

Date of Notification (1) 6/2/2014						Owner/Ope REPATO		(2) SCHOOL	7	311				ā	
Agencies Notified	Type Notification			Street A		Y ROAD	)		4.	911 JU	5	4.75	3: ;	35	
EPA DEP DOL	Initial Amended Amendment				te, Zip Coo			7							
DOH DCA	Emergency (in justification) Cancellation	ncluaing	1		Contact RT COS	TELLO			Tel	ephone N	lumher		7		
			_	FACI	LITY INFO	RMATIO	N								
Name of Facility Where of ORATORY PREPA								Type of Faci School Subcha		er than K	-12)				
ONE BERVERLY F	ROAD							etc.)	.e. private					es,	
City (5) SUMMIT							*	Square Feet	# 0	f Floors		3ldg.	Age		
County (6) UNION				County ( (STATE L	Code (7) JSE ONLY)		_:	Current Use	(Prior if be	ing demo	lished)				
Name of Monitoring Firm ENVIROVISION CO				ASCM	No.			of Abatement BROTHER			ING, II	۱C.			
Street Address 20-21 WAGARAW	ROAD - BLDG	35E		<u> </u>				Address RUTHERF	ORD BL	VD.					
City, State, Zip Code		200					City, S	tate, Zip Code	)	<b>V</b> D.					
FAIR LAWN, NJ 07 Project Manager for Mor	50000		<del>-</del> T	Telepho	ne No.			TON, NJ 0	7014	License	No.		W.Louton		
FRED LARSON				10000 R-12000	36-9145			956-8700		00494	1	92			
Start Date (10) - 6/13/2014		Scheduled 7/3/201		npietion i	Date (11)			of OSHA Mor IE AS (9) A							
Occupancy Status Durin	g Abatement (Check	Only One	∍)			\$	Street	Address							
Abatement Perform	ated During Entire P ned Outside of Norm NON-OCCUPIED; ST	al Facility	Hours		1882		City, S	tate, Zip Code	)						
Scope of Work (Check A	II That Apply)														
≥3 sf or ≥3 lf  ≥ 160 sf or ≥260 lf	***		enova emolit				×	Mini-Enclo	inment with sure Procedure noted (*) ar				re		
		Is l	Locati	ion				1 HOIT EXOLI	1			Aba	temen	t	
Location	n of		ormal			Desc	ription	of			-	T .	уре	Т	
Asbestos-Containing <u>TO BE AB</u> In Faci (13)	ATED lity	Mair Custo	(12)	nce/ Staff?			ystem: ng, VA		(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure	
BOILER F	ROOM	Yes	No X	N/A	BOIL E	R & DU	CT II	NSULATIO	V 10	990 SF	X	+-			
BOILLIN	COOM					PIPE IN				35 LF	X	+	+		
Name of Registered War			H	IJDEP W fauler ID 8743		of Waste 50		200000000	e of Regist STE MA			G.R.	0.W.	S.	
City, State CLIFTON, NJ					Disposa 7/3/201		<ul> <li>(i) 100/02/25(3).</li> </ul>	State RRISVIL	LE, PA						
Completed by VIVECA RAMOS							nature	Lychen	Ran	nn	Date 6/2/2014				

Date of Notification (1) June 2, 2014				Building Owner/G Hill Public Sc		(2) Check #*	1189					
Agencies Notified	Type Notification		Street Ac			- OTTOOK 12.	1189	<del>5 /:</del>	3	· 3{	1	_
X EPA	× Initial		45 Rar	noldo Terrace					*			
DEP	Amended			te, Zip Code Hill, NJ 0803	4					Ĭ.,		
	Amendment #_ Emergency (in		Name of		4	7374807	Telephone		)r			
DOH DCA	justification) Cancellation		Tom C				bec 720			32		
				LITY INFORMAT	ION							
Name of Facility Where A Woodcrest Elemen		Place (3)				Type of Facility (4	4)					
Street Address	tary Scribbi			7000		School (K-1)	2) 8 (Other thar	n K-12)				
400 Cranford Rd						Other (i.e. p	rivate & com		uild	ings,	home	es,
City (5)						etc.) Square Feet	# of Floor	'S	BI	dg. A	ge	-
Cherry Hill						20,000	2			00	To:	
County (6) Camden			County C	Code (7) USE ONLY)		Current Use (Price School	or if being der	molished	)			
Name of Monitoring Firm	Hired by Building Ov	vner (8)	ASCM	1 No	Name	of Abatement Con	tractor (9)					
TTI Environmental,	100	(6)	7,00,1		100000000000000000000000000000000000000	de Environmen						
Street Address 1253 N. Church Str	eet				1 7 7 7 7 7	Address Cutler Ave.	araharaka					
City, State, Zip Code						State, Zip Code						
Moorestown, NJ 08	2,000,000,000		Talasha	N-		le Shade, NJ 0		nse No.	Jugar.			
Project Manager for Mor Jim Guilardi	***			10-8800	100000000000000000000000000000000000000	hone No. 755-0099	008					
Start Date (10) June 20, 2014		Scheduled Co July 3, 201		Date (11)	Name EMS	of OSHA Monitor L						
Occupancy Status Durin	g Abatement (Check	Only One)		in the	Address	10						
	ated During Entire Pe				3.0800	Haddon Ave						
Abatement Perform Other – Describe:	ned Outside of Norma	I Facility Hou	irs		10000	State, Zip Code stmont, New Je	rsev 081	08				
Scope of Work (Check A	All That Apply)				1100	arrone, monde	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			***		054-050
≥3 sf or ≥3 lf		× Reno	vation		>	Full Containme	ent with Nega	ative Pre	ssur	е		
≥160 sf or ≥260 lf		Demo				Mini-Enclosure	•					
						Glovebag Prod Non-Exempted		-Friable	Proc	edur	9	
		Is Loc	ation								ment	
Location		Norm Used So			escription					Ту	he	Ι
Asbestos-Containing TO BE AB		Mainter	ance/			Material (ACM) s insulation,	Amount (Specify		R.	TI	Enc	E
In Faci	lity	Custodia (12			acing, VA		SF or LF	=)	Remova	Repair	Encapsulate	Enclosure
(13)	*	Yes No	N/A	Other	IIIISCEIIa	neous)			/al	=	late	лге
Boiler R	oom	X	, IWA	Boiler B	reech I	nsulation	50 SF	. >	XX			
Boiler R		X Boiler Lagging 50 SF XXX										
Name of Registered Wa	ste Hauler	' T	NJDEP W		Yards	Name of	Registered La	andfill				
Freehold		*	Hauler ID 22253	20			n Berks Co	ommur	ity	Land	llift	
City, State Mount Holly, New Je	ersey 08060				sal Date /2014		e iro, PA 195	508				
Completed by		Title			Signatur	200		Date				
Christina Lynch							4					

Date of Notification (1)					Building C	2.5			1100						
June 2, 2014	T 11.000 - 11.		Thomas Scanlan Check # 185  Street Address 128 Decatur Street												
Agencies Notified  EPA	Type Notification		11.8		aress ecatur St	treet				~ ;	) [1	3.52	`		
EPA DEP DOL	Amended Amendment #				te, Zip Coo ∕Iay, NJ				8 8 .						
	Emergency (ir		- 83	Name of		00201				Tele	phone N	lumber		-250	
☑ DOH DCA	justification) Cancellation		01.3		s Scanla	an					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
				FACIL	LITY INFO	RMATIO	N								
Name of Facility Where Residence	Abatement is Taking	Place (3)	)					P	of Facility (4 School (K-12						
Street Address 128 Decatur Street				7 1				×	Subchapter ( Other (i.e. pr etc.)	8 (Othe			ding	s, ho	mes,
City (5) Cape May									are Feet	# of 2	Floors		3ldg. 100	Age	
County (6) Cape May				County C	Code (7) JSE ONLY)				ent Use (Prio sidence	r if beir	ng demol	lished)			
Name of Monitoring Firm	Hired by Building O	wner (8)		ASCM	l No.		Name		atement Cont	tractor	(9)				
Management & Env			s				Shac	de En	vironment						
Street Address P.O. Box 341							Street 623 (		ess er Ave.						
City, State, Zip Code Chesterfield, NJ 08	515								Zip Code ade, NJ 0	8052					
Project Manager for Mor Bill Weisgarber	nitoring Firm			Telephor	ne No. 98-4070		Teleph 856-	none N 755-(			License				
Start Date (10)			ed Con	Ompletion Date (11)  Name of OSHA Monitor						): 		70.5			
June 17, 2014	STATE OF THE PARTY	June 2		14			EMSL Street Address								
Occupancy Status Durin	3 1						Street Address 107 Haddon Ave								
Abatement Perform Other – Describe:	ated During Entire Poned Outside of Norma	eriod of A al Facility	Hours	nent			City, S	, State, Zip Code estmont, New Jersey 08108							
Scope of Work (Check A							Westinont, New Jersey 00100						- 48.50		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	/ / ( pp.) /	-	tenova emolit			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
		T -	M 193					_ No	on-Exempted	( and	i Non-Fr	lable Pr		atem	ent
		10.00	Locati Iormal	MT (1) (1)					- 1					Гуре	
Location Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Use Mai	d Sole intena todial ( (12)	ly by nce/		tos Conta thermal s surfaci other m	system ing, VA	Materia s insul \T, or	lation,	(8	mount Specify or LF)	Removal	Kepair	Lincapoulato	Enclosure
Basem	ent	100	X	1		Ins	ulatio	on .		. 5	0 SF	XXX	1	+	
Basem			X			Tank	Insula	ation		2	0 SF	XXX			
Basem	ent		X			Pipe	Insula	ation		18	30 LF	XXX			
Name of Registered Wa	ste Hauler		1,000	IJDEP W lauler ID		Cubic \			Name of F				, 1 0	ndfi	11
Freehold			2	2253		3	-I.D. (		Western		(2 COLL	munit	Ld	iiuii	
City, State Mount Holly, New Jo	ersey 08060					Dispose 6/21/2		1	City, State Birdsbo		1950	8			
Completed by Christina Lynch	Title Operations Manager				Si	gnature		202	<u></u>		Date June	2, 2	)14		

