALION	92					
City, State ELIZABETH, NJ Disposal Date City, State MORRISVILLE, PA Completed by Title Signature Disposal Date City, State			Hauler ID		of Was	ste							
Completed by Title Signature? . Date / /	1.1.1 (1.				Dispos	sal Date			 E, PA				
CAROL RAIMO OFFICE MGR. (Aral Laema 7/23/15	Completed by CAROL RAIMO	G2575;	MGR.		S	ignature 7			Dat	e/2	31	1	_

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

Date of Notification (1)			Name	of Building	Owner/Operator (2)	1 1 1 1 1				
7 / 21 /	15		Line	denwold	Board of Edcua	tion / Job a	#1506-1988	Chk. #	4024	4	
Agencies Notified Type Notifica	ation		Street	Address		2615 JUL 24	AM 10: 48				
⊠ EPA ⊠ Initial	i i		801	Egg Har							
☑ DOLWD ☐ Amended ☑ DHSS Amended			City, S	tate, Zip C	ode	& LICE:	- Jaikai				
□ DCA □ Emergen	100		Line	denwold,	NJ 08021	a LILEP	SING				
(NJAC 5:23-8) justification			Name	of Contac	t		Telephone Nun	nber			
☐ Cancellat	ion		Kat	hleen Hu	der		Ĭ.				
			FAC	CILITY IN	FORMATION	×					
Name of Facility Where Abatement is T	aking Place	(3)				Type of Facility	(4)				
School #5						School (K-12		0)			
Street Address							8 (Other than K-1) rivate and comme		ildina	IS.	
550 Chews Landing Road						homes, etc.				, ,	
City (5)						Square Feet	# of Floors	Ble	dg. A	ge	
Lindenwold						96,947	3		75		
County (6)			Cour	ity Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demol	lished)			
Camden						School					
Name of Monitoring Firm Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9))				
Horizon Environmental					Asbestos an	d Mold Service	es, Corp.				
Street Address					Street Address						
PO Box 316					3859 Sylon E	Boulevard					
City, State, Zip Code					City, State, Zip C	ode					
Thorofare, NJ 08086					Hainesport, I	NJ 08036					
Project Manager for Monitoring Firm		Tele	phone	No.	Telephone No.		License No.				
Dave Flanigan		85	6-848	-0800	609-702-0400)	00862				
Start Date (10)	Scheduled C	omple	tion Da	te (11)	Name of OSHA N	Monitor					
8 /3 /15	8/	7	_ /	15	EMSL Analyt	ical, Inc.					
Occupancy Status During Abatement (Check only	one)			Street Address						
☐ Facility Closed/Vacated During Enti	re Period of	Abate	ment		200 U.S. Rou	te 130 North					
☐ Abatement Performed Outside of No					City, State, Zip C	ode					
Time of Abatement:AM	PM/	_PM-		AM	Cinnaminsor						
Scope of Work (Check all that apply)					☐ Full Con	tainment with Ne	native Pressure				
≥3 sf or ≥3 lf	⊠ Re				☐ Mini-End	closure	gative i ressare				
⊠ ≥160 sf or ≥260 lf	☐ De	molitic	n			g Procedure	on-Friable Proced	uro			
	le	Locat	ion		⊠ Noil-Exe	impled () and No	II-FIIADIE FIOCEU		-t	ont T	
Location of		Norma			Description of	of		-	atem		T
Asbestos-Containing Material (ACN		d Sole intena			stos Containing Ma	aterial (ACM)	Amount	Removal	Repair		Enclosure
TO BE ABATED IN Facility		todial:		(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)	VOL	ar.		losu
(13)	550,000	(12)			other miscellane		SF OI LF)	<u>a</u>			Ге
255 (1000)	Yes	No	N/A		And Control Action 1, 100 may be the control of the Astronomy	=83					
Kitchen			\boxtimes	Non AC	M Floor Tile an	d Asb Mastic	438 SF				
								$\dashv \vdash$			
Name of Registered Waste Hauler			JDEP \	Maste	Cubic Yards of	Name of Doni	stered Landfill				
Freehold Cartage, Inc.		1 1 1 2 2 2 2	auler II	O No.	Waste	GROWS L					
			02265	5	5 Discourt Date		unum				
City, State Freehold, NJ					Disposal Date 8/7/15	City, State	DA 10067				
	1 = 11					INIOLLISAINE	e, PA 19067				
Completed By (Print or Type)	Title		II	2	Signature	\cap		Date	1 /		
Kimberly A. Trumbetti	Office (oord	ıınatoı		1970			17-2	1-1	り	

