### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CHECK#23094

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

Date of Notification (1)					Name of Build	dina Own	er/Operator (2)		U,			
5/29/2013					ANDREWS			677	4	25		
Agencies Notified	Type Notificat	tion		Arida	Street Addres			3.2			٠.	
EPA	Initial	w#65%			316 N. 12TH		T	4.7			5- <del>5</del> 73	
□ DEP	X Amende	d Ame	ndmen	t #	City, State, Z			,	100	7/		
□ DOL	☐ Emerger			in <del>same dala</del>	SURF CITY					اه) درانش		
□ DOH	justificat		3		Name of Con				Telep	hone	Numb	er
DCA	☐ Cancella				DAVID J. D	'ANDRE	EA.					7
				F	ACILITY IN							
Name of Facility Where Ab	atement is Ta	king Pl	ace (3)					Type of Facility (4)				
PRIVATE RESIDENCE		<del></del>						School (K-12)				
Street Address								Subchapter 8 (Other	er than	K-12	)	
316 N. 12TH STREET								Other (i.e., private &	& com	merci	al build	dings)
City (5)								Square Feet	# of F	loors	Bldg.	Age
SURF CITY, NJ											Name of the last	
County					County Code	(7) (STA	TE USE ONLY)	Current Use (Prior if bei	ng de	molish	ned)	
OCEAN												
Name of Monitoring Firm H	lired by Buildir	ng Own	er (8)		ASCM No.	Name of	f Abatement Cont	ractor (9)	873-20			
						CREAN	I RIDGE ENVI	RONMENTAL INC.				
Street Address						Street A	ddress					
						15 BLA	CK FOREST R	OAD				
					-	City, Sta	ite, Zip Code					
							TON, NJ 08691	<u> </u>				
Project Manager for Monito	ring Firm	Telepi	none N	0.		Telepho	ne No.		Licen	se No	).	
						609-890			0067	6		
Start Date (10)		Sched	luled C	ompleti	ion Date (11)	Name of	f OSHA Monitor					
5/31/2013		5/31/2				N/A						
Occupancy Status During					-0.04	Street A	ddress					
Facility Closed/Vacate					ent	-						
Abatement performed out		g hour	s 5PM-	2 AM		City, Sta	ite, Zip Code					
ESSENTIAL PERSONNE						<u></u>		Full Containment w	ith No	antive	Droce	CUITA
Scope of Work (Check all t	hat apply)					·:		Mini-Enclosure	illi Ne	yauve	FICS	Suic
≥ 3 sf or ≥ 3 lf					X Renova			Glovebag Procedur	~			
≥ 160 sf or ≥ 260 lf					☐ Demolit	ion		Non-Exempted (*) 8		_Eriah	le Pro	cedur
			1 1					☐ Non-Exempted ( ) o			Туре	
		0000	Locati mally t	17(22)	Description	of Asbe	stos Containing		/ tout			
Location of Asbestos-C			Solely b				hermal systems	Amount (Specify SF or	Re	ZJ	nce	Enclosure
Material (ACM) TO BE A Facility (13)	ABATED In			/Custo			, VAT, or other	LF)	Remova	Repair	bs	sols
racility (13)			Staff?		1	miscellan	eous)		<u>a</u>	1	Encapsulate	le e
		Yes	No	N/A	TD A NOTE	CIDING		1000 S.F.	X	$\vdash$	- W	
EXTERIOR				A	TRANSITE	SIDING		1000 S.F.	^	-		_
		-		-					<del>                                     </del>	$\vdash$		-
		-						<del>                                     </del>	_			_
Name of Registered Waste	Hauler				NJDEP Waste		Cubic Yards of	Name of Registered Lar	ndfill			
Traine of Negistered Waste	, iduloi				Hauler ID No.		Waste	20				
TIMSTER TRUCKING					21079		5 YD.	GROWS		0431-03000		
City, State							Disposal Date	City, State				
WEST CREEK, NJ							5/31/2013	MORRISVILLE, PA				
Completed By		Title				Signatu)	27-Mar	11/2 1	Date			
DAVID D'ANDREA		PRES	SIDEN	T		1/4	wid or	Mendien	5/29/	2013		
ASB-41						,	//		0			

<sup>\*</sup> 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)

CHECK#23093

ate of Notification (1)					me of Buildi			190 May				
29/2013	11 (Sec. 1999) 2 (1999)				E FILOON		(S KEP)		70			
gencies Notified	Type Notification	n		20000	reet Address			1 C. S.				
EPA	Initial				7 2ND STR			- V// 1				
DEP	Amended				ty, State, Zip			1 199				
DOL	☐ Emergend	cy (includ	ding		EACH HAV				Telepho	ne N	umber	
DOH	justification	n)		10000	ame of Conta			, 1				
DCA	☐ Cancellat	ion		D	AVID J. D'	ANDREA						
				FA	CILITY INF	ORMATIC	ON T	Type of Facility (4)				
ame of Facility Where	Abatement is Tak	ing Plac	e (3)				1	School (K-12)				
RIVATE RESIDEN			75100					Subchapter 8 (Othe	r than K	-12)		
treet Address								Other (i.e., private &	comme	ercial	buildir	ngs
17 2ND STREET								Square Feet	# of Flo	orsE	Bldg. A	ge
City (5)								Squale reet			•	•
BEACH HAVEN, NJ								Current Use (Prior if bei	na demo	olishe	ed)	-
County				C	County Code	(7) (STATI	E USE ONLY)	Current Ose (i noi ii so.				
CEAN							l I Combr	actor (0)				
Name of Monitoring Fire	rm Hired by Buildin	g Owner	r (8)	A	SCM No.	Name of A	batement Contr	ACIOI (9)				
tamo el mento								RONMENTAL INC.			- 70	
Street Address						Street Add		0.4.0				
50007100							K FOREST RO	JAD				
						1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, Zip Code	r I				
			7000				ON, NJ 08691		Licens	e No.		
Project Manager for M	lonitoring Firm	Telepho	one No.			Telephone			00676			
, tojoot memaga						609-890-			00070			
Start Date (10)		Schedu	iled Co	npletic	on Date (11)		OSHA Monitor					
Start Date (10)		5/30/20	)13	npletio	on Date (11)	N/A						
5/29/2013	iring Abatement (C	5/30/20 heck on	)13 ly one)									_
5/29/2013 Occupancy Status Du	acated During Ent	5/30/20 heck on ire Perio	013 ly one) d of Ab	ateme		N/A Street Ad	dress					
5/29/2013 Occupancy Status Du	acated During Ent	5/30/20 heck on ire Perio	013 ly one) d of Ab	ateme		N/A Street Ad						_
5/29/2013 Occupancy Status Du Facility Closed/N Abatement performe	/acated During Ent ed outside of worki	5/30/20 heck on ire Perio	013 ly one) d of Ab	ateme		N/A Street Ad	dress	Containment	with Nec	ative	Press	sur
5/29/2013 Occupancy Status Du Facility Closed/ Abatement performe ESSENTIAL PERSO	/acated During Ent ed outside of working ONNEL ONLY	5/30/20 heck on ire Perio	013 ly one) d of Ab	ateme	nt	N/A Street Ad City, Stat	dress	Full Containment	with Neg	gative	e Press	sur
5/29/2013 Occupancy Status Du Facility Closed/N Abatement performe ESSENTIAL PERSO Scope of Work (Chec	/acated During Ent ed outside of working ONNEL ONLY	5/30/20 heck on ire Perio	013 ly one) d of Ab	ateme	nt Renova	N/A Street Ad City, Stat	dress			gative	e Press	sur
5/29/2013  Occupancy Status Du Facility Closed/N Abatement performe ESSENTIAL PERSO Scope of Work (Chec	/acated During Ent ed outside of working DNNEL ONLY ex all that apply)	5/30/20 heck on ire Perio	013 ly one) d of Ab	ateme	nt	N/A Street Ad City, Stat	dress	☐ Mini-Enclosure ☐ Glovebag Proced	ure			
5/29/2013 Occupancy Status Du Facility Closed/N Abatement performe ESSENTIAL PERSO Scope of Work (Chec	/acated During Ent ed outside of working DNNEL ONLY ex all that apply)	5/30/20 heck on ire Perio	013 ly one) d of Ab	ateme	nt Renova	N/A Street Ad City, Stat	dress		ure ) & Non-	Friab	le Pro	ceo
5/29/2013  Occupancy Status Du Facility Closed/N Abatement performe ESSENTIAL PERSO Scope of Work (Chec	/acated During Ent ed outside of working DNNEL ONLY ex all that apply)	5/30/20 heck online Periong hours	ol3 ly one) d of Ab 5PM-2	ateme AM	Renova Demoli	N/A Street Ad City, Stat ation	dress e, Zip Code	☐ Mini-Enclosure ☐ Glovebag Proced	ure ) & Non-	Friab	le Pro	ced
5/29/2013  Occupancy Status Du Facility Closed/N Abatement performe ESSENTIAL PERSO Scope of Work (Chec ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 26	/acated During Ent ed outside of working DNNEL ONLY ok all that apply)	5/30/20 theck online Periong hours	y one) d of Ab 5PM-2 Locatio	AM on sed	Renova Demoli	N/A Street Ad City, State	dress e, Zip Code tos Containing	☐ Mini-Enclosure ☐ Glovebag Procedi ☐ Non-Exempted (*)	ure ) & Non- Abate	Friab	le Pro	ce
5/29/2013  Occupancy Status Du Facility Closed/N Abatement performe ESSENTIAL PERSO Scope of Work (Chec ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 26	/acated During Ented outside of working DNNEL ONLY ok all that apply)  0 If	5/30/20 sheck online Periong hours	ly one) d of Ab 5PM-2 Location	AM on sed	Renova Demoli	N/A Street Ad City, State ation iition on of Asbes ACM) (i.e. ti	dress e, Zip Code tos Containing nermal systems	☐ Mini-Enclosure ☐ Glovebag Procedi ☐ Non-Exempted (*)	ure ) & Non- Abate	Friab	le Pro	ce
5/29/2013  Occupancy Status Du Facility Closed/N Abatement performe ESSENTIAL PERSO Scope of Work (Chec ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 26	/acated During Ented outside of working DNNEL ONLY or all that apply)  0 If  istos-Containing of BE ABATED In	s/30/20 sheck online Periong hours  Is Nor	ly one) d of Ab 5PM-2  Location mally U Solely benance.	AM  on sed y Custo	Renova Demoli	N/A Street Ad City, State ation iition on of Asbes ACM) (i.e. ti	tos Containing nermal systems, VAT, or other	☐ Mini-Enclosure ☐ Glovebag Procedi ☐ Non-Exempted (*)  Amount (Specify SF of	ure ) & Non- Abate	Friab	le Pro	ced
5/29/2013  Occupancy Status Du Facility Closed/N Abatement performe ESSENTIAL PERSO Scope of Work (Chec ≥ 3 sf or ≥ 3 lf ⇒ 160 sf or ≥ 26  Location of Asbe Material (ACM) 10	/acated During Ented outside of working DNNEL ONLY or all that apply)  0 If  istos-Containing of BE ABATED In	s/30/20 sheck online Periong hours  Is Nor	Jy one) d of Ab 5PM-2  Locatic mally U Solely b enance.	AM  on sed y Custo	Renova Demoli Description Material (A insulation	N/A Street Ad City, State ation iition on of Asbes ACM) (i.e. the surfacing miscellane	tos Containing nermal systems , VAT, or other	☐ Mini-Enclosure ☐ Glovebag Procedi ☐ Non-Exempted (*)  Amount (Specify SF of LF)	Abate Permoval	Friab	le Pro	ced
5/29/2013  Occupancy Status Du Facility Closed/N Abatement performe ESSENTIAL PERSO Scope of Work (Chec ≥ 3 sf or ≥ 3 lf 1 ≥ 160 sf or ≥ 26  Location of Asbe Material (ACM) TO Facility	/acated During Ented outside of working DNNEL ONLY or all that apply)  0 If  istos-Containing of BE ABATED In	Is Nor S Maint dial	Josephan Location mally USolely benance, Staff?	atemer AM	Renova Demoli	N/A Street Ad City, State ation iition on of Asbes ACM) (i.e. the surfacing miscellane	tos Containing nermal systems , VAT, or other	☐ Mini-Enclosure ☐ Glovebag Procedi ☐ Non-Exempted (*)  Amount (Specify SF of	ure ) & Non- Abate	Friab	le Pro	ceo
5/29/2013  Occupancy Status Du Facility Closed/N Abatement performe ESSENTIAL PERSO Scope of Work (Chec ≥ 3 sf or ≥ 3 lf ⇒ 160 sf or ≥ 26  Location of Asbe Material (ACM) 10	/acated During Ented outside of working DNNEL ONLY or all that apply)  0 If  istos-Containing of BE ABATED In	Is Nor S Maint dial	Josephan Location mally USolely benance, Staff?	atemer AM	Renova Demoli Description Material (A insulation	N/A Street Ad City, State ation iition on of Asbes ACM) (i.e. the surfacing miscellane	tos Containing nermal systems , VAT, or other	☐ Mini-Enclosure ☐ Glovebag Procedi ☐ Non-Exempted (*)  Amount (Specify SF of LF)	Abate Permoval	Friab	le Pro	ced
5/29/2013  Occupancy Status Du Facility Closed/N Abatement performe ESSENTIAL PERSO Scope of Work (Chec ≥ 3 sf or ≥ 3 lf 1 ≥ 160 sf or ≥ 26  Location of Asbe Material (ACM) TO Facility	/acated During Ented outside of working DNNEL ONLY or all that apply)  0 If  istos-Containing of BE ABATED In	Is Nor S Maint dial	Josephan Location mally USolely benance, Staff?	atemer AM	Renova Demoli Description Material (A insulation	N/A Street Ad City, State ation iition on of Asbes ACM) (i.e. the surfacing miscellane	tos Containing nermal systems , VAT, or other	☐ Mini-Enclosure ☐ Glovebag Procedi ☐ Non-Exempted (*)  Amount (Specify SF of LF)	Abate Permoval	Friab	le Pro	ced
5/29/2013  Occupancy Status Du Facility Closed/N Abatement performe ESSENTIAL PERSO Scope of Work (Chec ≥ 3 sf or ≥ 3 lf 1 ≥ 160 sf or ≥ 26  Location of Asbe Material (ACM) TO Facility	/acated During Ented outside of working DNNEL ONLY or all that apply)  0 If  istos-Containing of BE ABATED In	Is Nor S Maint dial	Josephan Location mally USolely benance, Staff?	atemer AM	Renova Demoli Descriptic Material (/ insulation	N/A Street Ad City, State ation ition on of Asbes ACM) (i.e. the surfacing miscellance and the surfacing miscellance are surfacing miscellance and the surfacing miscellance are surfacing are surfacing and the surfacing are sur	tos Containing nermal systems VAT, or other	☐ Mini-Enclosure ☐ Glovebag Procedi ☐ Non-Exempted (*)  Amount (Specify SF of LF)  1000 S.F.	Abate Removal	Friab	le Pro	ced
5/29/2013  Qccupancy Status Du Facility Closed/N Abatement performe ESSENTIAL PERSO Scope of Work (Chec ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 26  Location of Asbe Material (ACM) TO Facility  EXTERIOR	/acated During Ented outside of working DNNEL ONLY or all that apply)  0 If	Is Nor S Maint dial	Josephan Location mally USolely benance, Staff?	atemer AM	Renova Demoli  Descriptic Material (/ insulation  TRANSIT	N/A Street Ad City, State ation ition on of Asbes ACM) (i.e. the, surfacing miscellance E SIDING	tos Containing nermal systems VAT, or other rous)	☐ Mini-Enclosure ☐ Glovebag Procedi ☐ Non-Exempted (*)  Amount (Specify SF of LF)	Abate Removal	Friab	le Pro	ce
5/29/2013  Occupancy Status Du Facility Closed/N Abatement performe ESSENTIAL PERSO Scope of Work (Chec ≥ 3 sf or ≥ 3 lf 1 ≥ 160 sf or ≥ 26  Location of Asbe Material (ACM) TO Facility	/acated During Ented outside of working DNNEL ONLY or all that apply)  0 If	Is Nor S Maint dial	Josephan Location mally USolely benance, Staff?	atemer AM	Renova Demoli Descriptic Material (/ insulation  TRANSIT	N/A Street Ad City, State ation ition on of Asbes ACM) (i.e. the, surfacing miscellance E SIDING	tos Containing nermal systems (VAT, or other cous)	☐ Mini-Enclosure ☐ Glovebag Procedi ☐ Non-Exempted (*)  Amount (Specify SF of LF)  1000 S.F.	Abate Removal	Friab	le Pro	ce
5/29/2013  Qccupancy Status Du Facility Closed/N Abatement performe ESSENTIAL PERSO Scope of Work (Chec ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 26  Location of Asbe Material (ACM) TO Facility  EXTERIOR	/acated During Ented outside of working DNNEL ONLY or all that apply)  0 If  estos-Containing OBE ABATED In y (13)	Is Nor S Maint dial	Josephan Location mally USolely benance, Staff?	atemer AM	Renova Demoli  Descriptic Material (/ insulation  TRANSIT	N/A Street Ad City, State ation ition on of Asbes ACM) (i.e. the, surfacing miscellance E SIDING	tos Containing nermal systems, VAT, or other cous)  Cubic Yards of Waste 5 YD.	☐ Mini-Enclosure ☐ Glovebag Proced: ☐ Non-Exempted (*)  Amount (Specify SF of LF)  1000 S.F.  Name of Registered I	Abate Removal	Friab	le Pro	ce
5/29/2013  Occupancy Status Du Facility Closed/N Abatement performe ESSENTIAL PERSO Scope of Work (Chec ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 26  Location of Asbe Material (ACM) TO Facility  EXTERIOR  Name of Registered  TIMSTER TRUC	/acated During Ented outside of working DNNEL ONLY or all that apply)  0 If  estos-Containing OBE ABATED In y (13)	Is Nor S Maint dial	Josephan Location mally USolely benance, Staff?	atemer AM	Renova Demoli Descriptic Material (/ insulation  TRANSIT	N/A Street Ad City, State ation ition on of Asbes ACM) (i.e. the, surfacing miscellance E SIDING	tos Containing nermal systems (VAT, or other rous)  Cubic Yards of Waste 5 YD.  Disposal Date	☐ Mini-Enclosure ☐ Glovebag Proced: ☐ Non-Exempted (*)  Amount (Specify SF of LF)  1000 S.F.  Name of Registered If GROWS  City, State	Abate Removal X	Friab	le Pro	ce
5/29/2013  Occupancy Status Du Facility Closed/N Abatement performe ESSENTIAL PERSO Scope of Work (Chec ≥ 3 sf or ≥ 3 lf  ≥ 160 sf or ≥ 26  Location of Asbe Material (ACM) TO Facility  EXTERIOR  Name of Registered TIMSTER TRUCT City, State	/acated During Ented outside of working DNNEL ONLY or all that apply)  0 If	Is Nor S Maint dial	Josephan Location mally USolely benance, Staff?	atemer AM	Renova Demoli Descriptic Material (/ insulation  TRANSIT	N/A Street Ad City, State ation on of Asbes ACM) (i.e. the control of the control	tos Containing nermal systems, VAT, or other rous)  Cubic Yards of Waste 5 YD.  Disposal Date 5/31/2013	☐ Mini-Enclosure ☐ Glovebag Proced: ☐ Non-Exempted (*)  Amount (Specify SF of LF)  1000 S.F.  Name of Registered I	Abate Removal X	Repair	le Pro	ce
5/29/2013  Occupancy Status Du Facility Closed/N Abatement performe ESSENTIAL PERSO Scope of Work (Chec ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 26  Location of Asbe Material (ACM) TO Facility  EXTERIOR  Name of Registered  TIMSTER TRUC	/acated During Ented outside of working DNNEL ONLY or all that apply)  0 If	Is Nor S Maint dial	Josephan Location mally USolely benance, Staff?	atemer AM	Renova Demoli Descriptic Material (/ insulation  TRANSIT	N/A Street Ad City, State ation on of Asbes ACM) (i.e. the control of the control	tos Containing nermal systems (VAT, or other rous)  Cubic Yards of Waste 5 YD.  Disposal Date	☐ Mini-Enclosure ☐ Glovebag Proced: ☐ Non-Exempted (*)  Amount (Specify SF of LF)  1000 S.F.  Name of Registered If GROWS  City, State	A Date	Repair	t Type Encapsulate	ce

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CHECK#23095

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

Date of Notification (1)					Name of Rui	Idina Owr	ner/Operator (2)		37			
5/29/2013					ANDREWS	30			1	.e		
Agencies Notified	Type Notifica	tion			Street Addre		ENCE		,	1994 <u>.</u>		
EPA	. Initial	illon						*0,00		7	61	
DEP	X Amende	nd Ame	ndmor	n+ ++	35 DAVID I			• //				
DOF DOF							DOM: NIE		14	Ü		
□ DOH			Ciuaing	j	BEACH HA		EST, NJ		T-I		Musel	
DCA	justifica					0.000.000	~ .	· ·	reie	onone	Num	ber
DCA	☐ Cancell	ation			DAVID J. D							-
Nome of EquilibritAffects Ab	stamout in T	ld D	l (2		FACILITY IN	FORMA	TION	T= (E % . /A)				
Name of Facility Where Ab	atement is 1	aking P	iace (3	)				Type of Facility (4)				
PRIVATE RESIDENCE								School (K-12)				
Street Address								Subchapter 8 (Other				
35 DAVID DRIVE								Other (i.e., private				
City (5)	12022							Square Feet	# of I	-loors	Bldg.	. Age
BEACH HAVEN WEST,	NJ										<u> </u>	
County					County Code	(7) (STA	ATE USE ONLY)	Current Use (Prior if be	ing de	molisl	ned)	
OCEAN												
Name of Monitoring Firm Hi	ired by Buildi	ng Owi	ner (8)		ASCM No.	Name o	f Abatement Cont	ractor (9)				
								RONMENTAL INC.				
Street Address						Street A	ddress					
						15 BLA	CK FOREST R	OAD				
						City, Sta	ate, Zip Code					
						HAMII	LTON, NJ 0869	l .				
Project Manager for Monitor	ring Firm	Telep	hone N	lo.		Telepho	ne No.		Licen	se No	).	
	= =					609-890	)-7110		0067	6		
Start Date (10)		Sched	luled C	omplet	ion Date (11)	Name of	f OSHA Monitor					
5/31/2013		5/31/2				N/A						
Occupancy Status During A	batement (C	heck o	nly one	)		Street A	ddress		25.5		- 3415	
Facility Closed/Vacate	d During Enti	re Peri	od of A	bateme	ent							
Abatement performed outs	side of workin	g hour	s 5PM-	2 AM		City, Sta	ite, Zip Code					
ESSENTIAL PERSONNEL	ONLY									Marine 27 Section		
Scope of Work (Check all th	nat apply)							☐ Full Containment w	ith Ne	gative	Pres	sure
≥ 3 sf or ≥ 3 lf					v Renovat	tion		☐ Mini-Enclosure				
≥ 160 sf or ≥ 260 lf					Demoliti	on		☐ Glovebag Procedur	re			
								☐ Non-Exempted (*) 8	& Non-	Friab	le Pro	cedure
		255.00	Locati		I	19/30/25/75 25/0			Abate	ment	Туре	
Location of Asbestos-Co	ontaining		mally l				stos Containing				m m	m
Material (ACM) TO BE A			Solely b	-			hermal systems , VAT, or other	Amount (Specify SF or LF)	en l	Re	ca	incl
Facility (13)			Staff?	/Custo		niscellane	Control of the contro	LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A	1 "	moochan	5045)		<u>n</u>	7	ate	ē
EXTERIOR	**			X	TRANSITE	SIDING		900 S.F.	X			
								<b></b>				
												$\overline{}$
Name of Registered Waste	Hauler				NJDEP Waste		Cubic Yards of	Name of Registered Lar	ndfill			
					Hauler ID No.		Waste	8				- 1
TIMSTER TRUCKING					21079		5 YD.	GROWS				
City, State					***************************************		Disposal Date	City, State				
WEST CREEK, NJ							5/31/2013	MORRISVILLE, PA				
Completed By		Title				Signatur		(4)	Date			
DAVID D'ANDREA		PRES	IDEN'	Т		11/2	mal A	Lordier	5/29/2	2013		
ASB-41									0			