Date of Notification (1) June 2, 2014					Owner/Operato		# 1100				00-00-	V/5/	
Agencies Notified	Type Notification		Street A		olic Schools	Спеск	# 1188			-			
EPA	Initial			noldo Te	errace		2011	! <del>!</del> -5 -	r 1.2 ·				
DEP X DOL	Amended Amendment			ate, Zip Co y Hill, NJ					7.1 -1		2		
X DOH X DCA	Emergency (		Name of	of Contact			Tel	ephone Nu	mber	ممر	<u> </u>		
X DCA	Cancellation				RMATION				W	100			
Name of Facility Where	Abatement is Takin	g Place (3)	FAC	ILIIT INFO	DRWATION	Type of Facili	y (4)				-		
Joseph Sharp Elen	nentary School					School (	<-12)						
Street Address	20 <b>4</b>							er than K-1 & commerc		dinas	home	00	
300 Old Orchard R	.a					etc.)			S100 125 1770 1870 1870 1870 1870 1870 1870 1870		- 100 AND	cs,	
City (5) Cherry Hill	35					Square Feet 20,000	# o	f Floors		Bldg. A	\ge		
County (6)			County	Code (7)		Current Use (		ina demolis		00			
Camden		Accesses Aller Accessive of the		USE ONLY)		School	110. 11 00	ing demons	ricu)				
Name of Monitoring Firm TTI Environmental,		Owner (8)	ASCI	M No.		e of Abatement ( de Environm							
Street Address						t Address			-				
1253 N. Church Str	reet					Cutler Ave.	-2122						
City, State, Zip Code Moorestown, NJ 08	3057					State, Zip Code ole Shade, No	08052						
Project Manager for Mor Jim Guilardi	nitoring Firm		Telepho 856-8	one No. 40-8800		hone No. -755-0099		License N 00842	lo.				
Start Date (10) July 21, 2014		Scheduled (		Date (11)	Name EM:	e of OSHA Monit SL	or				XI E E I I E E		
Occupancy Status Durin	ng Abatement (Chec	k Only One)			Stree	t Address					6 to 12		
Facility Closed/Vac Abatement Perform	ated During Entire F	Period of Aba	tement		107	107 Haddon Ave							
Abatement Perform Other – Describe:	ned Outside of Norm	nal Facility Ho	ours			State, Zip Code stmont, New	Jersey	08108					
Scope of Work (Check A	All That Apply)			14	110	ourione, 110W	Corocy	00100			-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			ovation olition			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
		T	n.	T		Non-Exemp	ted (*) an	d Non-Friat	T Pro		emen	t	
Location	n of		cation nally		Descriptio	n of					/pe	70. 	
Asbestos-Containing	Material (ACM)		olely by nance/		tos Containing	Material (ACM)	Α.	mount			ш		
TO BE AB In Faci		Custodi	al Staff?	(i.e.	thermal system surfacing, V			Specify or LF)	Removal	Repair	сар	inclo	
(13)		(1	2)	1	other miscella				oval	air	Encapsulate	Enclosure	
			lo N/A			1.0	-	22.05			Ф		
Boiler R		X	Boiler Breech Insulation 100						XXX	_			
Boiler R	oom	X			Boiler Lag	ging	10	00 SF	XXX	ļ			
				ļ			-			-			
Name of Registered Wa	ste Hauter		NJDEP V	Vaste	Cubic Yards	Nama	of Registr	ered Landfil					
Freehold	Sic Hauler		Hauler ID		of Waste	San Area and Area		ks Comm		Lan	dfill		
City, State Mount Holly, New Je	ersey 08060		Land Control		Disposal Date 8/01/2014			A 19508			- 0		
Completed by		Title			Signatu				ate				
Christina Lynch		Operations Manager June 2, 2014											

Date of Notification (1)			Building Owner/0				···					
June 2, 2014	A Comment		Hill Public Sc	chools	Check # 1	186	Ţ.					
Agencies Notified Type Notification    X   EPA		Street Ad 45 Ran	dress noldo Terrace			W.						
DEP Amended  DOL Amendment #		3,570	te, Zip Code Hill, NJ 0803	4		JUN	Ę	2014				
Emergency (in justification)  DCA  Emergency (in justification)  Cancellation	cluding	Name of Tom C	Contact		W	Telephone	Number	ممد				
Z DCA Cancellation			LITY INFORMAT	ION		L'						
Name of Facility Where Abatement is Taking Russell Knight Elementary School	Place (3)	TAGIL	LITT INTOKINAT		e of Facility (4)							
Street Address				×	School (K-12) Subchapter 8		K-12)					
140 Old Carriage Road					Other (i.e. prietc.)			ldings	, home	es,		
City (5) Cherry Hill		<del></del>		(20000000	are Feet	# of Floors	10.76	3ldg. <i>A</i>	Age			
County (6)		County C	Code (7)	Curr	rent Use (Prior	if being demo	olished)		_			
Name of Monitoring Firm Hired by Building On	wner (8)	ASCM		Carrier   News	atement Contr	actor (9)						
TTI Environmental, Inc.				Shade E	nvironmenta							
Street Address 1253 N. Church Street				Street Addre	T-6178							
City, State, Zip Code Moorestown, NJ 08057		25		City, State, Maple Sh	Zip Code nade, NJ 08	3052						
Project Manager for Monitoring Firm Jim Guilardi		Telephor 856-84	ne No. -0-8800	Telephone I 856-755-		Licens 00842						
	Scheduled Co		Date (11)	Name of OS EMSL	SHA Monitor							
Occupancy Status During Abatement (Check		/17		Street Addre	920			-				
		mont		107 Hadd								
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:				City, State,	Zip Code nt, New Jer	20V 0810	Ω					
Scope of Work (Check All That Apply)				Westinoi	it, ivew ser	3cy 0010						
≥3 sf or ≥3 If ≥160 sf or ≥260 If	Renov			⊢ M G	ull Containmer lini-Enclosure llovebag Proce	edure						
				L N	on-Exempted	(*) and Non-F	nable Pr	0,000	emen	t		
	ls Loca Norm	하지 않아왔다면 보다 그 그리							уре			
Location of Asbestos-Containing Material (ACM)		lely by .	Asbestos Cor	escription of ntaining Materi		Amount	77		<u> </u>	m		
TO BE ABATED In Facility (13)	Custodia (12		surfa	al systems insu acing, VAT, or miscellaneous	jenovecou.	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
	Yes No	N/A					<u>n</u>	•	ate	9		
Boiler Room	X		Boiler La	igging Insul	ation	100 SF	XXX					
Boiler Room	Х		Boiler B	reech Insula	ation	100 SF	XXX					
							_	-				
Name of Registered Waste Hauler		NJDEP W	aste Cubic	c Yards	Name of R	egistered Lan	ndfill					
Freehold		Hauler ID 22253	No. of Wa	aste	Western	Berks Con	nmunity	/ Lan	dfill			
City, State Mount Holly, New Jersey 08060	Disposal Date City, State 7/18/2014 Birdsboro, PA 195				o DA 1050	608						
Completed by			1/10	/2014	Dirasbor	U, PA 1950	A 19508  Date June 2, 2014					

Date of Notification (1) June 2, 2014				Building Owner/C Hill Public Sc		(2) Check # 1	187				
Agencies Notified	Type Notification		Street Ad 45 Ran	<sub>dress</sub> oldo Terrace		1	JU	N 5	201	4	-
EPA DEP DOL	Amended Amendment #			e, Zip Code Hill, NJ 0803	4						ر اد
➤ DOH ➤ DCA	Emergency (in justification) Cancellation	ncluding	Name of Tom Ca			<u></u>	Telephone N	umber	52		7
		100000	FACIL	ITY INFORMAT	ION				4		
Name of Facility Where Henry Beck Middle Street Address		Place (3)				Type of Facility (4)  School (K-12)  Subchapter 8		12)			
950 Cropwell Rd						etc.)	ivate & commer				s,
City (5) Cherry Hill						Square Feet 20,000	# of Floors 2	10	ldg. Ag 00	је 	
County (6) Camden			County C (STATE U	ode (7). SE ONLY)		Current Use (Prior School	r if being demol	ished)			
Name of Monitoring Fire TTI Environmental		wner (8)	ASCM	No.		of Abatement Cont le Environment					
Street Address 1253 N. Church St	treet					Address Cutler Ave.					
City, State, Zip Code Moorestown, NJ 0	8057					tate, Zip Code e Shade, NJ 0	8052				
Project Manager for Mo			Telephon 856-84		Teleph	none No. 755-0099	License 00842				
Start Date (10) June 20, 2014		Scheduled ( July 3, 20	Completion D			of OSHA Monitor					
Occupancy Status Duri	ng Abatement (Check					Address			-		
The second secon			tomont			Haddon Ave					
Facility Closed/Va Abatement Perform Other – Describe:	cated During Entire P med Outside of Norm	al Facility Ho	ours		100000000000000000000000000000000000000	tate, Zip Code tmont, New Je	rsey 08108				
Scope of Work (Check	All That Apply)										-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	F		ovation polition		2	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure			Δ.	
		T					( ) and ivon-in	lable ( To	Abate	- 5	
		**************************************	cation mally	_					Ту	ре	
Asbestos-Containin TO BE A In Fac	ng Material (ACM) BATED cility	Used S Mainte Custodi (1	Solely by enance/ ial Staff? (2)	Asbestos Cor (i.e. therma surf		Material (ACM) s insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Boiler I	Room	Yes N	NO IN/A	Boiler B	reech li	nsulation	200 SF	XXX			
Boiler I	AND STATE OF THE S	X			er Insul		200 SF	XXX			
Name of Registered W	aste Hauler		NJDEP W		c Yards	A	Registered Land				
Freehold			Hauler ID 22253	80	NAME OF THE PARTY		Berks Com	munity	Lan	dfill	
City, State Mount Holly, New	Jersey 08060				osal Date		e ro, PA 1950	8			
Completed by Christina Lynch	W-	Title Operati	ons Mana	nger	Shapatur	made	$\overline{}$	Date June 2	, 201	14	