ASB-41 MAY 11

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

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

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Date of Notification (1)								ner/Operator			THE STREET SEC.	44				
7 /	21 / _	15			Line	denwold	Boa	rd of Edcua	ati	on /Job#	1506-1988	Ch	k. #	4023	3	
Agencies Notified EPA	Type Notifica	ation				Address Egg Har	bor	Road			24 211					
□ DOLWD	☐ Amended			-		State, Zip C		- Tour		AUGEO	100000	190	1			
□ DHSS	Amendme	St. 5.00 Pt.				denwold,		08021		& L	ICEKSIK	r Ku	Ł			
□ DCA (NJAC 5:23-8)	☐ Emergene justification		ding	-		of Contact		00021	-		Telephone N		r	-		
(NJAC 5.25-6)	☐ Cancellat					hleen Hu	1			1						
		tizzak			1000000		100.50	DALATION	_	1				- 77		
Name of Facility Where	Abatament is T	akina D	lana	/2)	FAC	JILII Y IN	FUr	RMATION	T =	Type of Facility /	4)					
School #4	Abatement is i	aking P	lace	(3)						Type of Facility (₄ ☐ School (K-12)						
Street Address							_			Subchapter 8		(-12)				
900 Gibbsboro Roa	ad								[Other (i.e., pri	vate and com	mercia	al bu	ilding	s,	
City (5)		_							-	homes, etc.) Square Feet	# of Floors		Die	la A		
Lindenwold									,	96.947	3			ig. Aq 75	je	
County (6)					Cour	ty Code (7	VSTA	TE USE ONLY)	1	Current Use (Pric		noliche				
Camden					Oour	ity code (i	ДОТА	ITE OOL ONE!)	1	School	n ii being den	10115116	ou)			
Name of Monitoring Firm	Hired by Build	lina Owr	ner (8	3) T	ASCM	No	Na	me of Ahatem) nen	t Contractor (9)						_
Horizon Environme		anig Own	101 (0	" [NO OIVI	140.	100			Mold Services	Corn					
Street Address	Jiiiui							eet Address	Iu	Word Der vices	, оогр.		_		-	
PO Box 316							7500	859 Sylon E	20	ulevard						
City, State, Zip Code				_				y, State, Zip C				100				
Thorofare, NJ 0808	6							lainesport,								
Project Manager for Mon			-	Tele	phone	No		ephone No.			License No) .				
Dave Flanigan					6-848		A590,000	09-702-040	0		00862					
Start Date (10)	8	Schedule	d Co	13.4114			_	me of OSHA I		nitor	0000					_
8/_3_/		8					Е	MSL Analy	tic	al. Inc.						
Occupancy Status During								eet Address								
☐ Facility Closed/Vacate					nent		10000000		ıte	130 North						
☐ Abatement Performed						cribe		, State, Zip C		,						
Time of Abatement: _	AM	PM/_		_PM-		AM	2000000	innaminso								
Scope of Work (Check a	Il that apply)								,							
	0.0 5%			novati nolitio				☐ Mini-End ☐ Gloveba	clo ag							
								⊠ Non-Exe	em	pted (*) and Non	-Friable Proc	edure				
l aaatiaa				Locat ormal									Aba	ateme	ent T	ype
Location Asbestos-Containing		1)	Used	Sole	ly by	Asbe	stos	Description Containing Ma		erial (ACM)	Amount		Re	Repair	En	E
TO BE ABA	ATED			ntena	nce/ Staff?		., the	rmal systems	in	sulation,	(Specify		Removal	oair	Encapsulate	Enclosure
IN Facili (13)	ity		000.	(12)	Julii.			surfacing, VAT her miscelland			SF or LF)		<u>a</u>		ulat	ure
X-57		Y	es	No	N/A		55.50			/					е	
Kitchen & Storage A	rea		7			Floor Ti	ile a	nd Mastic			667 SF		\boxtimes	П	П	П
			1										П		$\overline{\Box}$	
			7												$\frac{\Box}{\Box}$	
			7												_	
Name of Registered Was	ste Hauler		_		JDEP \	Naste	Cut	oic Yards of	_	Name of Regist	ered Landfill			ш		
Freehold Cartage, I				575/2	auler II 02265	O No.	Wa:	ste		GROWS La						
City, State			1000		UZZ00			posal Date		City, State						
Freehold, NJ								/7/15		Morrisville,	PA 19067					
Completed By (Print or T	ype)	Title						Signature	1	1		Date				_
Kimberly A. Trumb		Offic	ce C	oord	linato	r		3	(1-15	5	