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

**MAY 11** 

Date of Notification (1)							Owner/Operator (2	2)	19 M	3,			* a
	30 / _	13	_		610 9	Sewall A	venue,LLC			3	į.		
Agencies Notified	Type Notificat	tion	- 000e-		Street A	ddress			- 1		4/7	,2.	
⊠ EPA	☐ Initial				80 M	ain Stree	et, Suite 160		S (/n)				0
DOLWD				1	City, St	ate, Zip Co	ode		·/.	it .			
☑ DHSS	Amendmer	-			Wes	t Orange	, NJ 07052			1.4	3		
☐ DCA (NJAC 5:23-8)	☐ Emergency justification		uaing	1	Name o	f Contact			Telephone Number	er		4.	
(NOAC 5.25-0)	☐ Cancellation				Jay I	Murnick			1				
							FORMATION		-				_
Name of Facility Where A	hatament is Ta	akina I	Dlace (	(3)	170	IEI I 1141	ORMATION	Type of Facility	(4)		-		
Munroe Towers	voaternent is 1	aking i	lacci	(5)				☐ School (K-12					
	-	-		-024				☐ Subchapter 8	(Other than K-12)				
Street Address								Other (i.e., p homes, etc.)	rivate and commerc	ial buil	aings	,	
610 Sewall Ave.								Square Feet	# of Floors	Bld	g. Age	e	
City (5)								198,000	15	1000000	3		
Asbury Park			11		10	O-d- (7)	ACTATE LICE ONLY		ior if being demolish				_
County (6)					Count	y Code (7)	(STATE USE ONLY)			icuj			
Monmouth					1			Apartments			_		
Name of Monitoring Firm	Hired by Build	ling Ov	wner (8	3)	ASCM N	No.	Name of Abateme						
AET					NA			ironmental Sys	stems				
Street Address							Street Address						
28 N. Pennell Rd.							550 East Uni				_		
City, State, Zip Code							City, State, Zip Co						
Media, PA 19063							West Cheste	r, PA 19382					
Project Manager for Mon	itoring Firm			Tele	phone N	No.	Telephone No.		License No.				
Eric Houseknecht				91	08-218-	1108	610-701-9000	)	00508			- 1	
Start Date (10)	S	Schedu	ıled Co	omple	tion Dat	e (11)	Name of OSHA N	Monitor					
6 / 10 /	13	7	/	12	2_/_	13	AET						
Occupancy Status Durin	g Abatement (0	Check	only o	ne)			Street Address						
☐ Facility Closed/Vacat					ment		28 N. Pennel	Road					
	d Outside of No	ormal l	Facility	/ Hou	rs - Des	cribe	City, State, Zip C	ode	7				
Time of Abatement:	ZAMPN	// <u>3:30</u>	PM		AM		Media, PA 19						
Scope of Work (Check a	il that apply)												
Scope of Work (Officer o	iii tiidt appij)							tainment with Ne	gative Pressure				
			⊠ Re □ De				Mini-End     Mini-End	closure ng Procedure					
≥160 sf or ≥260 lf			□ ре	monu	On		☐ Non-Exe	empted (*) and N	on-Friable Procedur	e			
			ls	Loca	ition					Ab	ateme	ent Ty	уре
Location	n of			Norma			Description			Z	Z Z	ш	Ш
Asbestos-Containing		A)			ely by ance/		stos Containing Ma		Amount (Specify	Remova	Repair	าса	1Clo
TO BE AB IN Faci					Staff?	(I.e	e., thermal systems surfacing, VAT		SF or LF)	Val	=	Encapsulate	Enclosure
(13)				(12	)		other miscellane					late	Œ
( - /			Yes	No	N/A								
Basement						Pipe In	sulation		2000	$\boxtimes$			
Dascinone		-			+=-							П	
			ш	П								] [	
								N				Ц	
Name of Registered Wa	ste Hauler	-			NJDEP '		Cubic Yards of	Name of Reg	istered Landfill				
N.E.T.S.					Hauler II	O No.	Waste	Allied BF					
					18947	7	30 Disposal Date	City, State		- T			
City, State							TBD	Imperial,	ΡΔ				
Hazelton, PA								imperial,			1	1	_
Completed By (Print or	Type)	Title	S. Service				Signature	nMM	Da	ate /	32	à /.	. ~
				4					1	- 1	-	2 / /	1 4
Mark Griffin		E	stima	itor				/		<u> </u>	26	11	4

Date of Notification (1)				Name	of Buildin	g Owner/Operator (	2)	Ô	7.		70	
5/_ <del>_28</del>	13			610	Sewall .	Avenue,LLC		1	P. 1			
Agencies Notified Type Not	ification			Stree	t Address				- 5/1.ty		_	
☑ EPA ☑ Initial				80	Main Str	eet, Suite 160			, 1	G.		
☑ DOLWD ☐ Amer					State. Zip (						•	
	dment #	- Page 1992		¥ 15		je, NJ 07052		<b>.</b>		,	3	_
DCA Emer		cludin	g	20025	of Contac			Tolonkana Miss	() - 		- 5	4
(NJAC 5:23-8) justific	cation)				Murnick	***		Telephone Nur	nper			•
Gane	,ae.011			1				11		_		
Name of Facility Where Abatement	ie Takin	n Diac	0 (3)	FA	CILITYIN	NFORMATION	Tono of Facility	(4)		17		
Munroe Towers	is ranii	g Flace	e (3)				Type of Facility ☐ School (K-12			ICM N		
Street Address								) 3 (Other than K-1	2)			
WARRANDONE STATISTICS AT							Other (i.e., pr	rivate and comm		uildin	gs,	
610 Sewall Ave.							homes, etc.)					
City (5)							Square Feet	# of Floors	1	ldg. A	ge	
Asbury Park							198,000	15		43		
County (6)				Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (Pri	or if being demo	lished)			
Monmouth							Apartments					
Name of Monitoring Firm Hired by B	Building (	Dwner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
AET				NA		Alliance Envi	ironmental Sys	tems				
Street Address						Street Address						-
28 N. Pennell Rd.						550 East Unio	on St.					
City, State, Zip Code						City, State, Zip Co	ode					
Media, PA 19063						West Cheste	r, PA 19382					
Project Manager for Monitoring Firm	1		Tel	ephone	No.	Telephone No.		License No.				
Eric Houseknecht			9	08-218	3-1108	610-701-9000	i .	00508				
Start Date (10)	Sched	duled (	Comple	etion Da	ate (11)	Name of OSHA M	Ionitor					-
6 /3 /13		6	/ _2	8_ /	13	AET						
Occupancy Status During Abateme	nt (Chec	k only	one)			Street Address					-	_
☐ Facility Closed/Vacated During B				ment		28 N. Pennel	Road					
					scribe	City, State, Zip Co						
Time of Abatement: 7AM						Media, PA 19						
Scope of Work (Check all that apply	1					Micula, I A 13						-
Coope of Work (Check all that apply	,					☐ Full Cont	ainment with Neg	ative Pressure				
☐ ≥3 sf or ≥3 lf		_	enovat				losure					
≥160 sf or ≥260 lf			emoliti	on		☐ Glovebag	g Procedure mpted (*) and Noi	a Friable Droced	uro			
2004		1 19	s Loca	tion	Т		inpled ( ) and No	14 Habie I Toced		otom	ont T	
Location of			Norma	ally		Description o	f			atem		T .
Asbestos-Containing Material (A	CM)		ed Sol		Asbe	stos Containing Ma	terial (ACM)	Amount	Removal	Repair	등	Enc
TO BE ABATED		0.00797	aintena stodial	Staff?	(i.e	e., thermal systems i		(Specify	Vou	ai-	aps	Enclosure
IN Facility (13)			(12)			surfacing, VAT, other miscellane		SF or LF)	<u>a</u>	1	Encapsulate	ure
· · · /		Yes	No	N/A						l	e e	
Basement			lп		Pine In	sulation		2000		$\vdash$	П	
Dascincit		=	-	-	1 ipe iii	Sulation		2000			ш	ш
		Ш										
		П								П	П	
Name of Registered Waste Hauler				JDEP V		Cubic Yards of	Name of Regist	ered I andfill		П	Ч	ш
N.E.T.S.			1000	lauler I	O No.	Waste	Allied BFI I					
				18947		30		ii periai		Alector		
City, State Hazelton, PA						Disposal Date	City, State					
nazelion, PA						TBD	Imperial, PA	4				
								1-			_	
Completed By (Print or Type)	Title					Signature	11/1	D	ate /		1 -	,
		stima	tor			Signature		D	ate /	71	1,3	•

No check

### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1) May 30, 2013				(4	Name of Build Buckeye Partr	5.950	Operator (2)				3	
Agencies Notified		Notification	Type		Street Address			10000	6.7		A.	
		**************************************				No. of the Associated			8 / /		77	)
(X) EPA		(X) Initial No			9999 Hamilton							371
( ) DEP (X) DOL		( ) Amende ( ) Cancelle		ion	City, State, Zir	Code				17.		. 6
(X) DOH		( ) Garicene	·u		Breinigsville, F	A 18031				29	6.	
() DCA					Name of Conta		o n	Tel. N	umber			
					Robert Orisch	ak					127	
				FACILITY IN	FORMATION					-	4.4	
Name of Facility Where At	patement is T	aking Place (	<u>3)</u>		Type of Facility							
Buckeye - Perth Amboy T	erminal				( ) School (K- ( ) Subchapte	ı∠) r.8.(other.th	an K-12)					
Street Address	Ciriniai		-		(X) Other (i.e.			s., hom	nes, etc.			
<u> </u>					, , , , , , ,	())			50			
380 Maurer Road				W. Williams	Sq. Feet_6,0	00 # of	Floors 1					
City (5)	County (6)		County C									
Perth Amboy	Middlesex		(State Us	se Only)		50+ years						
CALLED AND AND AND AND AND AND AND AND AND AN			4001411		Current Use (p	rior if being						
Name of Monitoring Firm I	lired by Bldg.	Owner (8)	ASCM No	<u>o.</u>			Name of Cor	ntractor	(9)			
NA							Brandenburg	Indust	rial Serv	ice Com	pany	
Street Address	<del></del>				Street Address	3		,			, ,	
Date of the Control o						5.						
					2217 Spillman							
City, State, Zip Code					City State, Zip	Code						
					Bethlehem, Pe	nnsvlvania	18015					
Project Manager for Monito	oring Firm	Telephone N	Number		Telephone Nur		10010	Licens	e Numb	er		
1 Toject Manager for Monte	Simg i min	TOTOPHONO	TOTTI DOT		Tolophione Tital		1					
					(610) 691-1800			d .				
Scheduled Start Date (10)		Scheduled 0			Name of OSH	A Monitor						
June 13, 2013 (Demo Only	()	June 28, 20	13 (Demo (	Only)	N/A							
Occupancy Status During	Abatement (C	heck only on	9)		NA Street Address			-				
(X) Facility Closed/Vacate	d During Entir	re Period of A	<u>e≀</u> batement		<u>Oticet Address</u>							
( ) Abatement Performed	Outside of No	rmal Facility	Hours -							1000		
20 W					City, State, Zip	Code						
Describe												
Other - Asbestos Abateme	ant performed	hy others: D	emo Notific	ation Only								
Source of Work (Check all		by calcio, D	orrio recuiro	audit Olly				200				
Course of Work (officer un	triat apply)											
(X) Demolition () Rend	vation											
( ) Large Proj. (>160 SF o	r >260 LF AC	M)()SMPr	oj. (>25<16	60 SF or >10 <26	60 LF ACM) (	) Minor Pro	oj. (<25 SF or	<10 LF	ACM)			
( ) Full Containment with Location of Asbestos-	Negative Pre	ation Normally	Licod	Description of	vebag Procedure		Specify SF or	I F)	Ahater	ment Typ	10	
Containing Material (ACM)		by Maint./Cus		thermal system		Amount (	Specify Of Of	_,	Abatol	HOIR TY	~	
Facility (13)	Staff?			surfacing, VAT								
	YES	NO	NA	miscell.)					Rem.	Rep.	Encap E	nclose
										-		
Name of Reg. Waste Haul	er	NJDEP Was	te Hauler I	D#	Cubic Yards of	Waste		Name	of Reg.	Landfill		
Tallio of floy, waste Hauf	21	TODE TYCK	i idalor I									
City, State							Disp. Date		2	City, Stat	<u>B</u>	
**************************************												
Completed by (Driet as Tor	201	Title			Signature		T	Date				
Completed by (Print or Type	<u>)6)</u>	<u>Title</u>			Signature			Date				- 1
Jennifer Strobel		Contract Ad	ministrator		$\cup$		Manage et	May 30	0, 2013			
					/ /							

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414 Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS 9/18/00

#### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1)					Name of Build	ding Owner/	Operator (2)		20		N	
May 30, 2013					Buckeye Part	ners L.P.				?	100	
Agencies Notified	10	Notification	Type		Street Addres				5.	691		,
(X) EPA		(X) Initial No	otification		9999 Hamilto	n Blvd				ि	Š.	
() DEP		( ) Amende		tion	City, State, Zi	p Code			1		12.5x	
(X) DOL (X) DOH		( ) Cancelle	ed		Breinigsville,	DA 18031					( )	21
() DCA					Name of Cont			Tel. N	lumber	2220		13
					Joseph Votta					<u> </u>		
Name of Facility Where Aba	tement is T	aking Place (	3)	FACILITY IN	IFORMATION Type of Facili	h. (A)					7	
Name of Facility Where Aba	terrient is i	aking Flace (	21		( ) School (K-						1.	
Buckeye - Perth Amboy Ter	minal				( ) Subchapte	er 8 (other th					201	
Street Address					(X) Other (i.e.	private & co	ommercial bld	gs., hon	nes, etc.			
380 Maurer Road					Sq. Feet_45	00 # of	Floors 1					
<u>City (5)</u>	County (6)		County C	Code (7)	1 -4		. 10010_1	_				
Perth Amboy N	/liddlesex		(State U	se Only)	Bldg. Age	50+ years	de l'elen	_n.c				
Name of Monitoring Firm Hir		Owner (8)	ASCM N	0	Current Use (	prior if being	Name of Co					
reame or wormoning r intram	ca by blag	. Owner (o)	7.COM IV	<u>o.</u>			Name or Co	illiactor	731			
NA Charat Address					I 04		Brandenbur	g Indust	rial Serv	ice Com	ipany	
Street Address					Street Addres	<u>s</u>						
					2217 Spillman							
City, State, Zip Code					City State, Zip	Code						
					Bethlehem, Pe	ennsvlvania	18015					
Project Manager for Monitori	ing Firm	Telephone N	Number		Telephone Nu			Licens	e Numb	er		
		80 00			(640) 604 400	•						
Scheduled Start Date (10)		Scheduled (	Completion	Date (11)	(610) 691-180 Name of OSH				N-10-00-00-00			
June 13, 2013 (Demo Only)		June 21, 20				- Tillotintoi						
Occupancy Status During Ab	atomont /	Shook only on	-)		NA Charat Address							
Occupancy Status During At (X) Facility Closed/Vacated I	During Entir	re Period of A	<u>e)</u> batement		Street Address	<u>S</u>						
( ) Abatement Performed Ou												1
Describe					City, State, Zig	Code						
7												
Other - Demo Notification O	-								<u></u>			
Source of Work (Check all th	at apply)											
(X) Demolition ( ) Renova	ation											
( ) Large Proj. (>160 SF or >	260 LF AC	M) ( ) SM Pro	oj. (>25<16	60 SF or >10 <26	OLFACM) (	) Minor Pro	j. (<25 SF or	<10 LF /	ACM)			
( ) Full Containment with Ne Location of Asbestos-		ation Normally		Description of			Specify SF or	IF)	Abater	ment Typ	ne.	
Containing Material (ACM) in	Solely	by Maint./Cus		thermal system	ns insulation,						-	
Facility (13)	Staff? YES	(12) NO	NA	surfacing, VAT miscell.)	, or other				Rem.	Rep.	Encap E	Enclose
	120	110	101	miscei.)								Γ
						(						
Name of Reg. Waste Hauler		NJDEP Was	te Hauler I	D#	Cubic Yards of	f Waste		Name	of Reg. I	Landfill		L
	::											
City, State							Disp. Date		10	ity, State	Δ	
City, State						×	Disp. Date		=	ity, State	2	
Completed by (Print or Type)	1	<u>Title</u>	- C		Signature			Date				
		Contract 6	minint-sts -		O RA			May 20	2042			
Jennifer Strobel		Contract Adr	ninistrator		1 X	$\bigcirc$		May 30	, 2013			

Mail to: NJDEP-DSHW-BRRTP

401 E. State St., PO 414 Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS 9/18/00

CK#25/87

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

Date of Notification (1)	30/13		T	Name	of Buildin	g Owner/Operator M	(2) PP Engineers	LLC	9 .			
Agencies Notified	Type Notific	cation		Street	Address	,	79 Mill Pond	Rd 🤄 /	- 4,	72	ÝΩ	
EPA DEP DOL	Initial Amende Amendn	ment #	_	City, S	itate, Zip C	Code	ackson, NJ 08	-7:	1/2			_
M DOH □ DCA	☐ Emerge justifica ☐ Cancella		ng [	Name	of Contac		ackson, 145 oc	Telephone Numb	er	75		
				FAC		ORMATION						
Name of Facility Where	Abatement is	Taking Pla	ce (3)				Type of Facility	(4)		8		
		ice/ Resi		1			School (K-1:					
Street Address	34 Sc	outh Mai	n Stre	et			Other (i.e., p homes, etc.	8 (Other than K-12 private & commercia )	) al build	dings		
City (5)	4.11		T 005	01			Square Feet 4500	# of Floors	BI	dg. A	ge )()	
County (6)	Allen	itown, N	1 083		ty Code (	7) (STATE		rior if being demolis	hed)	11	-	_
Mo	nmouth				ONLY)		C	Office/ Residen				
Name of Monitoring Firm		ilding Owne	r	ASCM	No.		nent Contractor (9		. I.			
	MECS					Street Address	vens Environi	mental Service	8, 11	ic.		
Street Address	PO Bo	x 341				Street Address	PO I	30x 322				
City, State, Zip Code			1.5			City, State, Zip C		n, NJ 08501				
	rosswicks,	, NJ 085		ephone	No	Telephone No.	Allelitow	License No.	_			_
Project Manager for Mo William W		Jr.	1100		8-4070		59-9688	10000000	0493	3		
Start Date (10)	T	Scheduled	-			Name of OSHA						_
6/10/13			6/15/	13			M	ECS				_
Occupancy Status Duris	1550					Street Address	DO I	30x 341				
☐ Facility Closed/Vacat						City, State, Zip C		30X 341				_
Other - Describe:			y 1100			Oity, State, Zip C		ks, NJ 08515				_
Scope of Work (Check: ≥3 sf or ≥3 if ≥160 sf or ≥260 if	all that apply)	X	Renovat Demolitio			Mini-En Gloveb	ag Procedure	gative Pressure on-Friable Procedur	·e			
			Locati						P	bate		
Location	of	Us	Normalled Sole	ly by		Description o			-	1 7 1	.c	
Asbestos-Containing TO BE ABA		/i)   M	aintenar Custodi			tos Containing Ma thermal systems		Amount (Specify	Rer	Repair	Enc	Enc
IN Facilit (13)		ľ	Staff? (12)			surfacing, VAT other miscellane	, or ous)	SF or LF)	Remova	air	Encapsulate	Enclosure
(13)		Yes	T	N/A		other miscentarie			_		ilate	ď
Baseme	ent			×		Thermal Pir	oing	140 lf	×			
									_			
									_			
Name of Registered Wa	ste Hauler			NJDEP V	Waste	Cubic Yards	Name of Reg	stered Landfill	-			100
50.00	nvironme	ntal		Hauler ID		of Waste 2 CU		T.R.R.F., Ir	ıc.			
City, State	11 amt avvin	NII 0050	1	- 10		Disposal Date 6/15/13	City, State	Tullytown,	РΔ			
Completed By	llentown,	Title	1			Signature	1/-/-	Date				_
Mahlon E. Ste	evens		Projec	t Mar	nager	_44	//		5/3(	)/13		

ASB-41 MAR 00 \* Do not use this form for asbestos licensure exempted activities.