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)					Name of B	uilding C				7 1	13	2010	9 5	
	May 22, 2014				1		Jerry C	Grogg		d'	7 /	997	/	1
Agencies Notified  [ X ] EPA  [ ] DEP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ıl Notific			Street Add	ress	135 No	ottingham	Drive	JUN	į	5 20	14	
[x] DOL	7 7	nded No ndment#	tification ¥		City, State,	Zip Cod		\$10000000000000000000000000000000000000	,				1584-1515	
[x]DOH	[X] Eme	rgency (i	ncluding				Watch	ung, NJ 0	7069				- 1	*
[ ] DCA		fication)			Name of C				7	Telephone Number			750	
	[ ] Cano	ellation				Jerry C	Grogg				1	17		
				FAC	CILITY IN	FORM	ATION							
Name of Facility Where Ab	atement is Taking idence	Place (3	)	///				Type of Fa	cility (4)					
	idence									School (k-12)	l 4l	- 1- 12\		
Street Address	Ortley Avenu	е							[x]	Other (i.e., priva homes, etc.)			ial buil	dings,
City		Count	ty (6)		County Cod			Square fee		# of Floors	Bld	g. Age		
Lavallette		Ocea	an		(STATE US	E ONLY	)	Current Us		l l f being demolished			50	
)					<u>(#</u> )			Current Os	Residen		,			
Name of Monitoring Firm I	20	Owner (8	3)		ASCM No.		Name of	Abatement C						
N/A Street Address							Street Ad	dress	Guardi	an Contracting,	Inc.			
							041001714	41000	1889 R	oute 9, Unit 61				
City, State, Zip Code							City, State	e, Zip Code	m r	·	00	255 1	071	
Project Manager for Monito	ring Firm		Telephone	Number			Telephone	e Number	Toms F	River, New Jers License N			271	
							732-349	9-9932		00624				
Scheduled Start Date (10) 5/23/14			Scheduled 5/26/		ion Date (11)		Name of 0	OSHA Moni		L. Analytical				
Occupancy Status During A  [ X ] Facil  [ ] Abate	batement (Check of the characteristic content of the characteristi	d During	) Entire Peri	od of Aba			Street Add	dress e, Zip Code	1056 S	telton Road way, New Jerse	ey 088	354		
Scope of Work (Check all the	nat apply)  for ≥3 If			Renova	tion		[ ]	Mini-En		with Negative Pres	ssure			
	sf or ≥260 lf		[x]	Demoli			[x]			) and Non-Friable	Procedi	ıre		
					T					1	Ι		<b>n</b>	=
			Is Location	nn.		г	escription	n of			Aba	tement	1 ype	-
Location o	E01	N	Normally u	ised		Asb	stos-Cont	taining		Amount	R	R E	E	E N
Asbestos-Containing Ma		Main	Solely by tenance/C	-			aterial (A)			(Specify SF	М	P	С	C
in facility	<u>DD</u>	iviaiii	Staff	ustoutai			ation, sur			or LF)	0	A	A P	L
(13)			(12)				VAT, or				V	R	S	S
		YES	NO	NT/A		othe	miscella:	neous)			A		U	U R
		1 E3	1000	N/A							L		E	Е
Exterior			X		Asbesto	s siding	5			1100 sf	X			
) (n '. IW. T					1									
Name of Registered Waste H Guardian Con		N	IJDEP Was 2	te Hauler 20223	ID No. Ci	ubic Yaro 3	ls of Waste		of Register .R.F.	red Landfill				
City, State				Dispos	al Date		City, Stat	e	4					
Toms River, 1		Tid		5/27/			Tullyto	wn Penns	lvania	/	r			
Completed by (Print or Type)  Nicholas Fernicola  Title  Project Manager  Signature					1) 20 V	ho	('-	te	A	Date 5/22				

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

	12-					21	JUN	2014		13	-
ate of Notification (1)		Nan	ne of Bu	uilding O	wner/Operator (2	2)	- [				-
6-2-14		1,000	dol	The second second second	TIFIE				- 1		3
gencies Notified Type Notification			eet Add	BAY	BREEZE	DR				24	+
EPA Virital DEP Amended				Zip Cod	ę .	11 200	-3.				
DOL Amendment #_	berlines	-	TOM	SK	IVER A	11-1/8/3	Telenham N	humber		L t	=
instification)	-	Na	me of C	ontact	ACK15	/	T,	7 /		7	_
DCA Cancellation		1					-	1-1			
· ·		F	FACILIT	Y INFO	RMATION	Type of Facility (	4)				
ame of Facility Where Abatement is Taking	Place (3)	>	R			CT Cohool (K-12	1	v 131			
		-				Subchapter 8 Other (i.e., pr	ivate & comm	nercial Du	ilding	s.	
treet Address BAY BREE	ZE	مے	R			homes, etc.)	HOME		Bidg.		1/201
3.75	1/	7				Square Feet	/		50	<u> </u>	
TOMS KIVER	///			Codo (7)	(STATE	Current Use (Pri	ior if being de	molished	1)		
county (6) O EDAN		10	JOURNY V	ILY)			ANT				=
	owner	AS	CM No.	T	Name of Abaten	nent Contractor (9	)	140.			
lame of Monitoring Firm Hired by Building ( 3)						INDUST	YES /	NC,			=
Street Address		1			Street Address	ATTICK T	RAIL		5372		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				-	City, State, Zip	3-4-	a 0 1a	/			
City, State, Zip Code					BRICK	NJ. 6	18124				_
A Registration Street		elepit	one No		Telephone No.	1/2	License	No.	01	′	
Project Manager for Monitoring Firm					132 899		1_0	47			
Start Date (10) / Sche	duled Con			(11)	Name of OSHA	, IOSUTIONAL					
6-11-14 6	-12-				Street Address					-	
Occupancy Status During Abatement (Cha	ecic only on writed of Alt	ie) wiem	ent								
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	al Facility I	lours			City, State, Zip	Code					
Other - Describe:											
Scope of Work (Check all that apply)					☐ Full C	ontainment with N	egative Pres	STRE			
∏≥3 sfor≥3 lf	Refe	ovatio	n		hand	inclosure bag Procedure					
≥160 sf or ≥260 if	Dem		·		Non-E	Exempted (") and h	Jon-Friable P	Tocedure	Al	aten	nent
		cation mally	1	_						Тург	е
I ocation of	Used S	Solely	by		Description tos Containing N	of Naterial (ACM)	Amou				四
Ashestos-Containing Material (ACM)		todial	DEI	ASUE (Le.	thormal system	is insulation,	SF or L		Removal	Repair	cap
TO BE ABATED IN Facility	1000	12)			surfacing, VA	neous)			oval	18	Encapsulate
(13)	-		NVA		-						•
	Yes	No	LOA		10101		1,250	<u> </u>	V		
SIDING	_		V	JK	ANS ITE						
			$\vdash$								
	-		$\vdash$								
			UDEP V		Cubic Yards	Name of R	egistered La	ndfill /			
Name of Registered Waste Hauter BRICK IND. IN	۷.		lauler III		of Waste	, <u>G</u>	R.O.	W.	_	_	
					Disposal Date	e City, State	PA				
City. State BRICK. NJ. De	842-	,			6-18-		- 17	Date /	_		
					Signatur	May de		6	- 2	- /	4
ERIC PLITCKIS	PRE	3	1			W/secv.					