ASB-41 MAY 11 * Do not use this form for asbestos licensure exempted activities.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 7 21 15 Millville Investment Group Chk. #4022 Agencies Notified Type Notification Street Address ☐ EPA 1101 Wheaton Avenue □ DOLWD ☐ Amended City, State, Zip Code ☑ DHSS Amendment #_ Millville, NJ 08332 ☐ Emergency (including ☐ DCA (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation John Lopez -- -100 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12)
Subchapter 8 Millville Investment Group Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 1101 Wheaton Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Millville 160,000 2 53 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Cumberland Financial Group Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Horizon Environmental Asbestos and Mold Services, Corp. Street Address Street Address PO Box 316 3859 Sylon Boulevard City, State, Zip Code City, State, Zip Code Thorofare, NJ 08086 Hainesport, NJ 08036 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Dave Flanigan 856-848-0800 609-702-0400 00862 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 8 / 4 / 15 __8__ / __21__ / __15 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 U.S. Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-__ Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure \boxtimes \geq 3 sf or \geq 3 lf \subseteq \geq 160 sf or \geq 260 lf □ Renovation Mini-Fnclos Demolition WREID & CUT Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Removal Repair Asbestos-Containing Material (ACM) Encapsulate Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Storage Area \boxtimes Assumed Transite Wallboard 130 SF \boxtimes Storage Area \boxtimes Asb. Insulated Ductwork 10 LF X Storage Area/Mechanical \Box X 9 M Ductwork 500 LF X Mechanical Room X Pipe Insulation (1)2M 300 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Freehold Cartage, Inc. **GROWS Landfill** 02265 City, State Disposal Date City, State Freehold, NJ 8/21/15 Morrisville, PA 19067 Completed By (Print or Type) Title Signature Date Kimberly A. Trumbetti Office Coordinator