CK 0.04958

D&S Proj. #: 2013

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

					<\$/j	111,		- 20			
Date of Notification (1)	Name of Building O	wner/Operator (2)				· CW - 3	1 My 2.				
0 5 / 2 9 / 1 3	KEN PATERSO	ON					141 21	3			
Agencies Notified Type Notification	Street Address						2	- 0			
EPA Initial Amended	110 SO. MIDL	AND AVENUE	<u> </u>			100	4	je).			
DEP Amendment #:	City, State, Zip Cod						- 99	eta.			
DOL Emergency	KEARNY, NJ	07032									
DOH (including	Name of Contact				T	elephon	e Number				
justification)	11	IOM									
DCA Cancellation	KEN PATERS	ON							=	_	_
	F	ACILITY INFORM	IATION		<i>i</i>	F 1114 /	4)				
Name of facility where abatement is	taking place (3)				Type of	Facility (	4) I (K - 12)				
KEN PATERSON						Subch	apter 8 (Ot	her the	an K-	12)	
Street Address					X		Private/Co		cial		
					<u>                                    </u>		# of Floors		Bld	g. Ag	
110 SO. MIDLAND AVENU			T =	. 0 1 (7)	Square	reet	# 01 F10013	,	Diu	y. <i>n</i> y	C
City (5)	County (6)			ty Code (7) e use only)	Curror	t Llee (P	rior if being		lishe	47	
WE A DAIW	HUDSON		(State	s use only)	Currer	it USE (F	nor it being	, derric	JIISHIC	۷,	
KEARNY  Name of Monitoring Firm Hired by E		ASCM No.	<del>-</del>	Name of Abatemer	nt Contracto	r (9)			***		
Name of Montoning 1 mm 1 mod by 2	olugi o ililoi (o)	7.00	- 11	D & S RESTO							
Observat Andrews				Street Address							
Street Address				20 California	Ave.						
City, State, Zip Code			<del></del>	City, State, Zip Cod						20//20	
City, State, Zip Code				Paterson, NJ							
Project Manager for Monitoring Firm	Phone N	umher		Telephone Number			License	Numb	er		
Project Manager for Monitoring 1 inn	T Hone iv	umbor	- 11	973-345-802			0	1169			
		(44)	<u> </u>	Name of OSHA Mo	onitor						
Start Date (10)	Sched. Completion Date	e (11)	- 11	D & S Restora	ation, Inc.						
06/11/13	06/24/13			Street Address							
Occupancy Status During Abatemen				20 California	Avenue						2011/2
Facility closed/vacated during	entire period of abatement.		- 11	City, State, Zip Coo	de						
Abatement performed outside Describe:				100 2020							
Other-Describe: NORMAL H	OURS		- 11	Paterson, NJ	10.14					_	
Scope of Work (check all that apply							w/negative	press	ure		201
≥3 sf or ≥3 lf	Renovation			Ĺ	Mini-encl		ıro				
>160 sf or >260 lf	Demolition			ľ	Non-Exe	mpted (*	) and Non-	friable	proce	edure	
	Is location normally used s	olely						R	R	Ε	E
Location of asbestos-containing	by maintenance/custodial		tion of a	sbestos-containing		Amount	05	e m	e p	n	n
material (acm) to be	staff(12)		I (ACM)		1	(Specify LF)	SF or	0	a	а	C
abated in facility (13)	Yes No N	I/A						e	r	р	
BASEMENT	X	PIPE INS	ULATI	ON	45	LFT					
BASEMENT											
		-									
		=									
		=									
Registered Waste Hauler	NJDEP Hauler ID#	Cubic Yards o	f Waste	Name of Register	red Landfill	ID CE E	FOOTE	237			
D & S RESTORATION, INC.	13506	1 YD		TULLYTOW	N, RESOU	IKCE R	ECOVE	CY	_		
City, State		sal Date		City, State	אַר זאַר						
PATERSON, NJ 07503		12/13		TULLYTOW	IN, FA		Date				
Completed by (Print or Type)	Title	Signature					05/29	/13			
BOGDAN JOLDZIC	* Do not use this form for as	bestos licensure	exempte	d activities.							

of miles

Date of Notification (1)	-			I Na	me of Build	ling Owner/Operate	(0)	2017			10 No.	
05/30/	2013			G	lenwood	Apartment & Co	or (2) ountry Club		2			
Agencies Notified  EPA	Type Notific	ation		Str	eet Addres 555 US H	S		Tarage -	17:	12	. , <sub>\(\delta\)</sub> c	
DEP DOL	Amended Amendm		ina		y, State, Zij ld Bridge	Code , NJ 08857		7647				
DOH DCA	justificat	ion)	ing	100000000000000000000000000000000000000	me of Cont			Telephone N	umbe	_	_	
□ DCA	Cancellat	tion		- 1000000	nadette P			Telephone N	umbe	us.	i.	
Name of Facility 188				F	ACILITY II	NFORMATION						
Name of Facility Where Apartments Bldg.	Abatement is T	raking Pla	ce (3)				Type of Facili	10				
Street Address					===		School (K- Subchapte	r 8 (Other than K	-1 2)			
30 A-D Cyprus Lane	<u> </u>						Other (i.e., homes, et	private & comme	ercial b	uildir	ıgs,	
City (5) Old Bridge,							Square Feet	# of Floors		Bldg	. Age	1
County (6)				T =			2000 SF	_ 2		60+		
Middlesex				US	E ONLY)	(7) (STATE	Apartments	Prior if being dem Bldg.	olishe	d)		
Name of Monitoring Firm (8) N/A	Hired by Build	ling Owne	r	ASC	M No.		nent Contractor (					
Street Address							I Construction	n, Inc.				
						Street Address 1360 Clifton,	Avenue DM	B Suito 210				
City, State, Zip Code						City, State, Zip C	Code	D Suite 216				
						Clifton, NJ (	07012					
Project Manager for Monit	toring Firm		Tel	ephon	e No.	Telephone No.	00	License No.				
Start Date (10)	l Sc	cheduled (	Comple	etion D	ate (11)	973-389-00 Name of OSHA		. 00693				
06/10/2013	(	06/11/20	13		ato (11)		Construction	n. Inc				
Occupancy Status During						Street Address						_
Facility Closed/Vacated Abatement Performed	l During Entire Outside of Nor	Period of	Abate	ment			Avenue, PM	IB Suite 218				
Other - Describe:		mar r aciii	ty 110u	15		City, State, Zip C Clifton, NJ 0			148 578		0.11	
Scope of Work (Check all	that apply)					Ointon, No o	7012		==		_	
>3 sf or >3 lf 2160 sf or 2260 lf			enovati			Mini-End Goveba	g Procedure	gative Pressure		27		
			Locatio			T NOII-LA	empted ( ) and	Non-Friable Pro	cedure		emen	it
Location of	i-1 (A ONA)	Used	ormally Solel	y by		Description of				Т	ype	
Asbestos-Containing Mat TO BE ABATE			ntenan ustodia		Asbest (i.e.,	os Containing Mate thermal systems in	erial (ACM)	Amount (Specify			Till Till	
IN Facility (13)		2010	taff? (12)			surfacing, VAT, other miscellaneous	or	SF or LF)	Remova	Repair	caps	Enclosure
* 5550 <b>F</b> 5			( /		1	other iniscending	us)		oval	air	Encapsulate	sure
Crawl Space		Yes	No	N/A							(0)	
Clawl Space		-		X	Pipe/Ell	oow Insulation		180 LF	X			
		-										
		=							4	-	-	
Name of Registered Waste	Hauler		N.	JDEP I	Naste T	Cubic Yards	Name of Regis	tered Landfill		L		
Service Transport Grou	ір			auler ID 0970		of Waste	Minerva La					
City, State			-ا-			Disposal Date	City, State					
New Castle, DE						06/11/2013		g, OH 44688				
Completed By Krutarth Jagad		tle		200		Signature	7	Date				
SB41	<u>  P</u>	resident	-			<u> </u>	5%	05/30	/2013			

Page 1 of 2

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT GL13-012 (Pursuant to NJAC 8:60 and 12:120) Check # 1579 Name of Building Owner/Operator (2) Date of Notification (1) Monmouth Regional High School 5-13-2013 Type Notification Agencies Notified One Norman J. Field Way Initial **EPA** City, State, Zip Code Amended DEP Tinton Falls, NJ 07724 Amendment # × DOL Emergency (including Name of Contact justification) X DOH Maria Anne Parry Cancellation × DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Monmouth Regional High School School (K-12) Subchapter 8 (Other than K-12) X Street Address Other (i.e. private & commercial buildings, homes, One Norman J. Field Way etc.) Bldg. Age Square Feet # of Floors City (5) 50.000+ 40 +Tinton Falls Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Monmouth Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) 0057 GL Group, Inc Ahera Consultants Street Address Street Address 140 Hamburg Turnpike PO Box 385 City, State, Zip Code City, State, Zip Code Bloomingdale, NJ 07403 Oceanville, NJ 08231-0385 Telephone No. License No. Telephone No. Project Manager for Monitoring Firm 01084 (201)710-9725 (609) 652-1833 John Smoyer Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) GL Group, Inc 8-15-2013 6-17-2013 Street Address Occupancy Status During Abatement (Check Only One) 140 Hamburg Turnpike Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Summer work Bloomingdale, NJ 07403 Scope of Work (Check All That Apply) ×× Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ (i.e. thermal systems insulation, (Specify Removal TO BE ABATED **Custodial Staff?** SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)No N/A Yes 1 075 1 5 o Fini a landadian

Phase II: 800, 801,805A,805B	>	(	l P	ipe & Fi	itting Insu	ation	1,075 LF	X	
802	)		P	ipe & Fi	itting Insu	ation	75 LF	Х	
802	)	<	Т	ransite	Divider Pa	anels	1,400 SF	Х	
Phase III: 203	,	<	Trar	nsite Fur	me Hood	Housing	100 SF	х	
Name of Registered Waste Hauler GL Group, Inc			P Waste r ID No. 034	Cubic of Was TBD	Yards ste	Name of Grows	Registered Land	dfill	
City, State Bloomingdale, NJ				Dispos TBD	sal Date	City, Stat Morrisv			
Completed by Title Michael B Solakov P.M.				S	Signature	me like		Date 5-13-20	13

GL13-012				State of New Jersey FICATION OF ASBESTOS ABATEME Suant to NJAC 8-60-7 AND 12:120- CONTINUATION SHEET	7) rage	2 of 2 ck # 1	1579	343.	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	260
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma //	ation N Used Solely b aintena Custodi Staff (12	y nce ial	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R E M O V	R E P	E N C A P S	N C L O S U	* <b>O</b>
	Yes	No	N/A			A L	l R	L	R E	
Phase III: 200,201,203,204,204A,213		X								
205,206,207,208A,209,210		21		Pipe & Fitting Insulation	2,151 LF	X	-			
201,202,204,204A,205,206,207	/	X	-	Floor Tiles and Mastic	5,010 SF	X	<del>                                     </del>	-	<b>_</b>	
605		X		Pipe & Fitting Insulation	45 LF	X				
709,709A,710		X		Pipe & Fitting insulation	170 LF	X				
803, Offices & Storage Area	1	Х		Pipe & Fitting insulation	90 LF	X				
				- www.						
	-	<u> </u>								
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				<u></u>						

Completed By: (Print or Type) Michael B Solakov  Title P.M.	Signature Miss Aller	Date 5-13-2013
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EDS13-042

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

Page 1 of 1

Check # 1581

D			1	Duilding C		Operator	/2\				10.00	-	100	
Date of Notification (1) 5-28-2013	5-28-2013					Operator ISTRIC		2813.	JUN.	-3 <sub>A</sub>				
Parket		10.00	Street Ad 2175 Le	dress emoine	Aver	nue 070:	24	Again		U 141	1214	U		
EPA Initial Amended Amendment #_			ity, State	e, Zip Coo e, NJ	de			Ċ.	Lic	Elvin,	ia III			
Emergency (including justification)  DCA  Emergency (including justification)  Cancellation	cluding			Contact eNichilo						ephone N				
			FACIL	ITY INFO	RMA	TION								
Name of Facility Where Abatement is Taking FORT LEE HIGH SCHOOL	Place (3)						×	of Facility (4) School (K-12	)					
Street Address 3000 LEMOINE AVENUE							Ħ	Subchapter 8 Other (i.e. pri etc.)	ivate 8	comme	cial build	dings,	home	es,
City (5) FORT LEE								re Feet 000 +	# of 2	Floors	40.00	ldg. <i>A</i> 0+	ge	
County (6) Bergen		(	County C	ode (7) SE ONLY)	-		Curre	ent Use (Prior	if bei	ng demol	ished)	RA. 1 T		7.
Name of Monitoring Firm Hired by Building Ov Westchester Environmental	vner (8)		ASCM	No.		Name GL G		atement Control, Inc	ractor	(9)				
Street Address 307 North Walnut Street						Street 140		ss ourg Tpke						
City, State, Zip Code West Chester, PA 19380								Zip Code dale, NJ 07	7403					
Project Manager for Monitoring Firm Paul F. McCaa	3	elephon	ie No. 1-7545	-	Teleph	none N	D		License 01084	No.				
ACCURATION TO A DESCRIPTION OF THE PARTY OF	d Com	Completion Date (11) Na				entraction (in	HA Monitor							
Occupancy Status During Abatement (Check							Addre		-					_
Facility Closed/Vacated During Entire Pe			ent			140	Haml	ourg Tpke						
Abatement Performed Outside of Normal Other – Describe:			urs City,					Zip Code dale, NJ 07	7403					
Scope of Work (Check All That Apply)	***************************************													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Terrest 1	enovat emolitio				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
								JI-Excilipted	( ) and	2 11011 1 11	10.01.10	TO STANK STANK	ement	i
I continue of		Location Iormally				escription	of					Ту	ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Solel ntenan odial S (12)	ce/	Asbest (i.e.	os Co therm sur	ntaining N al system facing, VA miscellar	Materia s insul T, or	ation,	(8	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A										fe	Ф
Phase II: ROOMS 218/220		Χ		C	eiling	Tile Gl	ue Do	ots	38	80 SF	Х			
Rooms 218/220 .	Х			Lab	Bench	Tops		24	10 SF	Х				
Rooms 218/220	Х			H	VAC Co	llar		1	collar	Х				
News of Desisters of Mesta Hayles		LN	IDED W	onto	Cub	io Varde		Name of R	egiete	red Land	fill			
Name of Registered Waste Hauler GL Group, Inc	NJDEP Waste Cubic of Wa 0033034 TBD		aste		GROWS		ica Lana							
City, State Bloomingdale, NJ	Disposal Date TBD													
Completed by Elena Solakov	Signa			Signature Date 5/28/2013										

#### EDS13-061

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

Page 1 of 1 check # 1616

Date of Notification (1) 5-28-2013	Name of Building Owner/Operator (2) 7 7 7 7 7 7 7 8 8 8 8 8 8 8 8 8 8 8 8														
Agencies Notified Type Notification			Street Ad 25 Sch	ddress ioolhous	e R	oad	7.7		1837	3.40	1				
EPA Initial Amended Amendment #				te, Zip Coo Iph, NJ (				* V+CA		12.07					
Emergency (ii justification)  DCA  Emergency (ii justification)  Cancellation	ncluding		Name of Andy H	Contact lurd					Tel	enhone M	limb	or _			
			FACII	LITY INFO	RMA	TION									
Name of Facility Where Abatement is Taking Randolph Middle School Street Address	Place (3)	)					X S	of Facility ( School (K-1 Subchapter Other (i.e. p	2) 8 (Oth			huild	linge	home	<b>1</b> 0
507 Millbrook Avenue								etc.)	iiivale (	x Commic	Jiciai	Juliu	ii igs,	Home	,5,
City (5) Randolph							Squar 50,00	e Feet 00+	2	f Floors		1	dg. A O+	ge	
County (6) Morris			County C	Code (7) ISE ONLY)	_		Curre	nt Use (Prid	or if bei	ng demo	olished	i)			
Name of Monitoring Firm Hired by Building O Ahera Consultants Inc	wner (8)		ASCM 0057			100000000000000000000000000000000000000	of Abat	tement Cor	tractor	(9)					
Street Address PO Box 385						Street	Addres		nike						
						7.01 10.00000000000000000000000000000000		p Code	pine						
City, State, Zip Code Oceanville, NJ 08231-0385						Bloor	mingd	ale, NJ 0	7403						
Project Manager for Monitoring Firm John Smoyer		Telephor (609) 6	ne No. 352-1833	3		one No 710-9			License 01084						
	d Com	pletion [			of OSF Group,	IA Monitor Inc									
Occupancy Status During Abatement (Check	Only On	e)					Addres	S				omorine.			
Facility Closed/Vacated During Entire Pe	eriod of A	batem	ent			140 l	-lamb	urg Turn	pike					10	
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:			urs City					p Code lale, NJ (	7403						
Scope of Work (Check All That Apply)						_									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enova emoliti				Full Containment with Negative Pressure  Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					9				
	le.	Locati		337			1000				T		Abate		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	N Used Mai	ormall d Solel ntenar odial S (12)	y y by ice/		Descriptio Asbestos Containing (i.e. thermal systen surfacing, V. other miscella				(5	mount Specify or LF)		Removal	Ty Repair	e Encapsulate	Enclosure
	Yes	No	N/A								-				
Girls Locker Rm/Storage Rm	Х				oe Insula				elbows						
Girls Lower Room Bathroom	X				oe Insula				ittings		_				
Girls Store Room (Inside Gym)	X				oe Insula				elbows	-	-				
Girls Store Room (Inside Gym)		X				oe Insula	tion		hagy are d	B LF	7511				
Name of Registered Waste Hauler	JDEP W auler ID	1000		oic Yards Vaste		Name of	Registe	ered Land	атш						
GL Group, Inc	33034 TBD Grows														
City, State Bloomingdale, NJ					Disposal Date City, State TBD Morrisville, PA										
Completed by Title Elena Solakov President					Signature Elenn Stollar Date 5-28-13										

page 1 of 2 check #1598

Date of Notification (1) 5-28-13		Name of	f Building ( field Boa	Owner/o	Operator Educati	(2) on 20/	g Mist	_		10			O		
Agencies Notified Type Notificat	on		Street A		- EU		Ji w	4.	<u>जे</u>	T 2: 4	Ç				
EPA Initial DEP Amende DOL Amendm	ent #	_		ite, Zip Co field, NJ		7	4.5	4.5						ă:	
□ Emerger				f Contact alaquias					-	enhone l	Numbe	r			
			FACI	LITY INFO	DRMAT	ION		/				-			
Name of Facility Where Abatement is Ta Ridgefield Memorial High School Street Address		3)					× s	of Facility (4 chool (K-1) ubchapter	2)	er than k	(-12)				
555 Walnut Avenue						8		ther (i.e. p				uild	lings,	home	es,
City (5) Ridgefield							Square 40,00		# o 2	f Floors			ldg. A 0+	ge	
County (6) Bergen	¥		County (	Code (7) USE ONLY)		_	Currer	nt Use (Pric	or if bei	ng demo	olished	)	72140		
Name of Monitoring Firm Hired by Buildi TTI Environmental, Inc	ng Owner (8)		ASCN 0000				of Abat Froup,	ement Con Inc	tractor	(9)					
Street Address 1253 North Church Street							Addres:	s urg Turnp	oike						
City, State, Zip Code Moorestown, NJ 08057							tate, Zip mingd	Code ale, NJ 0	7403			2000			
Project Manager for Monitoring Firm Mary Ellen Leotta	ject Manager for Monitoring Firm ary Ellen Leotta						one No 710-97			License 01084					
Start Date (10) 6-7-2013	Start Date (10) Scheduled (					1000000	of OSH iroup,	A Monitor							
Occupancy Status During Abatement (C	heck Only Or	ne)					Addres								_
Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe:	re Period of a ormal Facility	Abaten Hours	nent			City, S	tate, Zip				120-1-1-1				
Scope of Work (Check All That Apply)						Bloomingdale, NJ 07403							_		
≥3 sf or ≥3 lf  ≥ 160 sf or ≥260 lf		Renova Demolit				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
	Is	Locati	on										Abate		t
Location of	Hee	Normal ed Sole				scription		(404)		mount	-				Г
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	intenar todial S (12)	nce/ Staff?		therma surfa	l systems scing, VA miscellan	s insulat T, or		(5	Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
Room 311	Yes	No X	N/A	One F	ume e	exhaust	hood	lining	3	2 SF	X				
Room 311		X				desk to				0 SF	X				
Room 311		Rea	ar Tab	le Tops	Trans	site	6	0 SF	X						
Room 311		Х		C	abine	t Top T	ransite	9	10	00 SF	х				
Name of Registered Waste Hauler		300	JDEP W	/aste	Cubic	Yards		Name of I	Registe	ered Lan	dfill				
GL Group, Inc	Hauler ID No. of Waste TBD			BD GROWS											
City, State Bloomingdale, NJ					Disposal Date City, State TBD Morrisville, PA										
Completed by Elena Solakov	y Title					Signature Elem Sulla 5-28-13									

#### EDS13-058

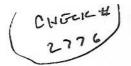
## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:120-7)

#### CONTINUATION SHEET

page 2 of 2

Location of					Abatement Type						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Containing al (ACM) Solely by Alantenance Maintenance Asbestos-Containing Material (ACM)  ABATED Maintenance (i.e. thermal systems,					R E M O V	R E P	ENCAPSU	E N C L O S U R		
	Yes	No	N/A			î	R	L	E		
Room 325		X		Fume exhaust hood lining	64 SF	X					

			~
Completed By: (Print or Type) Elena Solakov	Title President	Signature Elem Stollar	Date 5-28-13



Date of Notification (1	/29/13		Nar	ne of Buildin	Owner/Operator	HAND E	x Ca U dita	ب د-			
Agencies Notified	Type Notification		Stre	el Address	, Box 19	8		47	₹:		
□ ∞r □ œ	Amended Amendment #		City	State, Zip (	= May C	OURT H	OUSE				
□ DOH □ ŒA	justification)  Cancellation	•	Nar	ne of Contact	t		Telephone Numb	er			
			F	ACILITY IN	ORMATION						
	DENCE			20		Other (i.e., pri		) J buildin	gs.		
C.D. (5)	JONDTH ON					Square Feet	# of Floors		Age 0 t		
Lou County (6)	VER TOWN	W S 11 1 P	Co	ounty Code ( SE OWLY)	7) (STATE		or If being demolis	-	==		
CARE M		Owner		M No.	Name of Abater	meni Contractor (9)					
Street Address	Y/A		L <del></del>		Curry Addings	S. SPRU					
City, State, Zip Code					Ca. Ciala Zio (			0805	۲		
Project Manager for M	lonitoring Firm	Ţ.Ţ	elephor	ne No.	Telephone No.	79-0472	License No.				
Start Date (10)	Sche	duled Com	pletion	Date (11)	Name of OSHA						
Occupancy Status Du	ring Abatement (Che	ck only on	e)			SPILUCE					
X Facility Closed/Vac     Abatement Perform     Other • Describe:	caled During Entire Pro ned Outside of Norma	enod of Add	lours		City. State. Zip Code MAPLE SHADE, N. J. 08052						
Scope of Work (Chec >3 st or ≥3 tt ≥150 st or ≥260 tt	k all that apply)	Reno	vation dition		Full Containment with Negative Pressure  Min-Enclosure  Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure						
		Is Loc		1				^	pa:en Typ		
Localid Asbesios-Containin TO BE A IN Fac (13	sg Material (ACM) B <u>ATED</u> Dility	Used S Mainte Cust Sta	olely by	I Ache	Description stos Containing M thermal system surfacing, VA other miscellar	taterial (ACM) s insulation, .T. or	Amount (Specify SF & LF)	Removal	Repair	Encapsulate	
(		Yes	No N	I/A			1500 B	×			
510	IN 6-	-	1		MANSIT	<u>.                                    </u>	7300-				
		+	士						-	-	
Name of Registered	Waste Hauler		TWO	EP Waste ex ID No.	Cubic Yards of Waste	Name of Re	gistered Landfill , C , M , C	- <del>-  </del>	<u></u>		
Kiemo	O INC.		12	904	Disposal Date	Cirls					
City State MAPLE S	LADE, NI	J,08	050	<u></u>	Signature	110 .	DBINE	- /29		<u> </u>	
Completed By	LEMM !	<u>"0 w</u>	NE	R		osiph Sl		1	<u>-</u>		