## NO ( State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1) May 29, 2014		- 15			Drew Univ	ling Owner/Operat			
Agencies Notified		Notification	Type al Notifi	ication	Street Addres	n Avenue	JH -5 □	H 3: 53	
X EPA	A PAGE			fication # 4	City, State, Zi	p Code		the same of the sa	
x DCA					Madison,	NI		مؤلىن	
x DOL		□ Emerg		iciuding	Name of Cont		Пе	elephone Numb	er
X DEP		justific			James Hall	tact	110	4	7
x DOH		Cance	lled						•
				FACILITY INF					
Name of Facility Where Abatem					Type of Facility				
Drew University- Hall of	of Scien	nces			School (K-1		· ·		
						8 (other than K-12			
Street Address					Other (i.e.	private & commerc	ial buildings	, nomes, etc.)	70 40000
36 Madison Avenue					Sq. Feet:	Unknown #0	of Floors.	Blag. Age.	10 years
	County (6)	L		Code (7) Jse Only)	Current Use (	prior if being demo	olished):		
Name of Monitoring Firm Hired		Owner (8)	ASCM	No.	Name of Contr	actor (9)			
Briggs Associates, In	ic.				GREENWO	OD ABATEME	ENT CON	SULTANTS.	INC.
					Street Address			232.7	
Street Address					Street Address	2			
3 Crosswicks Street			*		268 MAIN 8	STREET			
City, State, Zip Code					City State, Zip				
Bordentown, NJ					Butler, NJ	07405			
Project Manager for Monitoring	Firm	Telephone I	Number		Telephone Nu	mber	Li	cense Number	
Michael Hoodak		609.298				50-10-10-10-10-10-10-10-10-10-10-10-10-10			
					973-492-04		0	0840	
Scheduled Start Date (10)		Scheduled (			Name of OSH	A Monitor			
May 27, 2014		August 3	30, 201	4	EMSL inc.				
35		Oh b b	1		Street Address	9			
Occupancy Status During Ab	atement (	Check only o	one)		Street Address	2			
Facility Closed/Vacated Abatement Performed	During t	f Normal Fac	of Abater	re -	1056 Stelt	on Road			0. 1999
Describe - Occupie		i Nomai Fac	lilly i loui	3 -	City, State, Zir	o Code			
Other – Describe: Phas		F 27204 / 60 /	00 20 204	14					
Other - Describe. Phas	se # 4- U	5.272014 10	00.30.20		Piscatawa	ıy, NJ 08854			
	T V								
Source of Work (Check all that	apply)					¥ Fii	III Containm	ent with Negat	ive Pressure
- 0 - 1 0 - 1				☒ Renovat	ion	2.14	Mini-Enclo	- AUGUSTON	
≥ 3 sf or ≥ 3 lf	00			Demolition		Glov	vebag Proc		
	DU .			Demoillion		x No	on-Exempte	ed (*) and Non-	Friable Procedure
							/rap & Cut		
				T 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		a Material	Amount	Abatemen	il Tyne
Location of Asbestos-Containin		ocation Norma		Description of As (ACM) (i.e. therm	pestos Containir	ig iviatefiai lation surfacing	Amount (Specify S	F	F AV ACC
Material (ACM) in Facility (13)		ly by Maint./C f? (12)	usiodiai	VAT, or other mis		iadon, sandonig,	or LF)	Remove R	Repair Encap Enclose
	YES		NA				X40		
HS -3		X	T	Spray On Fi	reproofing		1,100 st	f X	
Hailway & Bathrooms		X		Spray On Fi			1,000 st		
Rms # S105&S106		X	1	VAT & Masti			2,300 st	F X	
		X		TSI	-	*	140 lf	5250000	
1 <sup>st</sup> Fl. Area Adj		153		131		10			
Name of Reg. Waste Hauler		NJDEP Wa	ste Haule	r ID#	Cubic Yards	of Waste:	N	ame of Register	ed Landfill
See Hauler Below # 1 & 2		See Belov		27	80		19120	leadowfill Lar	ndfill
000 1100.01 00.01 11 1 0 2			27.		1 × 7 × 7 × 7			S.R.O.W.S	
								linerva Ent. C	Ohio
Hauler #1) Greenwood	Abateme	ent Consul	tants. In	c Butler, NJ	07405	Disposal Date	City, St		
NJ DEP # 125	561 NY I	DEP#	,		33.00 (45-00-30-00-0)	August 30,		2, Box 68 port, WVA 304	4-842-2784
Hauler #2) Newark Cartin	g, Inc	Newark, N.	J 04509.	NJ DEP # 19551		2014		ροπ, www. 304 finerva Road	7-072-2104
	B) -3.0.		,					sburg, OH	
F2 000000									

#### State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

		- TB:
	Signature	<u>Date</u>
94 (C. #140 (C. C. C	Marin Graure	May 29 2014
	IIOR PROJECT	

GAC # 2013-414 Amendments-Minor VAT Non-Friable Removal and Minor Wrap & Cut

504

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

Date of Notification	(1)		Name	of Buil	ding (	Owner/Oper	ator	(2)		***				
5-22-14			Kevin Meyers						- 1 5 1				15.7	1-
Agencies Notified	Type Notific	ation	Stree	t Addre	ss									7.1
[ ]EPA	[X]Initial	antion	49	Nort	hvie	ew Ave		1	.][	M		2014		
[ ]DEP		Sation	377.00	State,	0.77			1	1		,	-U/5	100000	
[X]DOL	[ ]Amended Notific	cation	Mo	ntcla	ir,1	NJ,0704	3		i i					
[X] DOH	1000111		Name	of Cont	act			Telephon	e Number	ì			- 2	
[ ]DCA	[ ]EMERGENO	CY	Ke	vin M	eyeı	cs		i	M - 44.					-
1 A	[ ]Cancella	ation												
Name of Facility Whe	no lbatament	ia Malris	n= D1.		I YTI	NFORMATION		Type of Facil:	i + (4)					
Same as above		is Takin	ng PI	ice (3)										
bane as above								[ ]School [ ]Subchap		er tl	han	K-12)		
Street Addres								[X]Other (						
								index restrictions	uildings,		в, е	tc.)		
City (5		Country	(6) Pag		kom	nty Code (	-	Square Feet	# of Flo	ors	- 1	dg. A	ge	
CITY (5		County	(O) ESS	ex	2 00 C 00 C 00 C	ATE USE ON	1200 A	1700	2			30	- 11	
								Current Use (	Prior ii b	eing	dem	OIISI	iea)	5
Name of Monitoring F	irm hired by	Building	a As	CM No.		Name of Al	patem	ent Contractor	r (9)					
Owner (8)	- 1500					AZTEC	н м	ANAGEMENT	, Inc.					
N/A Street Address						Street Add					-			
						F		topher St						
City, State, Zip Cod	le .					City, Stat								
1,,								r, NJ 070	42					
Project Manager for	Monitoring F	irm Tel	lenhor	ne Numbe		Telephone				T.i ce	nse	Numbe	ər	
3		N/			-	(973)					37			
Scheduled Start Date	(10) Sch	ed. Compl	Letion	Date (	(11)	Name of O							-	
6-5-14		6-6-1				N/A								
			Day	Year										
Occupancy Status Dur [X] Facility Clo						Street Add	iress							
of Abatemen	t	_												.5
[ ]Abatement Per Hours - Desc	rformed Outsi ribe:«OffHour			Facilit	Y	City, Stat	te, z	ip Code						
[ ]other - Desc				ript»										
Scope of Work (Check	all that ap	ply)				J.	esesse s							
[X]>3 sf or	>3 1#	r	Yl Ren	ovation				Containment wi Enclosure	th Negativ	e Pro	essu	re		
[ ] <u>&gt;</u> 160 sf o		77		olition				ag Procedure						
			Is			[ ]N	on-Fr	iable Procedu	re	_	Aho	temen	+ m	
Location	of		ocati			Descri	ption	n of				Сещег	E	E
Asbestos-Con	1840, 1880, 1880, 1880, 1880, 1880, 1880, 1880, 1880, 1880, 1880, 1880, 1880, 1880, 1880, 1880, 1880, 1880, 18	1	Used			Asbestos		500 1770 90 VIII 1	Amount	1	R	RE	C	N C
Material TO BE AB		В	Solel y Mai	n-		Materi (i.e., the	7 (1880) Till - 1887		(Specif SF or	_	M	PA	A P S	D C
In Facil	ity	Ct	enanc ustod:	ial		sulation, s	surfa	cing, VAT,	LF)		VA	I	S	S
(13)		Yes	aff (	12) N/A		or other m	iscel	laneous)			L	R	L	R
Basement				X	Pip	e Insul	lati	lon	50 lf	:	X			
					-			-						
Name of Registered W	aste Hauler	No	DEP V	Taste	Cub	oic Yards		Name of Regi	stered Lan	dfil	1			
AZTECH MANAG	EMENT, IN		704	ID No.	of	Waste 1.5	5	G.R.O.W.	S.					
City, State			,020		Dis	posal Date	•	City, State						
Montclair, NJ	07042					-9-14		Morrisvi.	lle, PA	19	906	7		
Q1-1-1 D '						la.								
Completed By (Print Constantine V.		<sup>tle</sup> reside	n+			Signa		1 × 1 × 1		1725	te -22-	14		
	TATOM E.	restae	- 44				Vi	Jim-						

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

(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 5/30/14 Dan Karlok Agencies Notified Type Notification Street Address 15 Franklin Place EPA Initial City, State, Zip Code DEP Amended X DOL Amendment # Montclair, NJ 07042 Emergency (including Name of Contact Telephone Number DOH justification) Dan Karlok DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) house School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, × 15 Franklin Place etc.) # of Floors City (5) Square Feet Bldg. Age Montclair 2200 2 80 County (6) Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ABS Environmental Services, LLC Street Address Street Address PO Box 483, 4 E Gate Drive City, State, Zip Code City, State, Zip Code Glenwood, NJ 07418 Project Manager for Monitoring Firm Telephone No. License No. Telephone No. 973-583-8500 703 Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) 6/10/14 6/30/14 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code × Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Full Containment with Negative Pressure Renovation ≥160 sf or ≥260 lf Mini-Enclosure × Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify Removal Repair Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)(13)other miscellaneous) Yes No N/A 60 LF basement pipe insulation X X NJDEP Waste Name of Registered Waste Hauler Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Freehold Cartage **GROWS** 15959 Disposal Date City, State City, State TBD Freehold, NJ Morrisville, PA Completed by Title Signature Date