-21-15

Date of Notification (1)	22/15			Nam	ne of Buildir	ng Owner/Operato	r (2) Lawrencevil	le School	2E15	JU	1.2	4 !
Agencies Notified	Type Notif	ication	- 12	Stre	et Address			ie Belloor	r.	ţ.		
EPA DEP	Initial Amend			City,	State, Zip		2500 Main S	treet		-		
DOL .	Amenda Emerge	ency (includir	ng			Law	renceville, N	J 08648				
DOH DCA	☐ Cancell			Nam	e of Contac	Bob Smith		Telephone Num				
				FA	CILITY IN	FORMATION						_
Name of Facility Where							Type of Facilit	y (4)				
	Exte	rior Gara	ge A	rea			School (K-					
Street Address	25	00 Main	Stree	t				r 8 (Other than K-1 private & commerc		lding	s,	
City (5)	Lawre	nceville,	NIO	8648			Square Feet NA	# of Floors	TE	Bldg.	Age	
County (6)	lercer		15 01	Cou	inty Code (7) (STATE		rior if being demoli	shed)			
Name of Monitoring Firm		ildina Owner	_	ASCN		Name of Abeter	nent Contractor (0)				
	MECS	naing Owner		AGGIV	1110.			e) mental Servic	ac T	20		
Street Address				-		Street Address	CHS EHVIIOH	incittal Service	CS, 1	IIC.		
	PO Bo	x 341					PO I	Box 322				
City, State, Zip Code	onavrialra	NII 0051	5			City, State, Zip C) TT 00 TO .				=
Project Manager for Mon	osswicks,	NJ 0831			Ne		Allentow	n, NJ 08501				
Bill We			885500	ephone	8-4070	Telephone No. (609) 25	0 0688	License No.	049	2		
Start Date (10)	i bgarber	Scheduled (Name of OSHA			7049	3		
7/31/15			8/31/		(/	ramo or oor with		IECS				
Occupancy Status During		(Check only	one)			Street Address						_
Facility Closed/Vacate								30x 341				
☐ Abatement Performed☐ Other - Describe:	Outside of N	Normal Facili	ty Hou	rs		City, State, Zip C		. 1 DIT				
Scope of Work (Check at	I that apply)						Crossy	wicks, NJ				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitic			☐ Mini-End ☐ Gloveba	g Procedure	egative Pressure	re			
			Location or maily					10.1	T		ment	
Location o		Used	Sole	v bv		Description of				Ту	oe .	
Asbestos-Containing M TO BE ABAT			ntenan ustodia			os Containing Mate thermal systems in		Amount (Specify	_		- 17	
IN Facility (13)			Staff? (12)		(,	surfacing, VAT,	or	SF or LF)	Remova	Repair	ісар	nclo
(10)		Yes	No	N/A		other miscellaneo	us)		oval	air	Encapsulate	Enclosure
Exterior Tr	ench	×			The	ermal Pipe Ins	ulation	120 lf	×			
Maintenance	Yard					Wrap & Cu			^	-	_	\vdash
												\vdash
										-	-	
Name of Registered Wast	e Hauler		1000	JDEP V		Cubic Yards	Name of Regis	stered Landfill				-
Stevens Environm	ental Ser	vices, Inc	<u>.</u> H	auler ID 182	No. 292	of Waste 2 CU		GROWS Lane	dfill			
City, State	Allentow	n. NI				Disposal Date 8/31/15/	City, State					
Completed By		Title				Signature/	/	Morrisville, 1	rA			=
Mahlon E. Stev	vens	Pr	oject	Man	ager	1/1/			7/22	/15		

State of NJ Notification of Asbestos Abatement

B & G proj. #: 2015-132

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

•							30	Chec	k#7314				_
Date of Notification	, 25 5.		Janet M	uench	er/Operator (2)		2015 JU[-24 AMIO	:69				
☐ EPA ☐ DEP	Initial		181 W (Clinton A	venue		\$ 305		:JL				
☑ DOL	Amend		City, State, Bergen	Zip Code field, NJ	07621		<u>.</u> .	writ like	=:+				
DOH □ DCA	☐ Cancell	1.1	lame of Co Janet N	70. 04				1	one Number				
				FACI	LITY INFORM	ATION	I				-		
Name of facility wh		s taking pl	ace (3)						/ (4) pol (K - 12) chapter 8 (C		han K	-12)	
Street Address 181 W Clintor	n Avenue							Othe Bldg:	r (Private/C s./Homes, e	omme tc.	ercial		
City (5)		ГСоц	nty (6)			Cou	nty Code (7)	Square Feet	# of Floor	rs	В	dg. A	ge
Bergenfield			ergen		8		te use only)	Current Use (Prior if bein	g den	nolish	ed)	
Name of Monitorin	g Firm Hired by	Bldg. Own	er (8)		ASCM No.		Name of Abatement (Contractor (9)				ē.	
Street Address	UI.						Street Address 105 Ryerson Roa						
City, State, Zip Cod	е						City, State, Zip Code Lincoln Park, NJ	07035					
Project Manager for	r Monitoring Firm	1	Ph	none Numb	er		7973-696-6869		License 0378	Num	ber		
Scheduled Start Da	ite (10)	Sched	d. Completion	on Date (11	1)		Name of OSHA Monit B & G Restoration						
08/01/2015	79	08	/01/2015				Street Address	ni, mc.					
Occupancy Status I							105 Ryerson Roa	.d					
Facility closed Abatement per Describe:	d/vacated during erformed outside						City, State, Zip Code						
Other-Describ	be:					-	Lincoln Park, NJ	07035					
Scope of Work (ch Demolition	eck all that apply	() Renovation	on			☐ F	ull Containment w/neg	ative pressure	☐ wrap Glovel			ure	8.
≥ 3 sf or >3 If		≥160 sf or	≥260 If			N	/lini-enclosure		☐ Non-fr	iable	ргосе	dure	_
Location of asbestos-con material to be abated in faci	9		n normally enance/cus				sbestos-containing	Amount (Specify LF)	SF or	Remov	Repai	Encap	E n c L
basement				1 X	pipe insu	lation		20 lf		e	r	\vdash	\vdash
DUSCHIER			7					2011				Ħ	古
									=				
								±1 54					
Registered Waste H B & G Restoration		NJD 195	EP Hauler I 663		ubic Yards of V 1/2	vaste	Name of Registered Tullytown Resour		y Center				
City, State Lincoln Park, N.	J 07035			Disposal D 08/0	ate 3/2015		City, State Tullytown, PA						
Completed by (Print		Title	/Traccure		Signature		Gordana Luna		Date 07/21	/201	5		