Check No. 1082

Date of Notification (1)			10	T	Name o	f Buildin	g Owner/Operator	(2)		* 10	JAN.		4	de Svi
May 28, 2013					Myra '	White		27	2013 <u>.1711,</u> 3					
Agency Notified	Type No	otification		1	Street A	ddress			-3	1120 -				
	KOL 1-141-1				10 Ma	har A	venue	. 4	1	407 S:	41	)		
EPA Ndaqiadja SateRaj 1920A	☐ Ame				City, Sta	ate, Zip (	Code							
<b>⊠</b> DOL	Ame	ndment #			Clifto	n, NJ (	07011	K	1		1/			
<b>⊠</b> DOH		rgency (including fication)		T	Name o	f Contac	:t		Telephone Nun	nber				
□ DCA	☐ Cano				Myra	White	/ Tarmar Law	son	1		1888			
					FACIL	ITY INF	ORMATION							
Name of Facility Where	Ahatemer	nt is Taking Place	(3)					Type of Facility	(4)					
	Abatomor	it is running ridoo	(0)						0.000					
N/A	1002							☐ School (K-12	:) 3 (Other than K-1 2	2)				
Street Address								☑ Other (i.e. pr	ivate & commercia		gs,			
10 Mahar Avenue								homes, etc.)		Dida	^			_
City (5)								Square Feet	# of Floors	Bldg.				
Clifton, NJ 07011								3000	2	43 +	•			_
County (6)					County ONLY)	Code (7	) (STATE USE	Current Use (Pr	or if being demol	ished)				
Passaic			-222					Residential						_
Name of Monitoring Fire	m Hired by	Building Owner	A	SCM	No.			nent Contractor (						
McCabe Environme	ental Ser	vices, L.L.C.	0	011	8		B&N&K Res	storation Co.,	Inc., 22-2674	200				
Street Address							Street Address							
464 Valley Brook	Avenue	)					223 Randol	ph Avenue						
City, State, Zip Code							City, State, Zip	Code						
Lyndhurst, NJ 07071-1998							Clifton, N.J 07011							
Project Manager for Monitoring Firm Telepho					ne No.		Telephone No. License No.							
Ellen McCabe			20	1-43	88-483	9	973-478-4681 00120							contr
Start Date (10)		Scheduled Com	pletio	n Da	te (11)	-	Name of OSHA							
June 08, 2013		June 16, 20	13				McCabe En	vironmental	Services, L.L.	C.				
Occupancy Status Duri	ng Abatem	ent (Check only o	ne)				Street Address							
☑ Facility Closed/Vaca	ted During	Entire Period of	Abate	ment				Brook Avenu	9					
☐ Abatement Performe ☐ Other - Describe:	d Outside	of Normal Facility	Hour	'S			City, State, Zip	Code NJ 07071-199	18					
Scope of Work (Check	all that an	alv)		_			Lynanaist,	140 0707 1-100						_
	ali tilat apj	Siy)			<b>67</b> D	4:	☐ Full Containment with Negative Pressure ☐ Mini-Enclosure							
$\boxtimes$ $\geq 3$ sf or $\geq 3$ lf $\square$ $\geq 160$ sf or $\geq 260$ lf					☑ Rend			-Enclosure /ebag Procedure						
LJ 2 160 St 01 2 200 H							□ Non	-Exempted (*) an	d Non-Friable Pro	cedure	,			
	1000		Is L	ocati	ion						Α	bate	me pe	nt
			No	ormal	ly		Description	of				ı, y	pe	
Locat Asbestos-Contain	tion of ing Materi	al (ACM)	Used	Sole ntena		Asbe	stos Containing N		Amount				ш	
	ABATED			stodi		(i.e	., thermal systems		(Specify		Reg	20	าса	inci
	acility	1		Staff?	•		surfacing, VA other miscellan		SF or LF)	):	Removal	Repair	Encapsulate	Enclosure
(1)	13)	1_		(12)			Other Imodelian	loods,			<u>a</u>	=	ate	re
			res	No	N/A									
Basement					X	Ther	mal Systems	Insulation		78 LF	X			
Duscinone														
			-	100										
				THE PARTY						- 183 Tarana				
Name of Danisters JW	note Usul		NJDEP Waste Hauler		auler	Cubic Yards of	Name of Regis	stered Landfill		100			100	
Name of Registered W			IDN		таэкс П	uuiti	Waste							
B&N&K Restoration Co., Inc., 12695						1	Minerva E	nterprises, In	c.					
City, State						Disposal Date/	City, Stafte							
Clifton, N.J 07011						6/11/13	/Waynesbu	ırg, OH						
				Signature Date										
Completed by Title  Aleksandar Kuridza Project Manager						5/28/2013								

### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) May 29, 2013		Name of Building Owner/Operator (2)  Ceiko Construction, Inc.  Control Albert								
Agencies Notified Type of Notificat  [ X ] EPA [ ] Initial	ion Notification ded Notification		reet Address		er Lily Court	47	44	). <sub>(</sub> (	,	
[x] DOL Amen	dment # gency (including	Cn	ty, State, Zip Coo		ille, NJ 08872	54.7		Įa		
1 X 1 1/0/1	cation) Ilation	Na	ame of Contact Jeff H	art	Т	elephone Number		-		
	<del></del>	FACILI'	TY INFORM	ATION						
Name of Facility Where Abatement is Taking	Place (3)	TACILI	TT IN ORW	AHOR	Type of Facility (4)				KC-893/16	
Residence	( )				[ ]	School (k-12)				
Street Address					[ ]	Subchapter 8 (ot				
115 West Pompano	Way				[x]	Other (i.e., private homes, etc.)			ial buil	dings,
City	County (6)		unty Code (7) ATE USE ONL	Y)	Square feet 700 sf	# of Floors	Bldg	. Age 6	0	
Toms River Twp.	Ocean				Current Use (Prior it Resider		)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASC	CM No.	Name of	Abatement Contractor		Inc.			
Street Address				Street Ad		iii communig,				
						oute 9, Unit 61				
City, State, Zip Code						iver, New Jerse		55-12	271	
Project Manager for Monitoring Firm	Telephone N	lumber		Telephon 732-349	e Number 9-9932	License N 00624	lumber			
Scheduled Start Date (10) 5/30/13	Scheduled C 5/31/13		Date (11)	Name of	OSHA Monitor E.M.S.	L. Analytical				
Occupancy Status During Abatement (Check of				Street Ad	dress					
[ x ] Facility Closed/Vacated	₹		1		1056 St	elton Road				
Abatement Performed C	Outside of Normal Fa	cility Hours		City, Stat	e, Zip Code					
Other – Describe				2700	Piscata	way, New Jerse	y 088	54		
Scope of Work (Check all that apply)				[]	Full Containment	with Negative Pre	ssure			
				[ ]	Mini-Enclosure					
[ ] >3 sf or ≥3 lf		Renovation		[ ]	Glovebag Proced		n	222		
[ X ] ≥160 sf or ≥260 lf	[x]	Demolition	<del></del>	[x]	Non-Exempted (*	) and Non-Friable l	roceau	re		
					25		Abate	ment '	Гуре	
	Is Location	Section 1		Description			R	R	Е	E
Location of	Normally use Solely by	ed		estos-Con laterial (A		Amount (Specify SF	E	E	N	N
Asbestos-Containing Material (ACM) TO BE ABATED	Maintenance/Cus	todial		, thermal s		or LF)	M	P A	C A	C L
in facility	Staff			lation, sur		2	0	I	P	0
(13)	(12)			VAT, or			V	R	S U	S
			othe	er miscella	neous)		Α		L	R
		N/A					L		Е	Е
Exterior	X	A	Asbestos sidin	g		600 sf	X			
				<u> </u>						
							$\vdash$			
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste	Hauler ID N 223	No. Cubic Ya	rds of Waste	Name of Registe T.R.R.F.	red Landfill				-
City, State	20.	Disposal D 6/3/13		City, Sta	te					
Toms River, New Jersey Completed by (Print or Type)	ignature o	Tullyto	wn Pennsylvania		Date					
Nicholas Fernicola	a gehestes ligan	cho	Pile	1		/2013				

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

40 mil

Date of Notification (1) 5/14/13	Name of Building Owner/Operator (2) VERIZON															
Agencies Notified	Type Notification		4	Street A									1	ήz.		
	× Initial			15 EA	ST MON		MERY	PL	ACE, LOWI	ER LE	EVEL			Κ.	:40	į
EPA DEP DOL	Amended Amendment		_ [		ate, Zip Co BURGH		5212	ALFOI			-	100	Ç	ě. ;	,	
DOH DCA	Emergency (i justification) Cancellation	ncluding			f Contact BAYLO	R			100000000	Te	lenhone A	lun:be	6			
	- Caribonation		_		LITY INFO		ON			-70			_		7	
Name of Facility Where A VERIZON ELIZABE		Place (3)						Ty	ype of Facility (	(4)		1			1	
Street Address	-11100								School (K-1 Subchapter		oor than V	12)				
1196 GRAND STR	EET							×	Other (i.e. p				uild	ings,	home	es,
City (5)		-							etc.) quare Feet	# 0	of Floors	- 1	BI	dg. A	ae	
ELIZABETH, NJ									54					-g	.50	
County (6) UNION	1			County (	Code (7) USE ONLY)				urrent Use (Pri			lished)		g.		
Name of Monitoring Firm		wner (8)	-	ASCN	/ No.				Abatement Cor			NC.				
Street Address 1253 NORTH CHU				1			Street	Add	dress						=	
City, State, Zip Code	= ************************************		-				City, S	State	EAVER STF e, Zip Code				_			
MOORESTOWN, N				Telepho					DL, PA 1900	)7						
HAROLD BALDWIN							Teleph 215-7		e No. B-6040		License 00509					
Start Date (10) 5/28/13 (ON HOLD	Con	CONTRACTOR OF THE CONTRACTOR O					OSHA Monitor OL ENVIRO	NME	NTAL, II	NC.						
Occupancy Status During	Abatement (Check	Only One)		Street				Add	dress						10	
Facility Closed/Vaca	ated During Entire Po	eriod of Ab	aten	ement 1				В	EAVER ST	REET						
Abatement Perform Other – Describe: 7	ed Outside of Norma 2:00 AM - 5:00 PM	al Facility H	ours	City, State, Zip 0 BRISTOL, P					07							
Scope of Work (Check A	II That Apply)															
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			nova				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure				0	*				
		Γ						_	Non-Exemple	J ( ) al	id Non-Fi	acie r			ement	
Location	of	Is Lo	ocati rmal			Dog	scription	of					_	Ту	ре	
Asbestos-Containing	Material (ACM)	Used : Maint				os Cont	aining M	late	erial (ACM)		Amount				Ш	_
TO BE ABA In Facili		Custoo	lial S		(i.e.		systems cing, VA		sulation,		Specify F or LF)			Repair	псар	nclo
(13)	9	(	12)	western sterned			niscellan			Ū	,	- Co		pair	Encapsulate	Enclosure
			No	N/A											te	(D
1ST FL. DMS CON		X			FL	.00R	TILE/N	/AS	STIC	4	88 SF	_ X	1			
ROOF PENT	<u>X</u>			VAT	/MAST	TIC	;	1	63 SF	X	-					
		-		···		_					+	-	-			
Name of Registered Was	te Hauler	LL	N	JDEP W	aste	Cubic	Yards		Name of	Regist	ered Land	fil!		-		
SERVICE TRANSPORT GROUP, INC.					Hauler ID No. of V		ste		MINER	VA L	ANDFIL	L				
City, State NEW CASTLE, DE 19720						Dispos	al Date		City, State		RG, OH	1 / 16	88			
Completed by		Title				S	ignature		0 000		1. 0	Da 📑		_		
PATRICK T. DeCAR							Palu	ck	A.DC	us/-	pl:	5/1/	13			

Q#2433

Date of Notification (1)		legistra de la companya de la compan	1 Mana	CEH AFOO								
5/14/13			VER	of Building Owne	er/Operato	or (2)		7.0	20,		1	
Agencies Notified Type Notifica	ion		Street	Address					10	<del></del>	- 17	
EPA 6079 X Initial DEP			15 E	AST MONTG	OMERY	PLACE, LOW	ER LEVEL		. 1	19		
The second of th			City, S	state, Zip Code			State to the Control of the Control	-	- 4	-	)	
Emerger	ent # cy (includin		PITT	SBURGH, PA	15212			Κ,	ź. <sup>1</sup>	1	7.4	
Justificati	on)	9		of Contact			Telephone	Numbe	<u> </u>			
DCA Cancella	tion			BAYLOR			1					
Name of Facility Where Abatement is Ta	king Place	(3)	FAC	CILITY INFORMA	TION	T =					10	
VERIZON ELIZABETH CO	3	(-)				Type of Facility (	S15.0				(1.50)	
Street Address		ewww.jj.ure				School (K-1	2) 8 (Other than K	(10)				
1196 GRAND STREET						Other (i.e. p	rivate & comme	rcial b	uilding	s, hon	nes.	
City (5)						etc.) Square Feet	# of Floors				- 550	
ELIZABETH, NJ						Oquale Feet	# 01 110015		Bldg.	Age		
County (6) UNION			County	Code (7)		Current Use (Pric	or if being demo	lished)	-			
			STATE	USE ONLY)		COMMUNICA						
Name of Monitoring Firm Hired by Buildin TTI ENVIRONMENTAL, INC.	ng Owner (8	3)	ASC	M No.	Name	of Abatement Con	ractor (9)					
Street Address					_	STOL ENVIRO	NMENTAL, II	NC.				
1253 NORTH CHURCH STREE	Т				Contract of the	Address						
City, State, Zip Code	-					BEAVER STF	REET					
MOORESTOWN, NJ 08057						tate, Zip Code	-					
Project Manager for Monitoring Firm			Telepho	one No		STOL, PA 1900						
HAROLD BALDWIN				40-8800		one No. 788-6040	License 00509	No.				
Start Date (10)	Schedul	ed Co	mpletion	Date (11)		of OSHA Monitor	00000	-				
5/28/13	6/4/13					TOL ENVIRON	MENTAL, IN	NC.				
Occupancy Status During Abatement (Ch	eck Only O	ne)			_	Address					200	
Facility Closed/Vacated During Entir	e Period of	Abate	ment		EET							
Abatement Performed Outside of No Other - Describe: 7:00 AM - 5:00 PM	rmal Facility	y Hour	rs									
Scope of Work (Check All That Apply)					7							
23 sf or ≥3 lf	D  _											
≥ 160 sf or ≥260 if	and the same of th	Renova Demoli			×	Full Containment with Negative Pressure Mini-Enclosure						
						Glovebag Proce	edure					
		53 Vo				Non-Exempted	(*) and Non-Fria	ble Pro	ocedu	re		
Landing 4	EP 0.00000	Locat Vorma								ement ype	t	
Location of Asbestos-Containing Material (ACM)	Use	d Sole	ely by	Asbestos Con	escription		720 750	-	Τ	L		
TO BE ABATED		intena odial s		(i.e. therma	I systems	insulation,	Amount (Specify	l z	_	Ē	m	
In Facility (13)		(12)			cing, VAT		SF or LF)	Remova	Repair	aps	l Cic	
	Yes	No	I N/A	outer t	mocnant	1003)		\ <u>×a</u>	₩.	Encapsulate	Enclosure	
1ST FL. DMS CONTROL ROOM		NO	INA						L	•		
	X			FLOOR	TILE/M	ASTIC	488 SF	x				
ROOF PENTHOUSE	Х		VAT	T/MAST	IC	163 SF	х					
							1-					
1								+-	-		$\dashv$	
Name of Registered Waste Hauler		N	JDEP W	aste Cubic	Yards	Name of Re	egistered Landfi				_	
SERVICE TRANSPORT GROUP,	INC.	102/02	Hauler ID No. of Waste			Traine of Registered Landing						
City, State	20990											
NEW CASTLE, DE 19720		Dispos	sal Date	City, State	BURG, OH	44000						
Completed by	-		ignature									
ATRICK T. DeCARO	TOR Signature J. L				5	ate /14/13	1					
				1.1	we like	,	36					

#### MO#20613923054

**MAY 11** 

Date of Notification (1)				Name	of Building	Owner/Operator (2	20.	100		1			
05/	28 / 13			Edgar	Jordan		4013 (1)	"-2 AT 2:40					
Agencies Notified	Type Notification				Address		20	47 2					
<b>⊠</b> EPA				109 SI	cyline Dri	ive	277	- 40	•				
☑ DOLWD	☐ Amended		ŀ		itate, Zip C		To have	***************************************	- 111111				
☑ DHSS	Amendment #	W.C. College	1										
☐ DCA	Emergency (ir	cluding	- 1		stown, NJ of Contact			Telephone Number	95				
(NJAC 5:23-8)	justification)  Cancellation							Total Indiana					
	Cancellation				Jordan								
				FA	CILITY IN	IFORMATION	T	(4)					
Name of Facility Where A	Abatement is Takin	g Place	(3)				Type of Facility						
Private house							Subchanter	2) 8 (Other than K-1 2)					
Street Address							Other (i.e.,	private and commerc	al bu	ilding	S,		
109 Skyline Drive							homes, etc.						
City (5)		K.C.		0.00-03-050	5.188		Square Feet	# of Floors	BI	dg. A	ge		
Morristown, NJ 07960													
County (6)		7		Coun	ty Code (7)	(STATE USE ONLY)	Current Use (P	rior if being demolish	ed)		- 11		
Morris													
Name of Monitoring Firm	Hired by Building	Owner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9	)					
						Gr Tech LLC							
Street Address						Street Address							
						576 Valley Rd #	283			1-25 (10)			
City, State, Zip Code						City, State, Zip Code							
						Wayne, NJ 0747	70						
Project Manager for Mon	itoring Firm		Tele	phone	No.	Telephone No.		License No.					
						973-638-1777		01127					
Start Date (10)	Sche	duled C	omplet	ion Da	te (11)	Name of OSHA M	lonitor		10	100 C	148-8!K		
06/07/	13	06 /	09	/	13	Envirovision Co	nsultants Inc						
Occupancy Status During	Abatement (Chec	k only o	ne)			Street Address	iisuituitis,iiic						
□ Facility Closed/Vacate				nent		20-21 Wagaraw	Pond Plda #	25 E					
Abatement Performed	Outside of Norma	Facility	y Hour	s - Des	cribe	City, State, Zip Co		33 L			-		
Time of Abatement: _	P	M/	PM_		AM	Fair Lawn, NJ 0							
Scope of Work (Check al	that apply)						and decontami	nation	and the same of	ALCOHOL:			
		-				☐ Full Cont	tainment with Ne	gative Pressure					
>3 sf or >3 If > 160 sf or >260 If			novatio			Mini-Enc	losure	Tent with Negative	Drace	ure			
			montio	11		Non-Exe	mpted (*) and No	on-Friable Procedure	:	1			
5-1-4u-8-1-1-4-0-1-1		Is	Locat	on	1	_,,	· · · · · · · · · · · · · · · · · · ·		1	THE REAL PROPERTY.	ent T	vne	
Location	of		Vormal			Description o	f		-	_		1	
Asbestos-Containing			d Sole intena			stos Containing Mar		Amount	Removal	Repair	nc	Enclosure	
TO BE ABA			todial S		(i.e	<ul> <li>thermal systems in surfacing, VAT,</li> </ul>		(Specify SIF or LF)	l do	air	aps	osu	
(13)	Ly		(12)			other miscellane		SIF OI LF)	<u> 22</u>		Encapsulate	le l	
		Yes	No	N/A	1		,				e		
Basement		П		×	VAT Flo	or Tiles		800 SF	X	П	П	П	
		+=-		×					X				
Garage					Duct ins	ulation		130 SF			Ц		
		Ш							Ш	Ш	Ш	Ш	
Name of Registered Was	te Hauler		NJD	EP Waste	Hauler ID No.	Cubic Yards of Waste	e Name of Regi	stered Landfill					
Gr Tech LLC			0	03378	35	TBD	T.R.R.F. Inc						
City, State						Disposal Date	City, State						
Wayne, NJ 07470						TBD	Tullytown, P	A					
Completed By (Print or T	ype) Titl	е				Signatura		Date	9				
	7 - 7					18.	the sky	and or	8/20	112			
N.Jevtic	Ow	ner				1/20		03/2	0/20	13			