5/30/14

Andrew Scott Higgins

President



neck	NIO	N/A
ICCV	INU.	14/1

Date of Notification (1)		1		1	Name of	f Building	Owner/Operator	(2)						
May 29, 2014					PA of	NY &	NJ, Port New	ark Marine Te	rminal	•				
Agency Notified	Type No	tification			Street A	ddress				£15 3	. 6	4		
П гр <b>х</b>	☐ Initial				274 K	ellogg	Street							
EPA Notinepinel per State Prog. 102004	☑ Initial ☑ Amen	ded		(	City, Sta	ate, Zip C	Code		1		:		564 C	
⊠ DOL		ndment # 1			Port N	Newark	, NJ 07114		- 1108)	£3115		•		
<b>⊠</b> DOH		gency (including cation)		h	Name o	f Contac	t	N.	Telephone Num	nber				
DCA	☐ Cance				Ron S	Shaw			4	+5				
					FACIL	ITY INFO	ORMATION		-		-			
Name of Facility Where	Ahatement	is Taking Place	(3)		-			Type of Facility	(4)					
Port Elizabeth	Abatomont	13 Taking Tilaco	(0)					La fida	6 50 ar					
								School (K-12)	) (Other than K-1 2	2)				
Street Address		- + 04 (0	- 04		80	L C4 \		Other (i.e. pri	vate & commercia	al building	gs,			
Trench at Berth 1	4 on Exp	ort St. (Cros	s St	reet	iviars	n St.)		homes, etc.)	H 555	I Did-	۸			
City (5)								Square Feet	# of Floors	Bldg.	Age			
Newark, NJ 0711	4							N/A	N/A	n/a				
County (6)						Code (7)	(STATE USE	Current Use (Pr	or if being demol	ished)				
Essex					ONLY)			Under grou						
Name of Monitoring Fire	m Hired by	Building Owner	A	SCM	No.		Name of Abater	ment Contractor (9	)					
A of NY & NJ			N	I/A			B&N&K Res	storation Co.,	Inc.					
Street Address	reet Address						Street Address							
241 Erie Street, R	41 Erie Street, Room 236						223 Randol	ph Avenue						
City, State, Zip Code	ity, State, Zip Code						City, State, Zip	Code						
Jersey City, NJ 0	City, State, Zip Code Jersey City, NJ 07310						Clifton, NJ	07011						
Project Manager for Mo							Telephone No.		License No.					
Uday Mehta			20	1-59	5-488	1	973-478-468	31	00120					
Start Date (10)		Scheduled Com	pletio	n Dat	e (11)		Name of OSHA	Monitor					11-300	
June 23, 2014		July 13, 201	4			14	McCabe En	vironmental S	Services, L.L.	C.				
Occupancy Status Duri	ng Abateme	ent (Check only o	ne)				Street Address		2					
☐ Facility Closed/Vaca	ted During	Entire Period of A	hate	ment			464 Valley I	Brook Avenue	)					
☐ Abatement Performe							City, State, Zip	Code						
☑ Other - Describe: N	lon friab	le exterior wo	ork				Lyndhurst,	NJ 07071-199	18					
Scope of Work (Check	all that app	ly)		127				Containment with	Monative Pressu	ro				
□ ≥ 3 sf or ≥ 3 lf					⊠ Reno	ovation		i-Enclosure	Negative Fressu	16				
≥ 160 sf or ≥ 260 lf					☐ Dem	olition	☐ Glov	vebag Procedure n-Exempted (*) and	d Non Eriable Pro	codura				
		-	200		-		⊠ NOI	i-Exempled ( ) and	1 Non-Fliable Flo	cedure	A	bate	eme	nt
				ocati ormali	020 (000							Ту	ре	
	tion of			Sole	•		Description							
Asbestos-Contain		I (ACM)		itena	0117077		stos Containing N ., thermal systems		Amount (Specify		Z		Enc	En
	ABATED acility			stodi Staff?	9-1	(1.6	surfacing, VA		SF or LF)		emo	Repair	aps	Enclosure
	3)			(12)			other miscellar	neous)			Removal	air	Encapsulate	иге
			T										0	
T 1 1 5 41 4		Y	'es	No	N/A	Matal	Pipe wrapped	in for nanor	2	85 In ft	V	-		
Trench at Berth 1	14		-		$\triangle$	Wetai	Fipe wiappeu	iii tai papei		00 111 10				
									-		$\vdash$			
	_					-			-	-	-			
				i i	Vaste H									
Name of Registered W	Name of Registered Waste Hauler						Cubic Yards of Waste	Name of Regis	stered Landfill					
Two Brothers Co	Two Brothers Contracting, Inc.						40		ntral Sanitary	Landfi	II			
City, State							Disposal Date	City, State	0.000					
Clifton, NJ 07014				53.5	<u> </u>		06/16/14 - 06/30/14	Penn Argy	ıl, PA					
Completed by		Title					Signature	m		Date	_			
G. Roger Woodm	nan	Project Mar	nage	r			///			5/30/	20	14		

NO CK

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

Date of Notification (1) 06/02/14					Name of Buildi	ng Owner						
	2000000				LG Electronics		170.6	<u> </u>	_=			
Agencies Notified		Notification '	Туре		Street Address					ter ser	15	
(X) EPA		( ) Initial Not	ification		920 Sylvan Ave	enue						
() DEP		(X) Amend		tion	City, State, Zip			7				
(X) DOL		( ) Cancelle	d		2002 Int. 1982							
(X) DOH					Englewood Clif		632					
( ) DCA					Name of Conta	<u>act</u>	FE	Tel. Nu	ımh <u>er</u>			
				EACH ITY IN	Steven Yu FORMATION			-	Table 1			
Name of Facility Where Abatem	ent is Ta	king Place (	3)	FACILITY IN	Type of Facility	(4)						
Name of Facility Where Abatem	ICIIL IS 1	aking Flace (	21		( ) School (K-1							
LG Electronics					() Subchapter	8 (other t						
Street Address					(X) Other (i.e. p	private & d	commercial bldg	gs., home	es, etc.			
					Sq. Feet 410,0	00 # 05	Floors 2					
111 Sylvan Avenue	nty (6)		County C	ada /7\	5q. Feet 410,0	100 # 01	F100152					
City (5) Cou	rity (O)		(State Us		Bldg. Age 58	Š						
Englewood Cliffs Berg	gen		TOTAL OF	o omy			ng demolished)	comme	rcial/offi	ce	- 30	
Name of Monitoring Firm Hired		Owner (8)	ASCM No	) <u>.</u>			Name of Co	ntractor	(9)			
								25 12 33	2 2727	. 12		
Omega Environmental Services	, Inc.						Brandenburg	g Industr	ial Serv	ice Com	pany	
Street Address					Street Address	3						
280 Huyler Street					2217 Spillman	Dr						
City, State, Zip Code					City State, Zip							
Sky, State, Elp Sous												
South Hackensack, NJ 07606	-100				Bethlehem Pe		a 18015					
Project Manager for Monitoring	Firm	Telephone I	Number		Telephone Nur	mber		License	e Numb	er		
Anton Rezin		201-489-87	20		610-691-1800			00721				
Anton Rezin		201-409-07	50		010-091-1000			00721				
Scheduled Start Date (10)		Scheduled (	Completion	Date (11)	Name of OSH	A Monitor						
					5		3i O					
05/19/14		08/29/14	-1		Street Address		Service Compar	ту				
Occupancy Status During Abate ( ) Facility Closed/Vacated Dur					Street Address	2						
( ) Abatement Performed Outsi	de of No	mal Facility	Hours -		2217 Spillman	Drive						
		,			City, State, Zip	Code						
Describe			Access to									
(x) Other – Matl discovered du	ring dem	olition of build	ding									
0 000 1 000 1 100					Bethlehem, PA	18015		-			-	
Source of Work (Check all that	apply)											
(x) Demolition () Renovation	on											
(x) Large Proj. (>160 SF or >26	60 LF AC	CM) ( ) SM P	roj. (>25<16	60 SF or >10 <2	60 LF ACM) (	( ) Minor f	Proj. (<25 SF or	<10 LF	ACM)			
( ) Full Containment with Nega	ative Pre	ssure ()	Mini-Enclos	sure () Glo	vebag Procedur							
Location of Asbestos-		tion Normally		Description of		Amount	(Specify SF or	LF)	Abate	ment Ty	<u>pe</u>	
Containing Material (ACM) in Facility (13)	Solely Staff?	by Maint./Cus	stodial	thermal syster surfacing, VAT								
Facility (13)	YES	NO	NA	miscell.)	, or other				Rem.	Rep.	Encap	Enclose
Foundation Walls	-		X	Mastic		4,000 L	F		x			
Brick Façade			X			25,000	SF		100000			
			L		Tall V			l NI-	-45	Lander		
Name of Reg. Waste Hauler		NJDEP Wa	ste Hauler I	<u>U#</u>	Cubic Yards or	r vvaste		Name	of Reg.	Landtill		
Brandenburg Industrial Serv Co	,	21838			1500 cy			IESI B	ethleher	n Landf	ill	
City, State		21000			1000 0		Disp. Date	0.0		City, Sta		
5, 5.6.0										2 100030000		
Bethlehem, PA (See attach	ned for a	dditional Hau	lers)				TBD			Bethlehe	m, PA	
Completed by (Print or Type)		Title			Signature			<u>Date</u>				
Januifor Ctrobal		Contract A	lministrata -		CA			06/02/	14			
Jennifer Strobel		Contract Ac	iministrator		1 AT	W	>	00/02/	14			
					1	/ / /			A.C. 1000 A.C. 1			