NO CK

Date of Notification (1) 7-21-15				Name of Building Owner/Operator (2) Bristol Myers Squibb Building 3A												
Agencies Notified Type Notification					Bristol Myers Squibb Building 3A Street Address 311 Pennington Rocky Hill Road											
DEP DOL	Initial Amended Amendment Emergency (_	City, State, Zip Code Hopewell, NJ 08534				& Linguist of									
DOH justification) DCA Cancellation				Name of Contact Ken May - Project Manager				Telephone Number								
Name of Facility Where Abatement is Taking Place (3)					FACILITY INFORMATION				Type of Facility (4)							
Bristol Myers Squibb Building 3A Roof Sections Street Address 311 Pennington Rocky Hill Road				s 1 and 4				Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes,								
City (5) Hopewell, NJ 08534									etc.) re Feet 27	# of	Floors	Bldg. Age 1970				
County (6) Mercer County					County Code (7) (STATE USE ONLY)				nt Use (Prio mercial	or if beir	if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Eagle Industrial Hygiene Assoc., Inc.									e of Abatement Contractor (9) Cher Roofing Corporation							
Street Address 359 Dresher Road					1				t Address Commerce Drive							
City, State, Zip Code Horsham, PA 19044									State, Zip Code ntgomeryville, PA 18936							
Project Manager for Monitoring Firm Mark Hays					Telephone No. 215-672-6088			Telephone No. 215-362-5400				License No. N/A				
Start Date (10) Scheduled Co 8-2015 10-2015								Name of OSHA Monitor Criterion Laboratories, Inc.								
Occupancy Status During Abatement (Check Only One)								et Address								
Facility Closed/Vacated During Entire Period of Abater Abatement Performed Outside of Normal Facility Hour Other – Describe: Removal of Cat 1 Non-friable - No Ro				s (City, S	370 Progress Drive. Suite J ity, State, Zip Code Bensalem, PA 19020								
Scope of Work (Check All	That Apply)						20110	G. G. T.	,						-	
≥3 sf or ≥3 lf					tion				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
Is Loca												Abatement				
Location of Used Sol				у			scription						Туре			
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)			ntenar odial S (12)	ice/ staff?		tos Containing Material (ACM) thermal systems insulation, surfacing, VAT, or other miscellaneous)			Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure		
Poof Area 1- Bas	e flachings	Yes	No	N/A X	hase fla	ashinas	s & edo	ne str	innings	1.5	26 LF	x				
Roof Area 1- Base flashings Roof Area 4- Base flashings				×	Dasc III		hings & edge strippings base flashings				8 LF	x				
11001 Al Ca 4 Bac	o naomingo							.5-								
riante et riegiotore riegio			1000	JDEP W			Cubic Yards		Name of F	Register	ed Landfill					
				auler ID 1416	No.	of Was	of Waste 20		Waste Management - GROWS							
City, State 235 Gibbs Ave. Trenton, NJ 08611				Dis 8-2			al Date									
Completed by Thomas A. Belcher Treasurer							Signature Date 7.21.15						5			