Date of Notification (1) 05/28/13				Name of	of Building ra Hills I	Owner/G	Operator (2	2) ehabilitation	<del></del>	J (1)/k/		Ŷ.		
Agencies Notified	Type Notification	1		Street	Address South Eli			13.13	1			- 1		÷ ¢¿
EPA. DEP DOL	Initial  Amended  Amendmen  Emergency	t#2		City, St Elizat	ate, Zip C beth, Ne	ode w Jerse	ey 07202	2	<u> </u>				771	17.
DOH DCA	justification Cancellatio	)			of Contact etail As		s Stephe	en J.	Telephor	ne Numb	per		-	
Name of Facility Manager	<i>h</i>				ILITY INF						1			
Name of Facility Where Elmora Hills Health	Apatement is Taki care Rehabilita	ng Place ( stion	(3)					Type of Facility	(4)					
Street Address								School (K	-12)	- 14 40)				
225 West Jer	sey Stree	et						Other (i.e.	er 8 (Other that private & com	mercial	bul	dings	, hon	nes,
City (5) Elizabeth, New Jers	sey 07202				1			etc.) Square Feet 10,000	# of Floor	rs		3ldg.	Āge	
County (6) Union				County (STATE	Code (7) USE ONLY	n	-	Current Use (Pi	rior if being de	molished	1 2			
Name of Monitoring Firm Detail Associates	Hired by Building	Owner (8	)	ASCI	M No.		Name of	Abatement Co Corporation						
Street Address			-				Street Ad							
300 Grand Avenue City, State, Zip Code								Bride Aven	ue					
Englewood, New Je Project Manager for Mon							Woodla	te, Zip Code and Park, N	ew Jersey (	07424				
Stephen Jaraczews	ki ki	8020			69-6708		Telephor 973-22	ne No. 25-8400	: Lice	nse No. 04				
Start Date (10) 05/28/13	*	Schedul 08/21/	ed Co	mpletion	Date (11)			OSHA Monitor						
Occupancy Status During	Abatement (Che	k Only O	ne)		-		Street Ad		Labs					
Facility Closed/Vaca Abatement Perform	ated During Entire	Period of	Abater	ment			1000000	loute 22 We	est					
Other - Describe: 7	AM Start(24/7 for 1	week, bre	y Hour eak eve	s ery othr w	k, 5 phase	s	City, Stat	e, Zip Code New Jersey	, 07092		110000			
Scope of Work (Check Al	That Apply)						0111011,		7 07 003					
≥3 sf or ≥3 if ≥160 sf or ≥260 if	<b></b> .		Renova Demoli					Full Containm Minl-Enclosur Glovebag Pro	e cedure					
		Τ						Non-Exempte	d (*) and Non-	Friable I				
Location		1	Locat Norma	lly		Dos	scription of						ement pe	1
Asbestos-Containing TO BE ABA		Use Ma	d Sole	ely by nce/	Asbes	tos Conta	aining Mate	erial (ACM)	Amount					
In Facilit (13)	У	Cus	todial ( (12)	Staff?	(1.0.	surfac	systems in ling, VAT,	or	(Specify SF or LF	,	Remova	Repair	ncap	End
(10)		Yes	No	N/A		other m	iscellaneo	us)			oval	oair	Encapsulate	Enclosure
Up Ramp & I	Hallway		X		A	sbestos	Ceiling	Tiles	3,356 SI	FX	-		_	$\vdash$
Room #2	237		X				Ceiling		400 SF		-	-	-	$\vdash$
Medical Examina	ation Room		X				Ceiling		156 SF		_			$\vdash$
Room #2			X				Ceiling		225 SF					$\vdash$
Name of Registered Wast	e Hauler		1930	JDEP W	aste	Cubic \	Yards		Registered La					$\vdash$
Lilich Corporation				lauler ID 3724	NO.	of Was	te		W.S Landill					
City, State Woodland Park, New	Jersey 07424					Disposa 08/22/		City, State	ille, Pennsy	lvania				$\dashv$
Completed by Tatiana Kalenikova		Title					gnature		/ Cilisy	Date				
rationa Naterilikova		Vice	Presid	dent			all	malle	lele	05/	2	8/1	3	



Date of Notification (1) 05/10/13 #2626 \$200	1		Name	of Buildin ora Hills	g Owner Health	Operator (2	) habilitation	-		49 L			•
Agencies Notified Type Notifica	ition		Street	Address South E			19.19	76.			10		-
DEP Amende	nent #1			tate, Zip beth, N		sey 07202							
DOH justifica		g ·		of Contac		s Stephe	n J.	Ţ	elephone	Numbe	r		
None of Earth Co.			and the second second second	CILITY IN								_	
Name of Facility Where Abatement is T Elmora Hills Healthcare Rehab	aking Place ilitation	(3)					ype of Facility						
Street Address 225 South Elmora Street		6				×	School (K- Subchapte Other (i.e.	r 8 (Ot	her than I	(-12) ercial b	uilding	s, ho	mes,
City (5) Elizabeth, New Jersey 07202	-						etc.) quare Feet 0,000	#	of Floors		Bldg.	Age	
County (6) Union			County (STATE	Code (7) USE ONL	n	C	urrent Use (Pr ehabilitation	ior if be	ling demo	lished)	777.5		
Name of Monitoring Firm Hired by Build Detail Associates	ing Owner (8	3)	ASC	M No.		Name of	Abatement Co orporation						
Street Address 300 Grand Avenue						Street Add	iress						
City, State, Zip Code Englewood, New Jersey 07202						City, State	Bride Aven				5		
Project Manager for Monitoring Firm Stephen Jaraczewski	<del></del>		Telepho			Woodla Telephone	nd Park, Ne	ew Je	rsey 07				
Start Date (10)	Schedu	led Co	201-5 mpletion	69-6708		973-225	-8400		01104				
05/28/13	08/21/	13	inpletion	Date (11)	,	J&S En	SHA Monitor Vironmental	Labs					
Occupancy Status During Abatement (C	ire Pariod of	A bata	ment			Street Add	ress oute 22 Wes	et.					
Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe: 7AM Start(24/7 fe	ormal Facility	. Lla.		k, 5 phas	es	City, State	Zip Code						
Scope of Work (Check, All That Apply)						Union, r	lew Jersey	0708	3				
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renov Demol					Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure				<u> </u>	
	Is	Loca	tion				Ten Exemples	( ) all	u Non-Fil	able Pr	12.000.00	emen	it
Location of Asbestos-Containing Material (ACM)	Use	Norma	ely by	Achae	Des	cription of						ype	
TO BE ABATED In Facility (13)	) Ma	intena todial (12)	Staff?	(1.6	tnermai surfac	aining Mater systems ins ling, VAT, or hiscellaneous	ulation,	(8	mount Specify or LF)	Removal	Repair	Encapsulate	Endosure
Un Domn & Helling	Yes	No	N/A							=		ate	9
Up Ramp & Hallway Room #237		X				Ceiling T		3,3	56 SF	х			
Medical Examination Room		X				Ceiling T		40	0 SF	х			-
Room #234		X				Ceiling T		15	6 SF	х			
Name of Registered Waste Hauler	لنبل	X	JDEP W	A:		Ceiling T			5 SF	х			
-ilich Corporation		H	lauler ID I 8724		of Wast		Name of R			11			
City, State Woodland Park, New Jersey 0742	24				Disposa 08/22/		City, State Morrisvil	ما ما	nnoulu	nie	3300 sa		
Completed by Fatiana Kalenikova	Title					gnature	WOITISVII	70, 10		inia ate			$\dashv$
	Vice	resi	dent			alla	mallet	ul		5/10/1	3		

### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

1000										2012				
Date of Notification (1)	5/29/2013				Name of	Building (	Owner/Ope James			0000	74	<	40	
Agencies Notified  [ X ] EPA	Type of Notifica	tion I Notific	ation		Street A	ddress			demy Road	<u> </u>	17 (7)	on On		
[ ] DEP [x ] DOL	Amer	ndment #	tification <u>‡</u> ncluding		City, Sta	nte, Zip Coo		delpl	hia, PA 19019		·			
[x] DOH [] DCA	5.555 \$555 \$555	ication) ellation			Name of	f Contact	James	Ke		Telephone Number				
				FAC	CILITY I	NFORM	ATION	II =						
Name of Facility Where A	sidence	g Place (	3)					Ty	ype of Facility (4)  [ ]	School (k-12) Subchapter 8 (ot	her tha	n k12)		
Street Address 9 V	Vest Brig Drive								[x]	Other (i.e., priva homes, etc.)			cial bui	ldings,
City		Count	y (6)		County C	ode (7) USE ONLY	7)	Sc	quare feet 1500 sf	# of Floors	Bld	g. Age	50	
Little Egg H	[arbor	Ocea	in		2			Cı		f being demolished	1)			
Name of Monitoring Firm		Owner	(8)		ASCM N	0.	Name of	f Aba	atement Contracto	r (9)	T		77. 51	
N/A Street Address	A	-					Street A	ddres	SS	an Contracting,				
City, State, Zip Code	20 W						City, Sta	ate, Z		oute 9, Unit 61				
Project Manager for Moni	toring Firm		Telephone	Number			Telepho	ne N		River, New Jers			271	
77 - 17254							732-34	19-9	932	00624				
Scheduled Start Date (10) 5/30/13			Scheduled 5/31/1		tion Date (	11)	10/10/10/10/10/10			L. Analytical				
Occupancy Status During	Abatement (Check ility Closed/Vacate			iod of A	batement		Street A	ddres		telton Road				
[ ] Aba	tement Performed	and Victorian P	The second				City, Sta	ate, Z	Lip Code			20		
[ ] Oth	er – Describe								Piscata	way, New Jerse	y 088	54		
Scope of Work (Check all	that apply)						[ ]	]	Full Containmen Mini-Enclosure	t with Negative Pre	essure			
	of or ≥3 lf		[ ]	Renov	ation		[ ]	j	Glovebag Proceed					
[x] ≥16	0 sf or ≥260 lf		[ x ]	Demol	ition		[x]	<u> </u>	Non-Exempted (	*) and Non-Friable	Proced	ure		
											Abat	ement	Туре	
Location	of	N	Is Locatio				Description estos-Cor			Amount	R	R	E	E
Asbestos-Containing N	Iaterial (ACM)		Solely by	7	0.	M	Iaterial (A	ACM	1)	(Specify SF	E M	E P	N C	N C
TO BE ABA in facility		Main	tenance/Cu Staff	ıstodial			, thermal lation, su			or LF)	0	A	A P	L
(13)	,		(12)				VAT, o	or			V	R	S	S
550 5747		MEG	NO	NI/A		othe	er miscell	aneo	ous)		A L		U L	U R
		YES	NO	N/A	<b>.</b> ,					1300 sf	X		Е	Е
Exterior			X		Asbes	stos sidin	g			1300 81	^		-	
					-									
Name of Registered Waste Guardian Co	Hauler entracting, Inc.	N	NJDEP Wast 2	0223		Cubic Ya	rds of Was		Name of Regist T.R.R.F.	ered Landfill				
City, State Toms River,				Dispo 6/3/1	sal Date		City, St Tullyt	tate	Pendsylvani	a				
Completed by (Print or Ty	pe)	Title	at 1/5-		Signatu	ire /	10	1		1	Date 5/20	9/2013	2	
Nicholas Fer	micola		ct Manag		m for asbe	stos licen	Sure exem	npted	d activities.		3123	7201.		

### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	May 29, 2013				Name of Building	Owner/Ope	erator (2) ustom Building &	Remodeling/ Is	10 (	,	(2)	111
Agencies Notified  [ X ] EPA  [ ] DEP	Type of Notific	ation al Notifi	cation		Street Address	2733 ]	Nottingham Way,		7°: И		( )	19.
[x] DOL	[X] Eme		including		City, State, Zip Co		ton, NJ 08619	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Ú,	, .		
[ ] DCA		fication) cellation			Name of Contact John	Kaluzny		Telephone Number	Pisto	·	-	
		11.1110.00		FAC	CILITY INFORM	IATION	202					
Name of Facility Where At Resi	oatement is Takin idence	g Place	(3)				Type of Facility (4)	School (k-12)	LL .	- 1-12\		
Street Address 308 1	North Bay Dri	ve					[x]	Subchapter 8 (of Other (i.e., priva- homes, etc.)			cial bui	ldings,
City		Coun	ty (6)		County Code (7) (STATE USE ONL	Y)	Square feet 1500 sf	# of Floors	Bld	g. Age	50	
Brick		Ocea	733				Current Use (Prior i Resider		1)			
Name of Monitoring Firm I N/A		Owner	(8)		ASCM No.	Name of	Abatement Contractor Guardi	r (9) an Contracting,	Inc.			
Street Address						Street Ad		oute 9, Unit 61				
City, State, Zp Code						City, Sta	te, Zip Code	River, New Jers		755.1	271	
Project Manager for Monito	oring Firm		Telephone	Number		Telephor	ne Number	License N 00624			2/1	
Scheduled Start Date (10) 5/30/13			Scheduled 5/31/1		ion Date (11)		OSHA Monitor	L. Analytical				
[ ] Abate	batement (Check ity Closed/Vacate ement Performed - Describe	d Durin	g Entire Per			Street Ac	ldress 1056 Stee, Zip Code	telton Road way, New Jerse	ey 088	354		
Scope of Work (Check all the	hat apply)					[ ]	Full Containment	with Negative Pre				
5 5	or≥3 lf sf or≥260 lf		[ ] [x]	Renova		[ ] [ ] [x]	Mini-Enclosure Glovebag Proced	ure  i) and Non-Friable	Procedi	ire		
[X] 2100	31 01 2200 H		[ 7 ]	Demon	1	[ \ ]	Non-Exempted (	) and Noiri Habie !	_			
									Abat	ement	Туре	
Location of Asbestos-Containing Ma TO BE ABAT in facility (13)	aterial (ACM)		Is Location Normally under Solely by tenance/Cun Staff (12)	sed	Ast N (i.e. inst	Description destos-Conflaterial (A., thermal sulation, sur VAT, of the miscella	taining CM) systems rfacing, r	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior			X		Asbestos sidin	g		1200 sf	X			
Name of Registered Waste F Guardian Con		N	NJDEP Wast 2	0223	3	rds of Wast	T.R.R.F.	red Landfill				
City, State Toms River, N	New Jersey			Dispos 6/3/13	al Date	City, Sta	nte own, Penhsylvania	. ,				
Completed by (Print or Type Nicholas Ferni	:)	Title Proje	ct Manage		Signature	Choi	Her	1	Date 5/29	/2013	3	

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

	(	Pursua	nt to NJA	C 8:60 and 1	2:120)	Ch	eck#	1	P-7	15
Date of Notification (1) May 29, 2013			of Building O	wner / Operator	(2) 2013	<i>n</i> , .	JOIC II	7 0		
Agencies Notified Type Notification		Street	Address		4.	"" -3 AM 2:	ÝΟ			
DEP			tate & Zip Co	do	<u> </u>		1	æ		
☑DOL ☑ Initial ☑ Amended Amendme			bury, NJ 08			(3)				
DCA Cancellati			of Contact alafsky		2	]	Telephor	ne Nur	nbei	ſ
		FA	CILITY INF	ORMATION					_	
Name of Facility Where Abatement is Ta Bank of America	king Place (3)			Type of Fac						
Street Address 871 Mantua Pike				Other		ommercial buildir			c.)	
City (5) Woodbury	2			Square Fee 5,00 Current Use		1	ldg. Age	55		
County (6) Gloucester	County Code	(7)		Bank						
Name of Monitoring Firm Hired by Buildin Environmental Testing Consultants, LI	g Owner (8)		ASCM No.	Synatech, I		or (9)				
Street Address One Mall Drive, Suite 404				Street Addre 829 Radio F	Road					
City, State & Zip Code Cherry Hill, NJ 08002 Project Manager for Monitoring Firm	Tel	ephone N	lumber	City, State & Little Egg H Telephone N	larbor, NJ 08087	License Nu	mber			
Howard Zenobi Scheduled Start Date (10) Sche	856 eduled Completic	5-482-131 on Date (1		609-296-691 Name of OS			0081	7	_	
June 8, 2013 Occupancy Status During Abatement (Ch	July	1, 2013		Synatech, I						
Facility Closed/Vacated During E  Abatement Performed Outside o	Entire Period of A	Abatemer	nt	829 Radio F	Road				1515/11/0	
Other – Describe: Facility Occupied During Abatem				The second secon	larbor, NJ 08087					
Scope of Work (Check all that apply)		<u> </u>								
≥3 sf or ≥ 50 lf ∑ ≥160 sf or ≥260 lf	=	Renovation Demolition			Mini-Enclosure Glovebag Proce	nt with Negative Pre edure (*) and Non-Friable		re		
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	) Solely by	on Norma Mainten dial Staff?	ance or	Descrip Asbestos-C Material (i.e., thermainsulation, su or other mis-	otion of Containing (ACM) al systems rfacing, VAT	Amount (Specif SF or LF)	Ab	Repair	ш	ype
	Yes	No	N/A				oval	air	sulate	sure
Teller Area, Break Room, Hallway and Entry Foyer	Rear		х	Floor Tile a	and Mastic	1,200 SF	_ x			
Name of Registered Waste Hauler	NJDEP V Hauler ID	No.	Cubic Yards	s of Waste	Name of Regis					
Synatech, Inc. City, State	274	129	10 Disposal Da	ite	Grows Landfil City, State	II.				
Little Egg Harbor, NJ 08087			July 2, 201		Morrisville, PA	<b>\</b>				
Completed By Title	e ecutive Adminis	4-4-4	Signature //	i Allo	, ,	Date May 29, 2013				

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

	(	Pursua	nt to N	JAC 8:60 and 12	2:120)	Check#	78	72		
Date of Notification (1) May 29, 2013		Name Amy N		g Owner / Operator	(2)					
Agencies Notified Type Notification			Address		€8/3	JUN-3 AN 2				
□EPA □DEP		14 Gre	en Knolls	s Road		f day				
DOL   Initial		City, S	tate & Zip	Code			•			
Mpour Amended		Morris	town, NJ	07960		~.				
DCA Amendment #		Name Amy N	of Contac	t	a 1	Te	lephor	ne Nu	mbe	r
		FA	CILITY	NFORMATION	AND THE RESIDENCE AND THE SECOND					
Name of Facility Where Abatement is Taking Residence	Place (3)			Type of Facil						
Street Address				Subcha	pter 8 (Other than	K-12)				
14 Green Knolls Road	(4)			Other (	(i.e., private & co	mmercial building	s, hor	ne, e	tc.)	
				Square Feet		1000 m	g. Age		oranea	
City (5) Morristown				2,588	8   (Prior if being dem	2 olished\	5	8 yea	ars	
	2	(7)		Residence	(1 flor il beilig delli	olisticaj				
	County Code USE ONLY	(7)								
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM I	No. Name of Aba	atement Contractor	(9)				
Street Address			1	Street Addres	ss					
City, State & Zip Code	1	7.		829 Radio R City, State &	Zip Code					
Project Manager for Monitoring Firm	Те	lephone N	Number	Telephone N	arbor, NJ 08087 umber	License Num	ber			
				609-296-691	6		0081	7	20090 HT	
June 11, 2013	the state of the s	on Date (14, 2013		Name of OSI Synatech, In	ıc.					
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire		Abatemer	nt	Street Addres 829 Radio R						
Abatement Performed Outside of No	rmal Hours	i		City, State &	Zip Code					
Other – Describe:				Little Egg Ha	arbor, NJ 08087					
Facility Occupied During Abatement										
Scope of Work (Check all that apply)					Eull Containment	with Monetive Press	uro			
≥3 sf or ≥ 50 lf		Renovation	on			with Negative Press	ure			
☐ ≥160 sf or ≥260 lf		Demolitio	n	Ä	Glovebag Proced	ure				
						and Non-Friable Pr	ocedu	re		
Location of Asbestos-Containing Material (ACM)		on Norma y Mainten		Descript Asbestos-C		Amount (Specify	Ab	atem	ent T	уре
TO BE ABATED		dial Staff		Material (	V ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	SF or LF)				
IN Facility				(i.e., therma					ш	
(13)				insulation, surf or other misc	ellaneous)		Rer	۳	nca	Enc
					operation of the second of th		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A				<u>a</u>		ate	9
Basement		х		Duct wrap	paper	45 SF	Х		Г	T
	+						-			
Name of Registered Waste Hauler	NJDEP V	Vaste	Cubic Y	ards of Waste	Name of Registe	red Landfill	1		_	
Synatech, Inc.	Hauler II	No. 429	.5		Grows Landfill					
City, State		723	Disposa	I Date	City, State					
100 - 100 -										
Little Egg Harbor, NJ Completed By Title			June 17 Signatur		Morrisville, PA	ate	-	-		

May 29, 2013

Signature Nane

**Executive Assistant** 

Diane Aloia



Date of Notification (1)								r/Operator (2			48/3 JII	ı			34	
	28 /	13			Sout	th Plainfi	eld B	oard of Ed	lucat	ion	46	-3	12	·		
Agencies Notified  EPA	Type Notificati  Initial	on				Address Jackson	Aver	nue	***************************************		4 13 JIM	75 A	144	72:	40	į.
□ DOLWD	☐ Amended			-	City, St	ate, Zip Co	ode					6.	101	1/1- 0	* 4	
☑ DHSS	Amendmen	_	J:		Sout	th Plainfi	eld					7	4		ί.	
□ DCA     (NJAC 5:23-8)	☐ Emergency justification		aing	- 1	Name o	of Contact					Telephone Nu	mber				
(10/10 0.20 0)	☐ Cancellatio				Mr.	James Ol	lobar	di		= \	***	-	-	<b>b</b> .		
		-			FAC	ILITY INF	ORN	MATION								
Name of Facility Where	Abatement is Ta	king P	lace	(3)					Туре	of Facility (	4)					
South Plainfield Hi					ment					chool (K-12)						
Street Address	<b>5</b> ,						100		⊠s	ubchapter 8	(Other than K- ivate and comm	12)	hui	dina		
200 Lake Street										omes, etc.)	ivate and comin	leiciai	Dui	uniga	,	
City (5)				-			_			are Feet	# of Floors		Bld	g. Ag	е	
South Plainfield									38.0	,000	1		5	0		
County (6)				Alex Areas	Count	v Code (7)	(STATE	E USE ONLY)	Curr	ent Use (Pri	or if being demo	olished	d)			
Middlesex County						, , ,	• • • • • • • • • • • • • • • • • • • •	•	Hi	gh School	L					
Name of Monitoring Firm	Hired by Buildin	na Owi	ner (8	3) /	ASCM N	No.	Name	e of Abateme	ent Co	ntractor (9)						
AHERA Consultant			(-	,	0005	DOM: NO		zon Inc.		* *						
Street Address			-				Stree	et Address	10.00							
P O Box 385							84	51 Executi	ve A	ve.						
City, State, Zip Code		-		772			City.	State, Zip Co	ode						_	_
Oceanville, NJ 082	31-0385						5.3	iladelphia		19153						
Project Manager for Mon				Tele	phone I	No.		ohone No.	•		License No.					_
John Smoyer					9-652			7-284-1050	)		01109					
Start Date (10)	So	chedule	ed Co	mple	tion Dat	e (11)	Nam	e of OSHA N	/lonito	r						10000
6 / 24 /					1		Jo	seph Marc	nski							
Occupancy Status Durin							Stree	et Address								
☐ Facility Closed/Vacat					nent		84	51 Executi	ve A	venue						
☐ Abatement Performe						cribe	City.	State, Zip C	ode				V. S. S. S.			
Time of Abatement:	7:00AM- <u>4:00</u> PI	M/	PN	/	AM			iladelphia		19153			92			
Scope of Work (Check a	Il that apply)															
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf				novati				☐ Mini-End	closure g Pro	e cedure	pative Pressure	dure				
			177.7	Locat									Aba	ateme	ent Ty	уре
Location				lorma	lly ely by			Description of		(ACM)	Amount		Re	Re	Ē	m
Asbestos-Containing TO BE AB		'	Mai	intena	nce/			containing Ma mal systems			(Specify		Removal	Repair	Encapsulate	Enclosure
IN Faci	lity		Cust	odial (12)	Staff?	3//	SU	urfacing, VAT	, or		SF or LF)		<u>/al</u>		sula	ure
(13)		<u> </u>	Yes	No.	N/A	1	otn	er miscellane	eous)		*	- 1	+15		te	
				2000	-		• First SOMANA				10,000 SF	.	N	_		
Beneath wood Gym	Floor	ŀ				Black V	apor	Barrier pa	per		10,000 3F	-				
		[														
	5000	1														
									1000	-						
Name of Desisters 2007	ete Moules				JDEP V	Naste	Cubi	ic Yards of	N	me of Regis	stered Landfill			_		_
Name of Registered Wa Service Transport				(6)	lauler II SW21	O No.	Was			Minerva La						
City, State 58 Pyles Lane, Nev	w Castle, DE	19720	)					osal Date 26-13	1	ty, State <b>Waynesb</b> u	ırg, PH					
Completed By (Print or		Title	-				Н	Signature		^		Date			989-5-5	
Piyush Patel			ogra	m Ma	nager			Piyn	Sh	(a	tel	5(	29	3 (1	3	