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

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

Date of Notification (1)		***			Name	of Building	Owner/Operator (2	2)					
06/2		14					N TWP PUBLIC	SCHOOL DIST	RICT 5 64 5	: 0			
1 0	e Notif	cation				Address	2	•					
	Initial					E. HOLL							
	Amend	ed ment # <u>1</u>			City, S	tate, Zip C	ode		1.0				
		ency (inc		5	SEV	VELL NJ	08080						
(NJAC 5:23-8)	justifica	tion)	Jiddiilig		Name	of Contact			Telephone Numbe	Γ			
	Cancel	ation											
					FAC	ILITY IN	FORMATION	T 5 E 104 - /	4)				
Name of Facility Where Abate WEDGEWOOD ELEME		- T	Place	(3)				Type of Facility (	)				
Street Address				-				Subchapter 8	(Other than K-12)	اديط ام	leline	_	
236 HURFFVILLE ROA	D							homes, etc.)	ivate and commerci	ai bui	laing	5,	
City (5)								Square Feet	# of Floors	Bld	g. Ag	e	
SEWELL								>50,000	1	5	0		
County (6)	-			-	Coun	ty Code (7)	)(STATE USE ONLY)	***************************************	or if being demolish	ed)			_
Gloucester						3 (-)	,,,	SCHOOL	-	10			
Name of Monitoring Firm Hire	d by Bu	uilding C	wner (	(8)	ASCM I	No.	Name of Abateme	ent Contractor (9)					
HORIZON ENVIRONME					0007	3	DELTA/BJDS	, INC					
Street Address							Street Address				1-30		
P.O. Box 316							1345 INDUST	RIAL BLVD					
City, State, Zip Code							City, State, Zip C	ode				23	
WEST DEPTFORD, NJ	08086						SOUTHAMP	TON, PA 18966					
Project Manager for Monitorin	g Firm			Tele	ephone I	No.	Telephone No.		License No.				
David Flanigan				8	56 848	0800	215 322-2900	0	00793				
Start Date (10)		Sched	uled C	omple	etion Da	te (11)	Name of OSHA N	Monitor					
6 / 16 / 1	4		B_ /	8	/ _	14	CRITERION	_ABS					
Occupancy Status During Ab							Street Address						
☑ Facility Closed/Vacated D							3370 PROGR	ESS DRIVE					
Abatement Performed Ou			Facilit 11:00				City, State, Zip C	ode					
Time of Abatement: 7:00	MIVI				^\	1	BENSALEM	PA 19020					
Scope of Work (Check all that							[] Full Con	tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf			⊠ R€	enovat	ion		☑ Mini-End		gauve r 1635uic				
☐ ≥160 sf or ≥260 lf			-	emoliti			☐ Gloveba	g Procedure	- Frieble Dresedure	0			
VA0-							☐ Non-Exe	empted (") and No	n-Friable Procedure			T	
1				s Loca Norma			Description (	of		-		ent T	-
Location of Asbestos-Containing Mat	erial (A	CM)	Use	ed Sol	ely by	Asbe	estos Containing Ma		Amount	Removal	Repair	nc	Enclosure
TO BE ABATE		,	10000	ainten	ance/ Staff?	(i.e	e., thermal systems		(Specify SF or LF)	SVOL	a-	aps	osu
IN Facility (13)			Ous	(12)			surfacing, VAT other miscellane		SP OF LF)	=		Encapsulate	ē
(10)			Yes	No	N/A	1						(D	
MECHANICAL ROOM				$\boxtimes$		PIPE FI	ITTINGS (CUT A	ND WRAP)	50 LF	$\boxtimes$			
					10						П	П	П
	-		<del></del>	-	+	-				1			F
						<u> </u>	10000	IN	d 1dell			Ш	
Name of Registered Waste H				1.8	NJDEP 1 Hauler II		Cubic Yards of Waste	Name of Regis					
SERVICE TRANSPORT	GRO	UP INC			20990			10 100000000000000000000000000000000000	LANDFILL			- 10	
City, State							Disposal Date	City, State	NIDO 011 44000				
58 PYLES LANE, NEW	CAST	LE, DE	1972	20				WAYNESE	BURG, OH 44688	127			
Completed By (Print or Type	)	Title			W. 18 10 10 10 10 10 10 10 10 10 10 10 10 10		Signature	1	Dat	e I	- 1		
DAMIAN LAVELLE		P	ROJE	ECT	MGR.		Dam	in tane	lle 1 €	7/1	41	14	
ASB-41		*	Do no	t use	this form	for achee	stos licensure exem	noted activities		1	1	,	
MAY 11			טוו טע	LUSC	uno iorii	i ioi danea	ACC HOCH GUI C CACH	p.50 dour.000.					

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

Date of Notification (1) Name of Building Owner/Operator (2) WASHINGTON TWP PUBLIC SCHOOL DISTRICT 2 / Street Address Type Notification Agencies Notified 206 E. HOLLY AVE □ DOLWD ☐ Amended City, State, Zip Code Amendment # □ DHSS SEWELL NJ 08080 ☐ Emergency (including ☑ DCA Telephone Number Name of Contact justification) (NJAC 5:23-8) 20044 ☐ Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) WEDGEWOOD ELEMENTARY Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 236 HURFFVILLE ROAD homes, etc.) Square Feet # of Floors Bldg. Age City (5) 50 >50,000 1 SEWELL County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) County (6) SCHOOL Gloucester Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) DELTA/BJDS, INC HORIZON ENVIRONMENTAL GRP., INC 00073 Street Address Street Address 301 9TH STREET 1345 INDUSTRIAL BLVD City, State, Zip Code City, State, Zip Code SOUTHAMPTON, PA 18966 WEST DEPTFORD, NJ 08086 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 215 322-2900 00793 STEVE 856 848 0800 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 6 / 16 / 14 8 / 8 / 14 **CRITERION LABS** Street Address Occupancy Status During Abatement (Check only one) 3370 PROGRESS DRIVE □ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:30AM- PM/3:30PM-\_\_\_AM BENSALEM PA 19020 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ⊠ Renovation  $\boxtimes \ge 3$  sf or  $\ge 3$  If ☐ Demolition ≥160 sf or ≥260 lf ☐ Non-Exempted (\*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Location of Encapsulate Removal Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ (Specify (i.e., thermal systems insulation, TO BE ABATED Custodial Staff? surfacing, VAT, or SF or LF) IN Facility (12)other miscellaneous) (13)Yes No N/A 50 LF X PIPE FITTINGS (CUT AND WRAP) MECHANICAL ROOM П Name of Registered Landfill NJDEP Waste Cubic Yards of Name of Registered Waste Hauler Waste Hauler ID No. MINERVA LANDFILL SERVICE TRANSPORT GROUP INC 20990 Disposal Date City, State City, State WAYNESBURG, OH 44688 58 PYLES LANE, NEW CASTLE, DE 19720 Date Signature Completed By (Print or Type) DAMIAN LAVELLE PROJECT MGR.