04,2987

7,2987		FICATION	tate of New Je N OF ASBEST to NJAC 8:60	OS ABATEN					Ž.		Pri	int For	m
Date of Notification (1) MAY 30, 2013			of Building Own			IG & GOL	DRING	- 4		e ye ye	UN.	4.2	
Agencies Notified Type Notification	1	Street A							C <sub>C</sub>			0	12.
EPA X Initial Amended Amendmen	nt #		ate, Zip Code S NECK, N	J 07722-2	427					7.5	٠, ·		· 0
DOH justification DCA Cancellation	)	Name o	of Contact				Telenho	na Niir	nher			- (1	4
Famel		FAC	ILITY INFORM	IATION									
Name of Facility Where Abatement is Tak CROSSROADS AT EATONTOW Street Address						of Facility (4 School (K-12 Subchapter	2) 8 (Other tha						
231 STATE HIGHWAY 35 City (5)					E (	Other (i.e. pretc.) re Feet	rivate & con			dings,		es,	
EATONTOWN					34,00	00	2		5		ARS	3	
County (6) MONMOUTH			Code (7) USE ONLY)			nt Use (Prio AIL SHOI							
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASC	M No.	100000000000000000000000000000000000000		tement Cont Touch Ast		atem	ent C	Corp.	, Inc		
Street Address				Street /		son Stree	t						
City, State, Zip Code						p Code Branch,	NJ 07764	1					
Project Manager for Monitoring Firm N/A		Telepho	ne No.	Telepho 732-2			100000000000000000000000000000000000000	ense No 040	0.				
Start Date (10) 6/14/13	Scheduled C	ompletion	Date (11)	Name o	of OSH	IA Monitor	1						
Occupancy Status During Abatement (Che	ck Only One)			Street A	Addres	s							
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of Abate mal Facility Hou	ement irs		City, St	ate, Zi	p Code							
Scope of Work (Check All That Apply)							HII					$\dashv$	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renor Demo			×	Min Glo	Containme i-Enclosure vebag Proce i-Exempted	edure				e		
	Is Loca			0.00					-	Abate	ement		
Location of Asbestos-Containing Material (ACM)	Norm Used So	lely by	Achaetae C	Description Containing M		(ACM)	Amour	<b>1</b>	-	'			
TO BE ABATED In Facility (13)	Mainten Custodia (12	Staff?	(i.e. ther	mal systems urfacing, VAT er miscelland	insula Γ, or		(Specif SF or L	fy	Removal	Repair	Encapsulate	Enclosure	
BASEMENT LEVEL FLOOR	1.00	X		VAT			12,000	SF	х				
BAGEMENT ELVELTEGOT		+^-		VAI		-	12,000	<u> </u>	Λ			$\vdash$	
					200 - 100								
Name of Registered Waste Hauler		NIDES !!	(	hi- V				Lev.					
Finishing Touch Asbestos Abateme	nt Com I	NJDEP W Hauler ID 12058	No. of	bic Yards Waste CY			legistered L NORTH		DFIL	L			
City, State OCEANPORT, NJ 07757-0400	<u> </u>			sposal Date 21/13		City, State	SVILLE, F	PA					
Completed by JOSEPH P. MILLER	Title PRESIDE	ENT		Signature	M	p.M.V	len	Dat	e AY 30	0, 20	13		
ASB-41 (R-06-08)	-			Do not	use th	nis form for a	asbestos lic	ensure	exem	pted	activit	ies.	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORPORATION Date of Notification (1) 28/3 JULY - 3 AM 25 Street Address 13 Agencies Notified 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 Type Notification City, State, Zip Code **EPA** Initial Notification Amended Notification RAHWAY, NEW JERSEY 07065 DEP Cancellation DOL On Hold Name of Contact Telephone Number DOH EMERGENCY NOTIFICATION DCA STEVE MOLLING FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Bldg. Age 2000 GALLOPING HILL RD 245,000 4 County Code (7) Current Use (Prior if being demolished) City (5) County (6) (STATE USE ONLY) KENILWORTH UNION LABORATORY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. 17 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 845-369-7500 WILLIAM S. KERBEL, CIH 973-729-5649 460 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 6/ 6/ AMERISCI LABORATORIES INC #11480 13 Month Day Year Month Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: FRIDAY-TUESDAY 7AM-3:30PM City, State, Zip Code NEW YORK, NEW YORK 10016 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition X Renovation Mini-Enclo >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount REMOVAL ENCAPSUL ENCLOSUR Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A

BUILDING K-11 - ROOM 2008 ASBESTOS CONTAINING LAB TABLE TOPS 30 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill FREEHOLD CARTAGE, INC. Hauler ID No. LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 500 825 HIGHWAY 33 15939 447 ALEXANDER DRIVE/ROUTE 15 City, State Disposal Date City, State FREEHOLD, NEW JERSEY 6/7/13 TO 6/11/13 NONTGOMERY, PA 17752

Signature

DIRECTOR OF OPERATIONS

Date

5-28-13

Completed by (Print or Type)

BENJAMIN SANCHEZ

/24/2013 12:35 Two	Brothers	Contra	cting	\$					3/3 956 881	-		۲.	ונכטו
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Date of Notification (1) 5/24/2013					Building Owner				YYY	~	T		3
	e Notification			Street Ac			+	WAIN	ER APP	ROV	ED	51,	4
E EPA DEF	Initial Amended	24	-	City, Stat	te, Zip Code IE, NJ 07470						Ę,		
N DOL	Amendment ( Emergency (i justification)		-		Contact				C Tulanhone	Number			
OOH DCA	Cancellation				ARD MAINAR				B		-	5,	
Name of Facility Where Abeli FORMER UNION HOS		g Place (3	3)	TANI	err me orana		10.00	f Facility (4	a:				()
Street Address						-	S	chool (K-12 ubchapter	?) 8 (Olher than ⊁ √vate & comm	(-12) erolet tud	Idione	homi	
1000 GALLOPING HIL	L ROAD							c.)	# of Floors		Bidg.		
UNION					~								
County (8) UNION			Contraction of Alberta	County C	JSE ONLY)		Curren	L Dee (Fro	r if being dens	nsned)			
Name of Monitoring Firm Hire WHITMAN COMPANIE		Owner (8)	)	ASCM	1 No.			ment Con	fractor (9) CONTRAC	TING			
Street Address 7 PLEASANT HILL RO	<del>and the knowledge of the control of</del>			1		Street	Address	1	BOULEVA				
City, State, Zip Code CRANBURY, NJ 08512	>					200	tate, Zip	Code NJ 0701	A				
Project Manager for Monitorin	Supplementary of the control of the		П	Telephor		Teleph	one No.		Licens				
KEVIN LOVELY Start Date (10)		Schedul	ed Cor		90-5858 Date (11)		956-87 of OSH	700 A Monitor	0049	4			
5/29/2013		8/4/20	13			SAM	EAS	(9) ABO	VE				
Cocupancy Status During Ab Facility Closed/Vacated Abatament Performed C Other - Describe: 4:00	During Enfirs P	Period of	Abaten	nent 3			Address late, Zip	M. Haropatan wanta					
Scope of Work (Check All Th 23 sf or 23 if 2180 sf or 2280 if	al Apply)		Renova Demoli				Mint Glov	Enclosure ebag Proc				re	
****			Locat				110:0			T	Abat	emen ype	t
Location of Asbestos-Containing Mate TO BE ABATE In Facility (13)		Use Ma	Norma ed Sole sintena stodial ( (12)	nly by nce/ Staff?	Asbesios Co (I.e. therm aud	escription ntaining M al systems facing, VA r miscellan	laterial ( insulat 1, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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2ND FLOOF	₹	-	X	-	Т	ILE ONL	.Y		260 SF	X	-		
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									3 1 2 1	JE9	<u> </u>		
Name of Registered Wasto F TWO BROTHERS COM		}	H	IJDEP W lauler ID 18743	No. of W			WASTE	Registered Lar		G.R.	.W.C	S.
City, State CLIFTON, NJ						osal Date 201 <b>5</b>		City, State	SVILLE, PA	٩			10000
Completed by VIVECA RAMOS		Title	RET	ARY	T	Signature	ica	Ra	me	Date 5/24/2	2013		
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Date of Notification (1) 5/24/2013				of Building Owne ARDI MANA		3			્રિ	٠,		_
Agencies Notified Type Notifica	ation		Street A	Address ROUTE 23,	SUITE 33	30		100	i,	5	٠ <u>.</u>	
DEP Amende	ment #		180.7392	ate, Zip Code NE, NJ 07470	)				· ·		<del>- {                                   </del>	
▼ DOH	ncy (including tion)	1		f Contact			Je	lephone Nu	umber	-		
DCA Cancell	ation			ARD MAINA								
Name of Facility Where Abatement is 1	aking Place (3)	)	FAC	ILITY INFORMA	TION	Type of Facility	(4)					
FORMER UNION HOSPITAL	1000 Mini					School (K						
Street Address 1000 GALLOPING HILL ROAD	)							er than K-		ldings	, hom	ies,
City (5) UNION						Square Feet	# 0	f Floors		Bldg.	Age	
County (6) UNION				Code (7) USE ONLY)		Current Use (P	rior if be	ing demolis	shed)			
Name of Monitoring Firm Hired by Build WHITMAN COMPANIES	ling Owner (8)		ASCN	ΛNo.		of Abatement Co BROTHERS			ΝG	61		
Street Address 7 PLEASANT HILL ROAD						Address RUTHERFOR	RD BO	JLEVAR	D			
City, State, Zip Code CRANBURY, NJ 08512						ate, Zip Code TON, NJ 070	)14					
Project Manager for Monitoring Firm KEVIN LOVELY			Telepho 732-39	ne No. 90-5858	Telepho 973-9	one No. 956-8700		License N	No.			
Start Date (10) 5/29/2013	Scheduler 6/4/201		npletion	Date (11)		of OSHA Monito						
Occupancy Status During Abatement (0	Check Only One	<del>)</del>	377		Street A							
Facility Closed/Vacated During En Abatement Performed Outside of I  Other – Describe: 4:00 PM Start	tire Period of Al Normal Facility	baten Hours	nent		City, Sta	ate, Zip Code						
Scope of Work (Check All That Apply)										_		
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	CHANGE	enova emolit	V.		_ _ ×	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure				e.	
	ls l	ocati	on			TTOTT Exompte	T / Cirk	1101111111	1	Abat	emen	t
Location of	Llood	ormal Sole			escription o				_	Ty	/pe	
Asbestos-Containing Material (ACM <u>TO BE ABATED</u> In Facility  (13)	Mair Custo	ntenar	taff?	suri	ntaining Ma al systems i acing, VAT miscellane	insulation, , or	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
OUR FLOOR	Yes	No	N/A								Ф	35555
2ND FLOOR		X		Т	ILE ONL	<i>(</i>	26	0 SF	X			
Name of Registered Waste Hauler		1 33079	JDEP W		c Yards	Name of	Registe	red Landfill				
TWO BROTHERS CONTRACT	NG	1000000	auler ID I 8743	No. of W	aste	WAST	E MAN	IAGEME	NT G	R.C	).W.S	S.
City, State CLIFTON, NJ	***************************************				osal Date 201 <i>β</i>	City, Stat		E, PA				
Completed by VIVECA RAMOS	Title SECR	ETA	RY		Signature	caka	77	Da	ite 24/20	)13		

Date of Notification (1) 05/23/13 CK# 265	1 \$200				Building (			(2) stem	2013	JUN	~3 <u>/</u> /				
Agencies Notified	Type Notification		- 1	Street A 805 No	ddress ewman S	Springs	Road	, A	345	The s		-	C		
DEP  DOL	Initial Amended Amendment	#			ite, Zip Co					1-10	CHEV.				
⊠ DOH DCA	Emergency justification) Cancellation	å 10.75°			Contact	 r				Tel	ephone Nu	mber_			
		-		FACI	LITY INFO	RMATI	ON						X Company		
Name of Facility Where A Shark River Park	Abatement is Takin	g Place (3)							I (K-12	2)					
Street Address 524 Shark River St	ation Road							Other etc.)	(i.e. pr		er than K-1 & commerci	ial build	100.00		es,
City (5) Wall, NJ 07719								Square Fee 250 SF		1	Floors	5	ldg. A 5+	ge	
County (6) Monmouth	-				Code (?) USE ONLY)	-		Current Us Park Gar		r if bei	ng demolis	hed)			
Name of Monitoring Firm Environmental Tact		Owner (8)		ASCN 0004	(SID STATE OF STATE O			of Abatemer Corporat		tractor	(9)				
Street Address 64 Broad Street				1				Address McBride A	venu	——— е					
City, State, Zip Code Matawan, NJ 0774	7							late, Zip Cod dland Parl		0742	4		10-1111-111		
Project Manager for Mor Thomas P Geiger				Telepho 732-29	ne No. 90-2217			one No. 225-8400			License N 01104	lo.	42		
Start Date (10) 06/05/13		Schedule 06/14/1		pletion	Date (11)			of OSHA Mo		Labs	Inc.				
Occupancy Status Durin	g Abatement (Che	k Only On	e)			-	Street	Address							
➤ Facility Closed/Vac				ent			2333	Route 22	Wes	t					
Abatement Perform Other – Describe:	ned Outside of Norr	nal Facility	Hours					late, Zip Coon, NJ 070							
Scope of Work (Check A	II That Apply)	****										41.13	7		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoliti				×	Mini-End Gloveba	losure g Proc	edure	Negative F			2	
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			Locati Iormal			_							Ту		
Location Asbestos-Containing TO BE AB In Faci (13)	n Material (ACM) <u>ATED</u> lity	Use Mai Cust	d Sole ntenar odial S (12)	ly by nce/ staff?		tos Cont thermal surfac		laterial (ACN insulation, T, or	A)	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Endosure
D 11 11 400	0	Yes	No X	N/A	Transit	o Dino	\/ran@	Pick up o	nhı		0 LF	+		-	
Building 139	- Garage		^		Hansii		remov		"'63		- LI	+-			
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Name of Registered Wa Lilich Corporation	ste Hauler		Н	JDEP W lauler ID 3724		Oubic of Was		1			ered Landfil andfill	I			
City, State Woodland Park, NJ	07424					Dispos 06/15	al Date /13		, State rrisvi		A				
Completed by		Title		2:		S	ignature	-		1	// / Di	ate			
Tatiana Kalenikova		Vice	Presi	dent			Ta	leen	el	Cel	Mus.	5/23/1	3		

May 28, 2013  Agencies Notified  XEPA XInitial XDEP Amended XDOL Amendment # Emergency (including justification) DCA  Cancellation  NJ. 08625 P.O.BOX. 991  Name of Contact Joseph B. Lucarelli  FACILITY INFORMATION  name of Facility Where Abatement is Taking Place (3) Former Cherry Hill Equipment  Street Address 6400 Broadway  City (5) West New York, NJ  County (6) Hudson  Name of Monitoring Firm Hired by Building Owner (8) Matrix New World  Name of Abatement Contractor (9) Matrix New World  Type Notification Street Address 1 West State Street  City, State, Zip Code Trenton, NJ. 08625 P.O.BOX. 991  Telephone Number Tode Tode Tode Tode Telephone Number Tode Tode Tode Tode Tode Tode Tode Tode	J.	∋s,
Amendment #	s, home	∋s,
Name of Contact   Telephone Number		∌s,
rame of Facility Where Abatement is Taking Place (3) Former Cherry Hill Equipment  Street Address 6400 Broadway  City (5) West New York, NJ  County (6) Hudson  FACILITY INFORMATION  Type of Facility (4) X School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial building etc.)  Square Feet 8000  Current Use (Prior if being demolished) School		es,
name of Facility Where Abatement is Taking Place (3) Former Cherry Hill Equipment  Street Address 6400 Broadway  City (5) West New York, NJ  County (6) Hudson  Type of Facility (4) X School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial building etc.)  Square Feet # of Floors 8000 4 50  Current Use (Prior if being demolished) School		∋s,
City (5) West New York, NJ  County (6) Hudson  Other (i.e. private & commercial building etc.)  Square Feet # of Floors 8000 4 50  County Code (7) (STATE USE ONLY)  Cother (i.e. private & commercial building etc.)  Cutrent Use (Prior if being demolished)  School		es,
West New York, NJ  County (6) Hudson  County Code (7) (STATE USE ONLY)  County Code (7) (STATE USE ONLY)  Current Use (Prior if being demolished) School	. Age	
Hudśòń (state use only) School		
Name of Monitoring Firm Hired by Building Owner (8)  Matrix New World  ASCM No.  Name of Abatement Contractor (9)  Tricon Enterprises Inc		
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		
Street Address 26 Columbia Turnpike Street Address 322 Beers St		
City, State, Zip Code Florham park, NJ 07932  City, State, Zip Code Keyport N.J. 07735		
Project Manager for Monitoring Firm Telephone No. STV. Incorporated Telephone No. 212-505-430 Telephone No. 732-739-1200 Uicense No. 01095		
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor n/a		
Occupancy Status During Abatement (Check Only One)  Street Address		-
X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:  City, State, Zip Code		
Scope of Work (Check All That Apply)		
≥3 sf or ≥3 lf Renovation X Containment with Negative Pressure  x ≥160 sf or ≥260 lf X Demolition Mini-Enclosure Glovebag Procedure Non-Exempted () and Non-Friable Procedu	re	
le Location Abo	atemen	it
Location of Normally Used Description of	Туре	Г
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Solely by Maintenance/ Custodial Staff? (12)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)	Encapsulate	Enclosure
TES NO N/A	ate	co,
Basement, Boiler Room x Debris 500 SF x		
	-	
	+-	
Name of Registered Waste Hauler Atlantic Carting Inc  Name of Registered Waste Hauler Hauler ID No. 26085  Name of Registered Landfill IESE PA Bethlehem Landfill 2335 App.	olebutte	r Rdl
City, State Disposal Date 8/29/12 City, State Bethlehem P.A. 10815		
Completed by Edgar Bastidas  Title Project manager  Signature 3 06/28/2013		

Check# 10331

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

C

GAC Project # 060-13 Date of Notification (1) Name of Building Owner/Operator (2) May 28, 2013 RUTGERS, THE STATE UNIVERSITY OF NJ. Agencies Notified Notification Type Street Address ☐ EPA ☑ Initial Notification **ENVIRONMENTAL HEALTH & SAFETY DEPT** ☐ DCA ☐ Amended Notification 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS X DOL ■ Emergency (including City, State, Zip Code ☑ DEP- No Longer REQUIRED PISCATAWAY, NJ 08854 justification) X DOH Name of Contact □ Cancelled Telephone Number MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) DEWITT, BLDG# 3110 School (K-12) ☐ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **COLLEGE AVENUE CAMPUS** Sq. Feet: N/A # of Floors: 3 Bldg. Age: 80+ years City (5) County Code (7) **NEW BRUNSWICK** MIDDLESEX (State Use Only) Current Use (prior if being demolished): ACADEMIC Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC ASSOCIATES 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City, State, Zip Code City State, ZipCode **BURLINGTON, NJ 08016 BUTLER, NJ 07405** Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 06/07/13 06/10/13 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD □ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe ☑Other - Describe: Shift Hours: 5:00 PM - 5:00 AM FAIRLAWN, NJ Scope of Work (Check all that apply) ■ Full Containment with Negative Pressure ≥ 3 sf or ≥ 3 lf ■ Renovation Mini-Enclosure ≥ 160 sf or ≥ 260 Demolition Glovebag Procedure X Non-Exempted (\*) and Non-Friable Procedure Location of Asbesios-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) YES NO NA 102, 104 X VAT 330 SF Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill Cubic Yards of Waste: 15 CY See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 100 New Ford Mill 06/10/13 Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 Rd. Morrisville, Pa 19067 NJ DEP# 22612 215-736-1700 Completed by (Print or Type) Date RAYMOND C. PEDALINO SENIOR PROJECT May 21, 2013 Raymand C. Pedalino MANAGER

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)		***********	-		Name o	f Building	Owner/Ope			2	-	1-	111	7	
	May 29, 2013			: 1			Advan	itag	e Site Work	a	)	$(\ )$	4	/	
Agencies Notified  [ X ] EPA  [ ] DEP	The care and a second	tion I Notifica			Street A	3.5-4/91/57		arke	දිම්13 J ertown Drive	UN -3 AM	2:41	0			
[x] DOL [x] DOH	Amer	ndment #_ gency (in			City, St	ate, Zip Co	Little I	Egg	g Harbor, NJ 080	087	1001				
[ ] DCA	justif	ication) ellation			Name o	f Contact John	uck		Te	elephone Number	*		10.000		
3				EAG	11 17737	4020-000									
Name of Facility Where A	Abatement is Taking	Place (3	)	FAC	ILIIY.	INFORM	ATION	Ty	ype of Facility (4)						
	sidence	511400 (3	,					,	[ ]	School (k-12)					
Street Address		Www.ee							[ ]	Subchapter 8 (ot				41	
114	4 West 27 <sup>th</sup> Stre	et							[x]	Other (i.e., priva homes, etc.)	te & co	mmerc	iai buii	aings,	
City		County	(6)		County (	Code (7) USE ONL	Square feet 1000 sf			# of Floors Bldg.			50		
Ship Botton	n	Ocean	1					Cı	urrent Use (Prior if Residen		)				
Name of Monitoring Firm		Owner (	3)		ASCM N	lo.	Name of	Aba	atement Contractor	(9)		1			
N/A Street Address	Α					-	Street Ad	ldres		dian Contracting, Inc.					
Succi Address							Succiau	idics		oute 9, Unit 61					
City, State, Zip Code						City, Stat	te, Z		iver, New Jers	ey 08	755-1:	271			
Project Manager for Mon	itoring Firm		Telephone	Number			Telephon 732-349			License N 00624	lumber				
Scheduled Start Date (10) 5/30/13	4 6 7		Scheduled 5/31/1	Contract of the second	on Date (	[11]		-	HA Monitor	. Analytical			8		
[ ] Aba	Abatement (Check cility Closed/Vacate atement Performed her – Describe	d During	) Entire Peri	od of Ab			Street Ad		ss 1056 Ste Lip Code	elton Road	w 000	254			
										vay, New Jerse					
Scope of Work (Check all	l that apply)						[ ]		Full Containment	with Negative Pre	ssure				
[ ] >3	sf or ≥3 lf		[ ]	Renova	tion		וֹ זֹ		Glovebag Procedu	re					
[x] ≥16	60 sf or≥260 lf		[x]	Demolit	tion		[x]		Non-Exempted (*)	and Non-Friable	Procedi	ure			
					T T						Abat	tement	Туре		
			Is Location	n			Description	n of	f		R	R	Е	Е	
Location		N	ormally us			Ast	estos-Con	ıtain	ning	Amount	E	E	N	N	
Asbestos-Containing N			Solely by	-4 - 1:-1			faterial (A , thermal s			(Specify SF or LF)	M	P	C	C	
TO BE ABA		Maint	enance/Cu Staff	istodiai			, inermai s ilation, sur			Of LF)	О	A	A P	L	
(13)	·y		(12)			11130	VAT, o		6,		V	R	S	S	
, ,						oth	er miscella	aneo	ous)		Α		U	U R	
		YES	NO	N/A							L		E	E	
Exterior	S		Х		Asbe	stos sidin	g			700 sf	X				
,															
					-						-				
Name of Registered Wast	e Hauler	l Ni	JDEP Wast	e Hauler	ID No	Cubic Va	rds of Wast	e T	Name of Register	ed Landfill		1	le comme		
	ontracting, Inc.	18		0223	ID No.	3	143 01 11430		T.R.R.F.	ou pandini					
City, State		-		Dispos	al Date		City, Sta		Dinneylvania	87					
Toms River Completed by (Print or Ty	, New Jersey	Title		6/03/	Signat	ure _	1 Tullyto	Own	n, Pennsylvania	/	Date				
Nicholas Fer		100 C C C C C C C C C C C C C C C C C C	t Manage	er	Januar	Miz	hol	-	ten	1	F70.400000	9/2013	3		
		*D	o not use i	this form	for asb	estos licen	sure exem	ptec	d activities.						