ASB-41 MAY 11

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

Date of Notification (1)			Name	of Building	Owner/Operator (2	2)					
	14		WA	SHINGTO	ON TWP PUBLIC	SCHOOL DIS	TRICT	<u> </u>			
Agencies Notified Type Notifica	ition		Street	Address			-				
☐ EPA ☐ Initial			206	E. HOLL	Y AVE			ut			
☑ DOLWD   ☑ Amended     ☑ DHSS   Amendm			City, S	tate, Zip C	ode		4 34				E Transcalin
DHSS Amendm  □ DCA □ Emergen		- ng	SEV	VELL NJ	08080						
(NJAC 5:23-8) justification		'9	Name	of Contact			Telephone Numb	er			
☐ Cancellate	ion						904	P			
			FAC	CILITY IN	FORMATION						
Name of Facility Where Abatement is 1	aking Plac	e (3)				Type of Facility					
WHITMAN ELEMENTARY SCH	OOL					School (K-12	) 3 (Other than K-12)				
Street Address							rivate and commer		ilding	S,	
827 WHITMAN SCHOOL DRIVE						homes, etc.)					
City (5)						Square Feet	# of Floors	1000	dg. Ag	je	
TURNERSVILLE						>50,000	1		50		
County (6)			Coun	ty Code (7	(STATE USE ONLY)	and a second control of the second control o	or if being demolis	hed)			
Gloucester						SCHOOL					
Name of Monitoring Firm Hired by Build		2000000	ASCM	No.	Name of Abateme	ent Contractor (9)					
HORIZON ENVIRONMENTAL O	RP., INC		0007	'3	DELTA/BJDS	, INC					
Street Address					Street Address						
P.O. Box 316					1345 INDUST	RIAL BLVD					
City, State, Zip Code					City, State, Zip Co	ode					
WEST DEPTFORD, NJ 08086					SOUTHAMPT	ON, PA 18966					
Project Manager for Monitoring Firm		Tele	phone	No.	Telephone No.		License No.				
David Flanigan		8	56 848	0800	215 322-2900		00793				
Start Date (10)	Scheduled	Comple	tion Da	te (11)	Name of OSHA M	lonitor					
6 / 16 / 14	8	/8	/ _	14_	CRITERION L	_ABS					
Occupancy Status During Abatement (	Check only	one)			Street Address						
☐ Facility Closed/Vacated During Enti	re Period o	of Abate	ment		3370 PROGR	ESS DRIVE					
☐ Abatement Performed Outside of N					City, State, Zip Co	ode					
Time of Abatement: 7:00AM-			AN	Λ	BENSALEM I	PA 19020					
Scope of Work (Check all that apply)	->1										
ET -0 1 -011	57.5					tainment with Neg	gative Pressure				
≥3 sf or ≥3 if     ≥160 sf or ≥260 if		Renovat Demoliti				g Procedure					
							n-Friable Procedu	re	+:		V
		Is Loca						Ab	atem	ent T	ype
Location of	. 10	Norma sed Sol		Asha	Description of		Amount	R	Re	En	m
Asbestos-Containing Material (ACM TO BE ABATED	1)   N	Maintena	ance/	Asbe	stos Containing Ma ., thermal systems	insulation.	(Specify	Removal	Repair	cap	Clo
IN Facility	Cı	ustodial		(	surfacing, VAT	, or	SF or LF)	Val	_	Encapsulate	Enclosure
(13)	-	(12)	1		other miscellane	ous)				ate	"
	Ye	s No	N/A								-
BOILER ROOM		$\boxtimes$		PIPE FI	TTINGS (CUT A	ND WRAP)	30 LF				
		d									
Name of Registered Waste Hauler		1	NJDEP V	Waste	Cubic Yards of	Name of Regis	stered Landfill		_		
SERVICE TRANSPORT GROU	P INC	ŀ	auler II		Waste	MINERVA	LANDFILL				
City, State			2033(	•	Disposal Date	City, State		_			
58 PYLES LANE, NEW CASTL	E, DE 197	20				WAYNESE	BURG, OH 44688	3			
Completed By (Print or Type)	Title				Signature		_ Da	ate			. 1
DAMIAN LAVELLE	PROJ	ECT N	IGR.		Dan	und	molle	6-	4-	1	4

ASB-41 MAY 11

Date of Notification (1)					Name	of Building	g Own	er/Operator (	2)	F18 0	CE				
	2 /	14	_		WA	SHINGTO	T NC	WP PUBLIC	SCHOOL DIS	TRICT	ែង				
Agencies Notified	Type Notifica	ation	7.1		Street	Address				9.5					
⊠ EPA				10	206	E. HOLL	Y AV	Æ							
□ DOLWD	☐ Amended	l			City, S	state, Zip C	Code								-7/57
☑ DHSS	Amendme					WELL NJ		30							
☑ DCA	☐ Emergen		luding			of Contac				Telephon	e Numbe	r			
(NJAC 5:23-8)	justification				Ivallie	OI COINAC				, 0.00	<del>                                     </del>				
					FAC	CILITY IN	FOR	MATION							
Name of Facility Where A	hatement is T	aking F	Place	(3)					Type of Facility	(4)					
WHITMAN ELEMEN				(-/					School (K-12	)	1000000000				
Street Address					72				☐ Subchapter 8 ☐ Other (i.e., p	Other tha	n K-12)	al hui	Idina	•	
827 WHITMAN SCH	OOL DRIVE								homes, etc.)		ommerci				
City (5)			9159					-	Square Feet	# of Floo	ors		g. Ag	je	
TURNERSVILLE									>50,000	1			0		
County (6)					Coun	ty Code (7	)(STAT	E USE ONLY)	Current Use (Pri	or if being	demolish	ed)			
Gloucester									SCHOOL						
Name of Monitoring Firm	Hired by Build	ling Ov	vner (	B) /	ASCM	No.	Nam	e of Abateme	ent Contractor (9)						
HORIZON ENVIRON					0007	3	DI	ELTA/BJDS	, INC						
Street Address							Stre	et Address					15.50		
301 9 <sup>TH</sup> STREET							13	45 INDUST	RIAL BLVD						
City, State, Zip Code							City,	State, Zip Co	ode	1000					
WEST DEPTFORD,	NJ 08086						S	DUTHAMPT	ON, PA 18966						
Project Manager for Moni				Tele	phone l	No.	Tele	phone No.		License	No.				
STEVE				85	6 848	0800	21	5 322-2900		0079	3				
Start Date (10)	S	chedul	led Co	omple	tion Dat	te (11)	Nam	e of OSHA M	lonitor				10-22/113		
6 / 16 /	14	8	/	8	_ / _	14	CI	RITERION L	_ABS						
Occupancy Status During		Check o	only o	ne)			Stre	et Address							
□ Facility Closed/Vacate					nent		33	70 PROGR	ESS DRIVE						
☐ Abatement Performed						cribe	City.	State, Zip Co	ode						
Time of Abatement: 7	:30AM	PM/ <u>3</u> :	:30PN	A	AM	5 0500	1	ENSALEM I							
Scope of Work (Check all	that apply)									***************************************					
Scope of Work (Officer all	(nat apply)	5000	207						tainment with Neg	ative Press	sure				
≥3 sf or ≥3 lf		2		novationolitic				Mini-Enc     Glovebar     Glovebar	losure g Procedure						
☐ ≥160 sf or ≥260 lf		L		попис	111			☐ Non-Exe	mpted (*) and No	n-Friable P	rocedure				
		T		Locat					-	V		Aba	ateme	ent Ty	/ре
Location	of			lormal d Sole				Description of		A		Re	Re	Ē	E
Asbestos-Containing		)		ntena		Asbe	stos C	containing Ma mal systems	insulation	Amor (Spec		Removal	Repair	Encapsulate	Enclosure
TO BE ABA				odial S		16	SI	rfacing, VAT	, or	SF or		val	7	sul	Sure
(13)	,	L		(12)		1	oth	er miscellane	ous)					ate	-
			Yes	No	N/A									_	_
BOILER ROOM						PIPE FI	TTIN	GS (CUT A	ND WRAP)	30 L	.F	$\boxtimes$			
Name of Registered Was	te Hauler				JDEP \			c Yards of	Name of Regis						
SERVICE TRANSPO	ORT GROUP	INC		H	20990		Was	te	MINERVA	LANDFIL	<u> </u>				
City, State			4070	^			Disp	osal Date	City, State WAYNESE	IIRG OH	44688				
58 PYLES LANE, NI			19/2	<u> </u>				0:	MATRESE	3,10,01	Date				
Completed By (Print or T	ype)	Title			00			Signature		.0	Date /	1-	1.	i.ſ	
DAMIAN LAVELLE		PR	OJE	CT M	GR.			Ume	anda	elle	1 4	10	11	7_	

ASB-41 MAY 11

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

# Date of Name

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

Date of Notification (1) 6/2/14					Building Ov Porows			ome								
to more than the property of t	pe Notification		1	treet Add	dress vered Br	idge	Road	2	114 J'J';	-5	AN 3:	53		-7722		
EPA DEP DOL	Initial Amended Amendment #_				e, Zip Code Hill NJ (		3									
DOH DCA	Emergency (in justification) Cancellation	cluding	1 1 1 1	ame of (						Tele	phone No	umber				
				FACIL	ITY INFO	RMAT	ION									
Name of Facility Where Aba Russell Porowski Priv Street Address		Place (3)						S S	f Facility (4 chool (K-12 ubchapter (	) 3 (Othe	r than K-	12)				
469 Covered Bridge F	Road								ther (i.e. pr	ivate &	commer	cial buil	ding	s, h	ome	5,
City (5) Cherry Hill NJ 08003								Square 1000-	Feet	# of 2	Floors		Bldg. B5+	Ag	е	
County (6) Camden				ounty C	ode (7) SE ONLY)	_		Curren	t Use (Prio	r if beir	ng demoli	ished)				
Name of Monitoring Firm Hi	red by Building Ov	vner (8)		ASCM	No.		10001111000111000	of Abate	ement Conf	ractor	(9)			,		
Street Address							100000000000000000000000000000000000000	Address			-					
City, State, Zip Code							City, S	State, Zip								
Project Manager for Monito	roject Manager for Monitoring Firm						Telepl	none No			License 00727	No.			-	$\neg$
Start Date (10)		Scheduled	Com	pletion D	ate (11)		Name		A Monitor		00727				+	
6/3/14		6/4/14					Sam	15								
Occupancy Status During A Facility Closed/Vacate Abatement Performed Other – Describe: Hol	d During Entire Pe Outside of Norma	eriod of Ab	ateme	ent		_		Address								
Scope of Work (Check All 7	hat Apply)				-			_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Management .	novati molitic					Mini Glov	Containme i-Enclosure vebag Prod	edure				l		
						-		≥ Nor	-Exempted	(*) an	non-Fi	lable Pr	10000		ment	_
l andian a		10	ocatio	550		_	escription	n of						Тур	e	
Location o Asbestos-Containing M TO BE ABAT In Facility (13)	aterial (ACM) ED	Custo	tenan	ce/		os Co therm surf	ntaining I al system facing, V/	Material ns insula AT, or		(8	mount Specify F or LF)	Removal	Kebaii	Desair	Encapsulate	Enclosure
Bath room / laun	dry room	100		x			Floor til	le		12	25 SF	x	$^{+}$	1		
													1	1		
- 8													I			
Name of Registered Waste	Hauler		l N.	JDEP W	laste	Cub	ic Yards		Name of	Registe	ered Land	Hill				
United Containers	, riddioi		H	auler ID 2459			/aste		G.R.O.							
City, State Elm NJ						Disp 6/4/	osal Date	е	City, Stat Morrisv		19067	7				
Completed by Anthony T Perna		Title Presid	lent				Signatu	re 1				Date 6/2/14	1			