#1896

)ate of Motification (1)	5-39-1		Name o		Owner/Operator	(2)			<i>3</i>		0.
Agencles Notified	Type Notification	24-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Street /	Address	210 A	FAR VARD	AUE	e dates	ules esse glidageth	garent e. even	
47.17 47.17	Lit finitial     Amended   Amendment #		City, Si	ate, 7lp C	ALCOHOLD BY A PRINCIPLE OF THE PERSON.	ASPAT	w		Ç	1	:
Apol.	[] Emergency (in justification)		Name (	of Contac	extel wi	BECKING	Telephone Numbe	er'			
DCA	I'm I statute and the state of		EAC	and the second second	ORMATION	SUND WEEDEL OFF AND SPECIAL PRINCIPAL CONTRACTOR					
Name of Facility Where	Abatement is Take	ng Place (3)		ngura ideas ina er in	or and experimental and the second	Type of Facility	21				
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County (6)	MENSAN!		Coun		7) (STATE	5	nor if being demolis es joence	ned)			
Name of Monitoring Firm	n Hired by Building	Owner	ASCM	Vo.	Name of Abater	ment Contractor (9	non co	17	v (		
(8) Street Address	an egypter gegen er	eng John Schleider aug die A. 248 Marting auf Beiter ausgeben ausgeben der Beiter auf der	general general constraints and the	agagad integral in he a anthropic trippe - which	Street Address	MIRON	0.00	y 1807 St. 1			
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Project Manager for Mc	mitoring Pirm	Tele	ephone t	No.	Telephone No.	11757	License No. しひさな	<u></u>			District Control
Start Date (10)		eduled Comple		le (11)	AHEA Warmer of CICHA	Monitor	N CO FA				
Occupáncy Status Duri	ing Abatement (Ch	6 - / <b>5</b> - eck only one)		organist description	Street Address	WIRDLE A		e estado e e e e e e			
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Scope of Work (Check	all that apply)	[ ]Renova			Mini-E	relosure	egative Pressure	re			
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Name of Registered W			NJDEP I NJDEP I Hauler II.		Cubic Yards of Waste	Name of Re	gistered Landfill			-25-7	
City, State	cli NIT	ε γ7	17.U 2V	X L	Disposal Date	Clix, State	Kows Pl	<i>j</i>	, , to a ( ) and - **	·	
Completed By	- 10.7	de			Signature	12 Gall	Date	300	12		•

Name of Building Owner/Operator (2) Date of Modification (1) 5-39-13 Type Notification Agencies Notified L. Trilled EXEN [ ] Amended City, State, 7th Cone 11001. Ananchinent # | | | Emergency (including Telenhone Munber 14 DOLL justification) Cancellation LIDCA EVENTA MR-OSMVLION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) | | | School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, homes, etc.) # of Floors Bldg, Age Square Feet 2000 Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) KES IDENCE Name of Abatement Contractor (9) ASCM No. ACK TNSULATION Street Address Street Address 95 MONKSONE City, State, Zip Code City, State, Zip Code COLTS NEELS NI Telephone No. Project Manager for Monitoring Firm Telephone No. 732 214 1.75 Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) ALC: INSULATION 6-15-13 Street Address Occupancy Status During Abatement (Check only one) 45 Mow IRONE City, State, Zip Code [1] Facility Closed/Vacated During Entire Period of Abatement [1] Abatement Performed Outside of Normal Facility Hours [ ] Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure | ≥3 st or ≥3 ff Renovation 14Demolition Glovebag Procedure 160 sf or ≥200 H Litton-Exempted (\*) and Non-Friable Procedure Abalataant la Location Type Monnally Used Solely by Description of Location of Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Maintenance/ (Specify Company Company (i.e., thermal systems insulation, Custodial TO BE ABATED surfacing, VAT, or SF or LF) Staff? other miscellanoous) (12)Yes Mo MA Cubic Yards Name of Registered Landfill NJDEP Waste Name of Registered Waste Hauler of Waste

ASD-31

### Nocheck

Date of Notification (1)				١		ELECTRONIC CONTRACTOR CONTRACTOR	Owner/Ope	erator (2	2)	20					
1/	23 / _ 1	13			Rutge	ers Unive	ersity			4	13 JUN _2				
Agencies Notified	Type Notificatio	in		1	Street A						113 JUN -3	41, 5	: 40		
	Initial						ldg 4086			*1.2					$\dashv$
☑ DOLWD	Amended Amendment	#C 5/3	21/12	(		ite, Zip Co					E. Litter	* K ; ;	31		- 1
☑ DHSS	☐ Emergency	AND STREET	Section Control of the	L	Pisca	itaway, N	NJ 08854						**.		4
	justification)		9	1	Name of	f Contact					Telephone Num	nber			
(10.10-11-17)	☐ Cancellation	1			Mike	Smith							A		_
					FACI	LITY INF	ORMAT	ION				767			_
Name of Facility Where A	batement is Tak	king Pla	ace (3	)						pe of Facility (4	)				
15 Washington Stre										School (K-12) Subchapter 8 (	Other than K-1	2)			
Street Address	***************************************									Other (i.e., priv	ate and comme	ercial bui	ldings	<b>3</b> ,	
15 Washington Stre	eet									homes, etc.)					
City (5)										quare Feet	# of Floors		g. Ag	е	
Newark										200,000+	19		0+		_
County (6)					County	y Code (7)(	(STATE USE	ONLY)		urrent Use (Prio	r if being demol	ished)			
Essex									1000	University					_
Name of Monitoring Firm	Hired by Buildin	g Own	er (8)	A	SCM N	lo.				Contractor (9)					
ATC					00098	3	BRIST	OL EN	VIF	RONMENTAL	, INC.				
Street Address							Street Ad								
3 Terri Lane	20									STREET					
City, State, Zip Code		80 - 2					City, Stat								
Burlington Townsh	nip, NJ 08016						BRIST	OL, PA	119	9007					
Project Manager for Mon				Telep	ohone N	lo.	Telephon				License No.				
Brian Kearney				60	9-386-	8800	215-78	88-6040	)		00509				
Start Date (10)	Sc				ion Date		Name of								
2 / 15 /	13	6_	_ / _	28	_ / _	13	BRIST	OL EN	IVI	RONMENTAL	, INC.				
Occupancy Status Durin	g Abatement (Ch	heck or	nly on	e)			Street Ac								
	ed During Entire	Period	of Al	oaten	nent		1123 [	BEAVE	RS	STREET					
☐ Abatement Performe	d Outside of Nor	mal Fa	cility I	Hours	s - Desc	cribe	City, Stat	993) . A74							
Time of Abatement:	7:00AMI	PM/	P	VI- <u>1</u> ∠	:UUAIVI		BRIST	TOL, PA	A 1	9007					
Scope of Work (Check a	III that apply)						<b>N</b>	Cull Con		nment with Neg	otivo Pressure				
			l Ren	ovati	on		П	Mini-En	clos	sure	ative i ressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			Dem				X	Gloveba	aa F	Procedure	- Eriable Broce	dura			
L			100				⊠	Non-Exe	emp	pted (*) and Nor	1-Friable Proces		otom	ent Ty	/DO
				ocat orma			_								
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	eta Haulas				JDEP \	Vaste	Cubic Y	ards of		Name of Regis	tered Landfill				
Name of Registered Wa		INC		10000	lauler II		Waste			MINERVA					
SERVICE TRANSF	OKI GROUP	, INC.		$\perp$	20990	)	1000 Disposa	Cu Yds	S	City, State					
City, State							8/16/				URG, OH 44	688			
NEW CASTLE, DE	19720									WALKEDE		Date		,	
Completed By (Print or	Type)	Title		_			Sig	nature	0	zegoni	/ je	5/	31/	13	
Gino Pizzigoni		Ger	neral	Ma	nager		A	eno l	ey	zegom	170		1	SS	

	2000-2000	20	
Throughout		Floor Tile 28/3 J//	67,282 SF
Throughout		Double Layer Tile	8,230 SF 🔲 🗆 🗆
Throughout		Mastic	65,182 SP ()
Throughout		Transite Panels	214 SF 🔲 🔲 🗀
Roof		Transite Panels	3,080 SF 🔲 🔲 🗀
Roof		Built Up Roofing	1,584 SF 🛛 🖂 🖂 🗀
Throughout		Triple Layer Tile	3,184 SF ⊠ □ □ □
7 <sup>th</sup> Floor Mech Room		AHU Cork Sealant	750 SF 🔲 🔲 🗀
7 <sup>th</sup> Floor Mech Room		White Electrical Wire	30 LF   ⊠   □   □   □
Sub Basement Mech Room		Boiler Door Refractory	100 SF   ⊠   □   □   □
Sub Basement Mech Room		Steam Drum Insulation	400 SF 🔲 🗆 🗆
Sub Basement Mech Room		Heat Exchanger Insulation	25 SF 🔲 🗆 🗆
Sub Basement Mech Room		Duct/Boiler Insulation	800 SF 🔲 🗆 🗆
Sub Basement Mech Room		Ceiling Plaster	1,400 SF 🔲 🔲 🗀
Sub Basement Mech Room		Pipe Insulation	1,480 SF 🔲 🔲 🗀
Throughout		Pipe Insulation	26,864 SF 🔲 🔲 🗀
Throughout		Heat Shields	70 Ea 🔲 🗌 🗀

Date of Notification (1)  1 / 23 /	13	_		2000 0000	of Building gers Uni	Owner/Operator (2 versity	2)	TOTS JUNE	3			
Agencies Notified					Address Road 1 I	3ldg 4086		R. L. Commercial Control of the Cont		2:4	O	
☑ DOLWD ☑ Amender ☑ DHSS Amendm	The state of the s	AIDE	112	City, S	tate, Zip C	ode			iii.	1.27	3.1.43.41	
☑ DHSS   Amendm     ☑ DCA   ☐ Emerger				Pisc	ataway,	NJ 08854			1.1			
(NJAC 5:23-8) justificati	ion)	•			of Contact			Telephone Nu	mber			
☐ Cancella	tion			Mik	Smith							
				FAC	ILITY IN	FORMATION						
Name of Facility Where Abatement is	Taking	Place	(3)				Type of Facility (					
15 Washington Street		V-17-555					School (K-12) Subchapter 8	) (Other than K-	12)			
Street Address							Other (i.e., pr	ivate and comn	nercial b	uildin	gs,	
15 Washington Street							homes, etc.) Square Feet	# of Floors	Te	ldg. A	00	
City (5) Newark							200,000+	19	١	60+	ige	
County (6)	-			Coun	ty Code (7	(STATE USE ONLY)	Current Use (Pri	1	olished)	-		-2 (10-2)
Essex				000,	., 0000 (,	Norma oor oner,	University	or in boning donn	J			
Name of Monitoring Firm Hired by Bui	Iding O	wner	(8)	ASCM	No.	Name of Abateme					-	
ATC			,	0009		I was a second of the second of the second	VIRONMENTAL					
Street Address						Street Address						
3 Terri Lane						1123 BEAVE	R STREET					
City, State, Zip Code		U				City, State, Zip Co	ode	-19-k-2 - 11-11-11-11-11-11-11-11-11-11-11-11-1				
Burlington Township, NJ 0801	16					BRISTOL, PA	19007					
Project Manager for Monitoring Firm			Tel	ephone l	No.	Telephone No.		License No.				
Brian Kearney			6	09-386	-8800	215-788-6040	)	00509	¥			
				etion Dat		Name of OSHA M		N 1989/2				
2/15/13	5	/	3	1_/_	13	BRISTOL EN	VIRONMENTAL	_, INC.				e e
Occupancy Status During Abatement						Street Address						
□ Facility Closed/Vacated During Ent     □ Facility Closed Duri	ire Peri	od of	Abate	ement		1123 BEAVE						
Abatement Performed Outside of N Time of Abatement: 7:00AM-	PM/_	Facilit	PM-1	irs - Des 12:00AN	cribe	City, State, Zip Co						
Scope of Work (Check all that apply)						535.00						
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		□ Re ☑ De	enova emolit			☐ Mini-End ☑ Gloveba	tainment with Neg closure g Procedure empted (*) and No		dure			
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			П					WANTED B. 1981				
Name of Registered Waste Hauler				NJDEP	Vaste	Cubic Yards of	Name of Regis	tered Landfill				-
SERVICE TRANSPORT GROU	P, INC	<b>:</b> .		Hauler II		Waste	MINERVA	LANDFILL				
City, State				20990		1000 Cu Yds Disposal Date	City, State					
NEW CASTLE, DE 19720						8/16/12		URG, OH 440	888			
Completed By (Print or Type)	Title	-				Signature	0 .	7	Date ,	13	6	
Gino Pizzigoni			al Ma	nager		Lino	Purnan	ril de	4/2	5/	13	
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Throughout	Floor Tile	67,282 SF	
Throughout	Double Layer Tile	8,230 SF	
Throughout	Mastic	65,182 SF	
Throughout	Transite Panels	214 SF	
Roof	Transite Panels	3,080 SF	
Roof	Built Up Roofing	1,584 SF	
Throughout	Triple Layer Tile	3,184 SF	
7 <sup>th</sup> Floor Mech Room	AHU Cork Sealant	750 SF	
7 <sup>th</sup> Floor Mech Room	White Electrical Wire	30 LF	
Sub Basement Mech Room	Boiler Door Refractory	100 SF	
Sub Basement Mech Room	Steam Drum Insulation	400 SF	
Sub Basement Mech Room	Heat Exchanger Insulation	25 SF	
Sub Basement Mech Room	Duct/Boiler Insulation	800 SF	
Sub Basement Mech Room	Ceiling Plaster	1,400 SF	
Sub Basement Mech Room	Pipe Insulation	1,480 SF	
Throughout	Pipe Insulation	26,864 SF	
Throughout	Heat Shields	70 Ea	

Date of Notification (1)	23 / 1	3				rs Unive		Operator (2)	)		-:	-3	F 1 .	0	•	1
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(NJAC 5:23-8)	justification)  Cancellation			F	1000000000000	Contact Smith					Telephone Num	iber				
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in the second	- Abeterredia Tel	ring Die	200 /2		FACI	LITY INF	ORM	ATION	Tor	pe of Facility (4)						$\dashv$
Name of Facility When		ang Pia	ace (3	)					1.7553	School (K-12)	,					
15 Washington S	treet								図	Subchapter 8 (	Other than K-12	2)				
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15 Washington S	treet								-	homes, etc.)	# of Floors		Bldg	Aco		-
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Name of Monitoring F	irm Hired by Buildir	ng Own	ner (8)	F	ASCM N	1				Contractor (9) RONMENTAL	INC					- 1
ATC					00098				VIP	COMMENIAL	, INC.					$\dashv$
Street Address					55			t Address 23 BEAVE	D 6	TDEET						- 1
3 Terri Lane																$\dashv$
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Burlington Town				T-1-	-b N			ohone No.	4 13	3007	License No.					$\dashv$
Project Manager for N	Monitoring Firm		- 1		phone N 9-386-4	NATION OF	(vender	5-788-6040			00509					
Brian Kearney			لي					e of OSHA		·	00000					-
Start Date (10) 2 / 15	/ 13			200	tion Date	100				RONMENTAL	, INC.					
Occupancy Status Du	uring Abatement (C	heck o	nly or	ie)			1.5	et Address	W							
☑ Facility Closed/Va	cated During Entire	Perio	d of A	bater	ment			23 BEAVE								
Abatement Performance of Abatement	med Outside of No nt: 7:00AM-4:00Pl	rmal Fa W	acility PM	Hour  -	s - Desc AM	ribe		State, Zip C								
Scope of Work (Chec							Dr	KISTOL, PA	AI	3007	~					-
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≥3 sf or ≥3 lf			Ren					☐ Mini-En ☐ Gloveba		0.110.000						
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Name of Registered	Waste Hauler	L			NJDEP \	Vaste	Cub	ic Yards of	7	Name of Regis	stered Landfill		_			
SERVICE TRAN	ISPORT GROUP	, INC.			Hauler II	O No.	Was	ste 000 Cu Yd	s	MINERVA	LANDFILL	2000 BBS				
City, State					2000		_	osal Date		City, State						
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Completed By (Print or Type) Title							Signature		0 1	1	Date	1	_/	_		
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Throughout	Floor Tile	67,282 SF	
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Sub Basement Mech Room	Ceiling Plaster	1,400 SF	
Sub Basement Mech Room	Pipe Insulation	1,480 SF	
Throughout	Pipe Insulation	26,864 SF	
Throughout	Heat Shields	70 Ea	

2813 JUN -3 KM 2:40

Date of Notification (1)				Nan	ne of Buildin	g Owner/Operator (	2)		15,5			
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☑ EPA	Type Notifica Initial				et Address 27 Road 1	Bldg 4086				U		
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(NJAC 5:23-8)	justificatio		ng		ne of Contac			Telephone Numb				
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11 17 - 11h - 14th A1				F.	ACILITY IN	NFORMATION		<del>100</del>	0.00	*5eoo		
Name of Facility Where Ab 15 Washington Street		aking Pla	ce (3)	Demiliano-			Type of Facility  School (K-12	2)				
Street Address 15 Washington Street	et						Other (i.e., p	(Other than K-12) rivate and commer	) cial b	uilding	gs,	
City (5)				(1/2-1/		1	Square Feet	# of Floors	В	ldg. A	ge	-
New Brunswick							200,000+	19	1	60+	3-	
County (6) Essex				Co	unty Code (7	7)(STATE USE ONLY)	1.5	or if being demolis	- 1			
Name of Monitoring Firm H	lired by Build	ing Owne	r (8)	TASC	M No.	Nome of Abelema						
ATC		ilig Ottillo	1 (0)		098	Name of Abateme	ent Contractor (9) VIRONMENTA					
Street Address						Street Address	AIVOIAMEIAIV	L, INC.				
3 Terri Lane						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip Co			-			
Burlington Township						BRISTOL, PA	19007					
Project Manager for Monito	oring Firm		1	lephon		Telephone No.		License No.				
Brian Kearney					36-8800	215-788-6040		00509				
Start Date (10)		cheduled				Name of OSHA M		4.400000				
2 / 15 /				<u>n_ /</u>	13		VIRONMENTAI	L, INC.				
Occupancy Status During A						Street Address						
☐ Abatement Performed C						1123 BEAVE						3 <u></u>
Time of Abatement: 7:0	<u>00</u> АМ- <u>4:00</u> РІ					City, State, Zip Co BRISTOL, PA						
Scope of Work (Check all the	nat apply)	30 000 000 000 000 000 000 000 000 000	A150-0-0-			M Full Cont	-!		1011-1-1-1-1			
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			Renova Demolit	ition tion		☐ Mini-Encl	Procedure	ative Pressure	e			
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Location of Asbestos-Containing Ma TO BE ABATI IN Facility (13)	aterial (ACM) ED	M	lainten	lely by ance/ I Staff?	(i.e.	Description of stos Containing Mat , thermal systems i surfacing, VAT,	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(15)		Yes				other miscellaned	ous)				ate	(D
See attached									6			
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	-		10	10	+				+=	-	7	-
Name of Registered Waste	Hauler				Waste	Cubic Yards of	Talama of Pagin				ш	
SERVICE TRANSPOR		INC.			ID No.	Waste 1000 Cu Yds	Name of Regist MINERVA L					
City, State NEW CASTLE, DE 197	720					Disposal Date 8/16/12	City, State WAYNESB	URG, OH 44688				
Completed By (Print or Type Gino Pizzigoni	9)	Title Gener	al Ma	nager		Signature	0	. / - n Dat	e/15	-/	. 2	
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		8,230 SF	MIC	
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		214 SF	MIT	il H
The same of the sa		3,080 SF		
		1,584 SF		
AND DESCRIPTION OF THE PERSON	Triple Layer Tile	3,184 SF	1	
	AHU Cork Sealant			
	White Electrical Wire			
	Boiler Door Refractory			
	Steam Drum Insulation			╂╞╣
	Heat Exchanger Insulation			
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THE REPORT OF THE PERSON NAMED IN COLUMN TWO		The second secon		
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		Double Layer Tile  Mastic  Transite Panels  Transite Panels  Duilt Up Roofing  Triple Layer Tile  AHU Cork Sealant  White Electrical Wire  Boiler Door Refractory  Steam Drum Insulation  Heat Exchanger Insulation  Duct/Boiler Insulation  Ceiling Plaster	Double Layer Tile    Society   Socie	Double Layer Tile

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Date of Notification (1)								C 8:60 and 5:1	6) 28/	7 ///		- 4		
						ame of Bu Rutgers	uildin Uni	g Owner/Operator ( iversity	(2)	3 11/19 - 3	AH 2:	ا ا		
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⊠ DOLVVD	Amend Amend		מר כיי	142		ity, State,				7.11.7	40	· .		
□ DCA	☐ Emerge	ency /i	ncludi	113				NJ 08854						
(NJAC 5:23-8)	justifica	ation)	iiciudii	ng	N	ame of Co				Tologhana M				
	☐ Cancel	lation				Mike Sm		•		Telephone N	umber			
						FACILIT	YIN	FORMATION		1,	-	7		
Name of Facility Where		Takir	ng Plac	ce (3	)			07411014	Type of Facility	(4)				
15 Washington S	treet								School (K-12					
Street Address									☐ Subchapter 8	Other than K-	-12)			
15 Washington S	treet								Other (i.e., po homes, etc.)	rivate and comr	nercial I	ouildir	ıgs,	
City (5)			_3(1-0.15*0.						Square Feet	# of Floors		3ldg. /	Ann	
New Brunswick									200,000+	19	Ι,	60÷	0.000	
County (6)					10	ounty Co	de (7)	(STATE USE ONLY)	Current Use (Pri	or if being dem	olished)			
Essex									University		,			
Name of Monitoring Fin	m Hired by Bu	ilding	Owner	(8)	AS	CM No.		Name of Abateme	ent Contractor (9)				<u> </u>	-
ATC		0.		2000-000	0	0098			VIRONMENTAL	., INC.				
Street Address								Street Address		<u> </u>				
3 Terri Lane								1123 BEAVER	RSTREET					
City, State, Zip Code								City, State, Zip Co	ode					
Burlington Towns		16						BRISTOL, PA	19007					
Project Manager for Mo	nitoring Firm			T		ne No.		Telephone No.	7.500	License No.		-		
Brian Kearney						86-8800	- 1	215-788-6040		00509				
Start Date (10)  ON I HO	10					Date (11)		Name of OSHA M	onitor				_	
						/ 13	.	BRISTOL ENV	/IRONMENTAL	, INC.				
Occupancy Status Durin								Street Address				-		
☐ Facility Closed/Vaca	ted During Ent	tire Pe	riod of	Aba	temen	t		1123 BEAVER	STREET					
☐ Abatement Performe Time of Abatement:	7:00AM-4:00	vormai PM/			ours - l			City, State, Zip Co.	de					
								BRISTOL, PA	19007					
Scope of Work (Check a	ili that apply)							M Full Conta						
≥3 sf or ≥3 lf			Re	enov	ation			☐ Mini-Enclo	ainment with Nega	itive Pressure				
≥160 sf or ≥260 lf	•		⊠ De	emol	ition				Procedure					
			le	100	ation			⊠ Non-Exen	npted (*) and Non	-Friable Proced	lure			
Location	of			Nom	nally			Description of			At	atem	ent T	ype
Asbestos-Containing		A)			olely b		best	os Containing Mate		Amount	20	Z	m m	ū
TO BE ABA		**			nance/		(i.e.,	thermal systems in	sulation,	(Specify	Removal	Repair	S	Enclosure
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SERVICE TRANSPO	ORT GROUP	, INC			Hauler 209	ID No.	V	Vaste	MINERVA L					
City, State					4.03	30	10	1000 Cu Yds Disposal Date	City, State					
NEW CASTLE, DE 1	9720						1	8/16/12	The state of the s	RG, OH 4468	Ω			
completed By (Print or Ty	/pe)	Title						Signature						
Gino Pizzigoni			neral	Ma	nage	•0		Lino F	O· · ·	1.00	ate /	1.	,	
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Throughout		<del>           </del>	Floor Tile	67,282 SF	IX	T	111
Throughout			Double Layer Tile	8,230 SF	X	怜	╬
Throughout			Mastic	65,182 SF	TX	+	<del></del> 쉬누
Roof		1	Transite Panels	214 SF	岗	⊬	╬
Roof		1	Transite Panels	3,080 SF	岗	+	╬
Throughout			Built Up Roofing	1,584 SF	岗		╟╞
7 <sup>th</sup> Floor Mech Room		4 4	Triple Layer Tile	3,184 SF	岗	H	╟╞
7 <sup>th</sup> Floor Mech Room		+++	AHU Cork Sealant	750 SF	岗		╟╞
Sub Basement Mech Room			White Electrical Wire	30 LF	B		$H \models$
Sub Basement Mech Room		+++	Boiler Door Refractory	100 SF			+
Sub Basement Mech Room		+++	Steam Drum Insulation	400 SF	X	H	╂
Sub Basement Mech Room		+++	Heat Exchanger Insulation	25 SF		누	#
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Throughout	<del></del>	HI-	Pipe Insulation	1,480 SF		片	₩
hroughout			Pipe Insulation	26,864 SF	岗	H	##
		<del>         </del>	Heat Shields	70 Ea		H	胎

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Date of Notification (1)	V	97-99-5		Na	me of Buildi	ng Owner/Operator	(2)	28/2 11						
	/	13		F	Rutgers Ur	niversity	(2)	Peta JUN -3	Fr.					
Agencies Notified	Type Notificat	on			eet Address				117	2: 6	رم_			
☑ EPA ☑ DOLWD	☐ Initial					Bldg 4086		6. 1	2		<b>u</b> '			
⊠ DOLWD	Amended			011	y, State, Zip			& Christia	4					
□ DCA	Amendmer  Emergency	(#1-1/)	25/13	5 3 285		, NJ 08854		11						
(NJAC 5:23-8)	justification	(includ i)	ing		me of Conta			151						
	☐ Cancellatio	n			like Smith	37.		Telephone Num	ber			2000		
				F		NFORMATION		4						
Name of Facility Where	Abatement is Ta	king Pla	ce (3)		ACILITY	NFURMATION	T= 22 iii							
15 Washington Str			R1711 \$75.4				Type of Facility				Company Break			
Street Address							School (K-1	8 (Other than K-12	٥١					
15 Washington Str	eet						Other (i.e.,	private and comme	rcial	buildi	ngs.			
City (5)							homes, etc	.)						
New Brunswick							Square Feet	# of Floors	7	Bldg.	Age			
County (6)				TC	unty Code (	71/07475 1/05 01/11/0	200,000÷	19		60+				
Essex				00	diffy Code (	7)(STATE USE ONLY)		rior if being demoli:	shed)					
Name of Monitoring Firm	r (8)	IASC	M No.	IN (A)	University									
ATC		3	. (0)		098	Name of Abatem		<b>5</b> 0.1						
Street Address					U36		VIRONMENTA	L, INC.						
3 Terri Lane						Street Address			(+ Co					
City, State, Zip Code						1123 BEAVE								
Burlington Townshi	p. NJ 08016				City, State, Zip Code									
Project Manager for Monit			Te	ephon	o No	BRISTOL, PA	19007							
Brian Kearney					6-8800	Telephone No.		License No.						
Start Date (10)	Sch	eduled			Pate (11)	215-788-6040		00509						
2 / 6 /	13				on Date (11)  Name of OSHA Monitor  BRISTOL ENVIRONMENTAL, INC.									
Occupancy Status During	Abatement (Che			<u> </u>			VIRONMENTA	L, INC.			50.			
☑ Facility Closed/Vacated	During Entire	Period o	Abate	mont		Street Address	_				ing some			
☐ Abatement Performed	<b>Dutside of Norm</b>	al Facili	ty Hou	rs - De	escriba	1123 BEAVE								
Time of Abatement: 7:	00AM-4:00PM/			AN		City, State, Zip Co								
Scope of Work (Check all	hat apply)				2000	BRISTOL, PA	19007							
						⊠ Full Cont	ainment with Neg	active Deserve						
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			enoval				osure	Jauve Pressure						
M 2100 SI GI 2200 II		M D	emoliti	on		⊠ Glovebag	Procedure							
		T Is	Loca	tion	T	Mon-Exer	npted (*) and No	n-Friable Procedur	_					
Location o			Norma	lly		Description of	.		Abatement Type					
Asbestos-Containing M TO BE ABAT		Use	ed Sol	ely by	Asbes	tos Containing Mat	erial (ACM)	Amount	20	R	g	m		
IN Facility	<u>=U</u>			Staff?	(i.e.	thermal systems in	nsulation.	(Specify	Remova	Repair	22	읈		
(13)			(12)		1	surfacing, VAT, other miscellaned		SF or LF)	à	1	Encapsulate	Enclosure		
		Yes	No	N/A							8			
See attached														
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Name of Registered Waste	Hauler	In-			West I			3						
SERVICE TRANSPOR		C	H	auler II		Cubic Yards of Waste	Name of Regist			(0.1				
		<del>-</del>		20990		1000 Cu Yds	MINERVA L	ANDFILL						
City, State	200				1	Disposal Date	City, State					$\neg$		
NEW CASTLE, DE 197						8/16/12	WAYNESBI	URG, OH 44688						
Completed By (Print or Type				2.75		Signature	^	Date	-	,				
Gino Pizzigoni	0	enera	Man	ager		Stir F	yzigon	1/	25	//3				
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Throughout		7.7					
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Throughout	<u> </u>	Double Layer Tile	8,230 SF	Ø	H	H	+
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Roof	HIMIC	Transite Panels	214 SF	Ø	H	片	╁
Roof		Transite Panels	3,080 SF		H	⊬	╬
Throughout	× PIC	Built Up Roofing	1,584 SF		H	片	╬
7 <sup>th</sup> Floor Mech Room	片본	Triple Layer Tile	3,184 SF		H	H	╬
7 <sup>th</sup> Floor Mech Room		AHU Cork Sealant	750 SF		H	H	╬
Sub Basement Mech Room		White Electrical Wire	30 LF		H	H	╁┾
Sub Basement Mech Room		Boiler Door Refractory	100 SF		H	H	╬
Sub Basement Mech Room		Steam Drum Insulation	400 SF	X	H	H	╁
Sub Basement Mech Room		Heat Exchanger Insulation	25 SF	Ø	붜	H	╬
Sub Basement Mech Room		Duct/Boiler Insulation	800 SF		H	H	╁┾
Sub Basement Mech Room		Ceiling Plaster	1,400 SF	Ø	H	H	⊬
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	片위님	Heat Shields	70 Ea	X	H	H	+
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Date of Notification (1)						IJAC 8:60 and	5:16)	DIFUL 2	396	,	in the			
A	_ ′ _		_		Rutgers (	ding Owner/Operat	or (2)		A	12	br			
Agencies Notified Typ  ☑ EPA 6352	e Notifica	tion		-	Street Addres	1.1 (				- 65	* 6	Ď		
153 march 152	Initial							St LICE W			-2			
	Amended Amendme			-	City State 7	1 Bldg 4086		e licen	-144	g''	1.			
DCA DCA	Emergeno	int #			City, State, Zip Code Piscataway, NJ 08854									
(NUAC 5.23-0)	ustricatio	n)	uaing	h	Name of Cont	y, NJ 08854								
	Cancellati	on		- 1	Mike Smit			Telephone N	umbe	r		_		
								1						
Name of Facility Where Abates 15 Washington Street	ment is Ta	aking F	Place (3	)	FACILITY	INFORMATION	Type of Facility	(4)			_	_		
Street Address							☐ School (K-1	2)						
15 Washington Street City (5)					Subchapter 8 (Other than K-12)  Other (i.e., private and commercial building									
New Brunswick			9				homes, etc. Square Feet	<u>,                                      </u>			105161600			
County (6)							200,000+	# of Floors		Bldg. Age				
Essex				7	County Code	(7)(STATE USE ONLY		19		60	)+			
							University	ior if being demo	olishe	d)				
Name of Monitoring Firm Hired	by Buildin	g Own	er (8)	AS	CM No.	Name of Abster	nent Contractor (9)							
ATC				0	8000	BRISTOLE	MARCHINACOR (9)	- agree						
Street Address						Street Address	VIRONMENTA	L, INC.						
3 Terri Lane						1123 BEAVE	D 0777							
City, State, Zip Code		the state												
Burlington Township, NJ						City, State, Zip (				-		-		
Project Manager for Monitoring F	irm		Te	lepho	ne No.	BRISTOL, P.	4 19007							
Brian Kearney					886-8800		1 A 600 S A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A	License No.						
Start Date (10)	Sch	eduled	Comp	letion	Date (11)	215-788-604		00509						
2 / 6 / 13		5	/ 3	11	/13_	Name of OSHA								
Occupancy Status During Abater	nent (Cha	ak ant		=	/_13_		VIRONMENTAL	, INC.						
☐ Facility Closed/Vacated Durin	r Entire D	cat only	y one)			Street Address								
Abatement Performed Outside	of Norm	al Engl	libe bloo			1123 BEAVE	RSTREET							
Time of Abatement: 7:00AM-	1:00PM	211.00	my mou PM-	ITS - LI	Jescribe M	City, State, Zip Co	ode							
Scope of Work (Check all that app						BRISTOL, PA								
⊇ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			enovat ernoliti	ion on		⊠ Glovebar	ainment with Nega osure Procedure npted (*) and Non-							
l andies of		1	s Local				- proo ( ) and Non-	Procedu	_					
Location of Asbestos-Containing Material (	ACM)	Us	Norma ed Sole	lly Ny hy		Description of	- 1		A	baten	ent T	уре		
TO BE ABATED	ACIN)	M	aintena	nce/	ASDES	tos Containing Mat	erial (ACM)	Amount	Removal	20	Ū.	I		
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(15)		-	(12)	т —	-	other miscellaneo	us)	SF or LF)	9		2	Enclosure		
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me of Registered Waste Hauler			NJ	DEP	Waste C	ubic Yards of	Name of Date							
SERVICE TRANSPORT GRO	UP, INC		Ha	uler II	D No. V	Vaste	Name of Register	ed Landfill						
, State		-		20990		1000 Cu Yds	MINERVA LA	NDFILL						
EW CASTLE, DE 19720					ا	isposal Date 8/16/12	City, State WAYNESBUR	G OH 44600				_		
npleted By (Print or Type)	Title					Signature					<u>#</u> 2			
ino Pizzigoni	Ge	neral	Mana	ger		Hen. A	2 · · ·	/ 'n Date	100	1,=	,			

Kutgers - 15 Washing	ton street	2812 1111			J
Throughout		2813 JUN 2 PAGE 40			
Throughout		Pour lile %	67,282 SF	M	TIL
Throughout		Double Layer I lie	8,230 SF	N	产品
Roof		Mastic	65,182 SF		┾╡┼╞
Roof		Transite Panels	214 SF	一岗一	┾╣╠
		Transite Panels	3,080 SF	園	┾╣╠
hroughout		Built Up Roofing	1,584 SF	園	┾┼┼
Floor Mech Room		Triple Layer Tile	3,184 SF	The state of the s	
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sub Basement Mech Room		White Electrical Wire	30 LF	A	
ub Basement Mech Room		Boiler Door Refractory		M	
ub Basement Mech Room		Steam Drum Insulation	100 SF	M	
ub Basement Mech Room		Heat Exchanger Insulation	400 SF		
ub Basement Mech Room		Duct/Boiler Insulation	25 SF		
ub Basement Mech Room		Ceiling Plaster	800 SF	M	
hroughout		Pine Inculation	1,400 SF	MI	
		Pipe Insulation	1,480 SF	X	
hroughout		Pipe Insulation	26,864 SF		러님
	171818	Heat Shields	70 Ea	園	러님

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORPORATION Date of Notification (1) Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-2414 3 JUN Street Address Type Notification Agencies Notified City, State, Zip Code Initial Notification FPA RAHWAY, NEW JERSEY 07065 DEP Amended Notification ž, Cancellation DOL Name of Contact Telephone Number On Hold DOH **EMERGENCY NOTIFICATION** STEVE MOLLING DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) MERCK SHARP & DOHME CORPORATION Other (ie. private & commcl. bldgs., homes, etc.) Bldg. Age # of Floors Street Address 245,000 28 2000 GALLOPING HILL RD Current Use (Prior if being demolished) County Code (7) City (5) County (6) (STATE USE ONLY) ABORATORY KENILWORTH INION Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) PAR ENVIRONMENTAL CORPORATION ENVIRONMETAL HEALTH INVESTIGATIONS, INC. 17 Street Address Street Address 313 SPOOK ROCK ROAD 655 WEST SHORE TRAIL City, State, Zip Code City, State, Zip Code SUFFERN, NEW YORK 10901 SPARTA, NEW JERSEY 07871 Telephone Number License Number Project Manager for Monitoring Firm Telephone Number 973-729-5649 845-369-7500 460 WILLIAM S. KERBEL, CIH Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 13 AMERISCI LABORATORIES INC #11480 6 / 13 6/ 11 Year Month Year Day Month Day Street Address Occupancy Status During Abatement (Check only one) 117 EAST 30TH STREET Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: FRIDAY-TUESDAY 7AM-3:30PM City, State, Zip Code Other - Describe: NEW YORK, NEW YORK 10016 Full Containment with Negative Pressure Scope of Work (Check all that apply) X Renovation Mini-Enclo Demolition Glovebag Procedure >3SF OR LF >160 SF OR 260 LF Non-Friable Procedure Description of Asbestos-Abatement Type Location of Is Location Asbestos-containing ENCL normally used Containing Material (ACM) Amount ENCAPSU REMOVA REPAIR (Specify solely by (ie. Thermal systems Material (ACM) LOSUR insulation, surfacing, VAT, TO BE ABATED Maint/Custodial SF or LF) Staff (12) or other miscellaneous) in Facility (13) Yes No N/A ASBESTOS CONTAINING LAB TABLE TOPS 30 SF BUILDING K-11 - ROOM 2008 X

Cubic Yards of Waste

Disposal Date

6/7/13 TO 6/11/13

500

Signature

**NJDEP** Waste

Hauler ID No.

15939

DIRECTOR OF OPERATIONS

Name of Registered Waste Hauler

FREEHOLD CARTAGE, INC.

FREEHOLD, NEW JERSEY

Completed by (Print or Type)

BENJAMIN SANCHEZ

825 HIGHWAY 33

City, State

Name of Registered Landfill

MONTGOMERY, PA 17752

City, State

447 ALEXANDER DRIVE/ROUTE 15

LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES

Date

5-28-13

CK 4467

			1 10		suilding Owner/Operato	- (2)	· · · · · · · · · · · · · · · · · · ·	124			2.25		
Date of Notification (1)	113		IN	Anne or i	TED FE	N STE I	is similar of	7/29					
Agency Notified	Type Notification	•	s	tract Ad	knee	Waste-Will	.34		44	ر			
D EPA	Prinitial				37 Paince	700 3	<u> </u>			5.5	173		
D DEP Z DOL	☐ Amended		C	ity, Stat	a, Zip Code N MILDFC	20 AL	0264	6			6		
Z DOL	Amendment #	ina	L			14C17 ' 14 "	Telephonoshium	bor		7			
DIOOH .	justification)	9	N	ame of			1 100	( )	-	2.			
D DCA	☐ Cancellation			M	R. FEINSTA	= 100							
				FACILIT	Y INFORMATION								
Name of Facility Where	Abatement is Taking Pla	ace (3)		10.10	•	Type of Facility	(4)						
	R. FEINS		2			School (K-12	3)						
Street Address				7	<del></del>	☐ Subchapter 8	(Other than K-12	) .l budlelime					
737	PRINCETON	2 5	7			homes, etc.)	ivate & commercia	II Dunum &	p.,				
City (5)	1 1000		<u> </u>	<del> </del>		Square Feet	# of Floors	Bldg. /					
Cay (5)	HILDFORD					2100	2	1.5	34	0			
	MILDIOIGE	<u> </u>	10	Country C	ode (7) (STATE USE	Current Use (P	rior if being demoli	ished)					
County (6)	RGEN			ONLY)	() ( ;	PES	POENCE	٠					
		100 A	SCM	No	Name of Abate	ment Contractor (							
Name of Monitoring Fit (8)	m Hired by Building Own	- /		NV.	1	Removal I							
					Street Address		.110						
Street Address				84		River St							
,					450 S City, State, Zip								
City, State, Zip Code					Hacks	nsack N	J. 07601						
		7-		- Ma			License No.		-				
Project Manager for M	onstoring Firm	Te	lephon	e No.		Telephone No. 201-329-7444							
		يبلي		. (4.4)	Name of OSH		1 0000						
Start Date (10)	Scheduled (		on Dat		Omega E	nvironmer	ntal Inc						
6/10	12   6	- 1	1		Street Address								
The state of the s	ring Abatement (Check o			(*)		yler St							
D Facility Closed/Vac	ated During Entire Period	of Abate	ement		City, State, Zir								
Abetement Perform	ed Outside of Normal Fa	MY PIOL	112		South	Hackensa	ck, N.J.	0760	6				
Scope of Work (Check													
				El Reno		il Containment will ni-Enclosure	h Negative Pressu						
[] ≥ 3 of or ≥ 3 if =[] ≥ 160 of or ≥ 260 if				O Demi	lition D.G.	ovebag Procedure							
					□ No	n-Exempted (*) ar	nd Non-Friable Pro	COCULO	Ab	aten	nent		
		10.000	Locati	STATE OF THE PARTY	2 7 2					Тур			
	ation of		iormal d Sole		Descriptio				IT				
Asbestos-Contai	ning Material (ACM)		intena:		Asbestos Containing	Material (ACM)	Amount (Specify		2	Repair	3 5		
	ABATED Facility		Staff?		(i.e., thermal system surfacing, V	ns insulation, AT. or	SF or LF)	)	Remova	9	200		
4 10	(13)	1	(12)		other miscella		1		8	=	Encapaulat		
		-		T						ľ	1		
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Name of Registered	Waste Hauler			Naste H		of Name of Reg	istered Landfill						
Best Remo		-	No.		Waste 1/2	Ca Minary	a Enterpr	ises	;				
	yur rne	1	710	19			- Zircerpi				-		
City, State	1. 17 7	076	01	-	Disposal Date	City, State	burg , Oh	n					
	ensack, N.J.	0/6	OI		6/11/1	1		Date	7				
Completed by	Title				Signature	1.	وسمم	<	128	3/	13		
J. Maioran	•	mato			$ \perp$ $\wedge$		ر در	13)		1			
ASB-41	* Do	not use t	his for	m for as	estos licensure exemp	ted activities.	1.00						