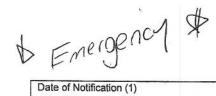


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#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 6/2/14					Building O Cindy A						110		80.00			
Agencies Notified	Type Notification		- 0	treet Ac	idress leasure	Aver	nue	23	14 J.J.I.	<del>5 +</del>	<del>(1 0 -</del>	- t-				
EPA DEP DOL	Initial Amended Amendment				te, Zip Cod e City No		243			) ( ) [] [] []	·	11.				
DOH DCA	Emergency (in justification) Cancellation	ncluding	500	Shana						Tele	ephone I	Number				
Name of Facility Where	Ahatement is Taking	Place (3)		FACIL	ITY INFO	RMAT	ION	Type	of Facility (4	\		-			27	
Curt & Cindy Allen		1 1000 (5)					*	(max)	School (K-12	80 80						
Street Address 7515 Pleasure Ave	nue	******						☐ S ×	Subchapter 8 Other (i.e. pr	(Othe	er than k & comme	(-12) ercial bu	ıildi	ings,	home	es,
City (5) Sea Isle City NJ 08	3243	2 100							e Feet	# of 2	Floors		Blo 35	dg. A	ge	
County (6) Cape May					ode (7) ISE ONLY)			Currer	nt Use (Prio	r if bei	ng demo	olished)				
Name of Monitoring Firm	n Hired by Building C	wner (8)		ASCM	No.			of Abat	ement Cont	ractor	(9)				•	
Street Address							Street	Addres	S						70-2000 -	
City, State, Zip Code								30x 32 State, Zi								
Desired Manager Co. Ma			1 7				Wes	t Berlii	n NJ 0809	91						
Project Manager for Mo	nitoring Firm			elephor	ne INO.		022222	none No 753-98			Licens 00727					
Start Date (10) 6/3/14		Scheduled 6/5/14	Com	pletion [	Date (11)		Name Sam		IA Monitor							
Occupancy Status Durin	ng Abatement (Check	Only One)					Street	Addres	s						100	-
Abatement Perform	cated During Entire P ned Outside of Norm Home owner will be h	al Facility H	ateme lours	ent		_	City, S	State, Zi	p Code							
Scope of Work (Check /	All That Apply)			-	*											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Marine Street	novati molitic					Min Glo	Containme i-Enclosure vebag Proc n-Exempted	edure						
	3. 10. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	le l	ocatio	ın.				a NOI	r-Exempted	() air	d North	Table F	200	A - 300	ment	
Locatio	n of	No	rmally	/		D	escription	n of					_	Ту	ре	
Asbestos-Containing TO BE AB In Fac (13)	BATED	Custo	tenan	ce/	(i.e. t	os Co herma surf	ntaining Nal system acing, VA miscella	Material s insula AT, or	(ACM) tion,	(5	mount Specify or LF)	Kellioval	Domousi	Repair	Encapsulate	Enclosure
Kitchen & Din	ning Room	103	140	X			Floor til	Δ		51	50 SF	x	+			
TRIGHT & DIFF	Tilling Flootif			^			1 1001 til					$\dashv$	1	-		
													-			
Name of Registered Wa	ste Hauler		I N.	JDEP W	/aste	Cubi	c Yards		Name of F	Registe	ered Lan	ndfill				
United Containers				auler ID 459	No.	of W	aste		G.R.O.V							
City, State Elm NJ			II S			Disp 6/5/	osal Date	)	City, State Morrisvi		1906	7				
Completed by Anthony T Perna		Title Presid	ent		1		Signatur	e				Date 6/2/1	4			





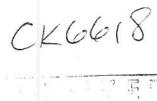
Date of Notification (1) 5/30/14					Building (			(2)	911		111 -		Y-100	-87		
Agencies Notified	Type Notification		- 8	Street A 45 Cha	ddress arles Blv	/d		50		<del>** •</del> •	<u>14 - 5</u>	41	13	- 52		
EPA DEP DOL	Amended Amendment				te, Zip Co nawkin N		50				1.			J.,		
DOH DCA	Emergency justification) Cancellation	02 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 20	lame of Jane	Contact					Tele	ephone I	Numl				
Name of Facility Where Jane Boone Private Street Address 45 Charles Blvd		ng Place (3)		FACI	LITY INFO	ORMATI	ON	H	of Facility (4 School (K-12 Subchapter Other (i.e. pi	2) 8 (Othe				linas	home	200
City (5) Manahawkin NJ 08	050								etc.) re Feet		Floors		В	dg. A		,
County (6) Ocean			(	County (	Code (7) USE ONLY	)			nt Use (Prio		ng demo	olishe		JT		
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	No.				tement Con	tractor	(9)					
Street Address								Addres								
City, State, Zip Code		-							ip Code n 08091							
Project Manager for Mor	nitoring Firm		T	elepho	ne No.			hone No 753-9			Licens					
Start Date (10) 6/2/14		Scheduled 6/4/14	Com	pletion l	Date (11)		Name Sam		A Monitor							
Occupancy Status Durin  Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire ned Outside of Nor	Period of Ab	ateme	ent				Addres	p Code	•						
Scope of Work (Check A	All That Apply)									-				-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	, ,	- Company	enovati emolitio	N. T. C. (No.)		17		Mir Glo	l Containme ni-Enclosure ovebag Proc n-Exempted	edure					e	
			ocatio											Abate	ement pe	
Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Used Main Custo	Solely ntenan idial Si (12)	y by ce/		tos Cont thermal surfa		Material is insula AT, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
Exterior S	Siding			х		Exte	rior Si	ding		10	00SF		x			
		+++										-				
										- C-0077						
Name of Registered Wa	ste Hauler			JDEP W		Cubic of Wa	Yards ste		Name of F	1000	ered Lan	dfill				
United Containers				459		3	•		G.R.O.V		,					
City, State Elm	3					6/4/1	sal Date 4	•	City, State Morrisvi		1906	7				
Completed by Anthony T Perna		Title Presid	lent			8	Signatur				-	Date 5/3	e 0/14	ļ.		

Check # 8832

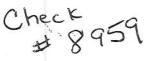
Date of Notification (1)	June 2, 2014			Name o		g Owner / Operator (2	)					
Agencies Notified	Type Notificati	on			Address							
EPA	Type realisati	011			coln Av	enue	2014 311	(-5 AM 3:50				
⊠DOH	Initial Amen	ded dment #_		A CONTRACTOR	ate & Zip y-the-Se	Code ea, NJ 07717	i e.	TO ENGRE				
DCA	Cance	ellation		Name of	of Contac kel	t		Tele	ephon	₽ Nu	nbe	r
	L			FAC	ILITY	INFORMATION						
Name of Facility When	re Abatement is	Taking P	lace (3)			Type of Facility						
Residence						School (K						
Street Address							ter 8 (Other than					
427 Lincoln Avenue						1 🗀		ommercial buildings		e, e	(C.)	
0	. (1)	_				Square Feet	# of Flo		. Age			
City (5) Avon-by-the-Sea			*:			1,100 Current Use (F Residence	Prior if being der	2 nolished)	70	yea	rs	
County (6) Monmouth			unty Code	(7)		Residente						
Name of Monitoring Fi	irm Hired by Bu	ilding Owr	ner (8)		ASCM	No. Name of Abate Synatech, Inc	ement Contracto	or (9)	22-5572			
Street Address						Street Address 829 Radio Ro	ad					seevalli.
City, State & Zip Code	)					City, State & Z	ip Code bor, NJ 08087					
Project Manager for M	lonitoring Firm		Te	lephone N	umber	Telephone Nu 609-296-6916		License Numb	oer 0081	7		
Scheduled Start Date June 12, 20		Scheduled		on Date (1 17, 2014	1)	Name of OSH						
Occupancy Status Du Facility Close	ring Abatement			Abatemen	t	Street Address 829 Radio Ro						
	erformed Outsi	de of Norn	nal Hours	i.		City, State & Z	ip Code					
Other – Desc	ribe: pied During Ab	atement				Little Egg Hai	rbor, NJ 08087					
Scope of Work (Check	k all that apply)						Eull Containmor	at with Nagative Brees	uro			
≥3 sf or ≥ 50 lf			=	Renovatio		$\boxtimes$	Mini-Enclosure	nt with Negative Press	ure			
≥160 sf or ≥260	O If		Ш	Demolition	1		Glovebag Proce					
Las	-ti		la Laggi	on Norma	llu I land			(*) and Non-Friable Pro	_		ont -	Туре
Asbestos-Contai	ation of ning Material (A ABATED	ACM)	Solely b	y Mainten dial Staff?	ance or	Asbestos-Co Material (A	ntaining ACM)	Amount (Specify SF or LF)	A.	atem	SIR I	Турс
	Facility				000000000	(i.e., thermal					ш	_
1	(13)					insulation, surfa or other misce			Rer	R	пса	inc
			Yes	No	N/A				Removal	Repair	Encapsulate	Enclosure
Right Side of Guest	House; Lower	Roof	1.00	Х		Vermiculite Ir	nsulation	300 SF	X		Ф	┰
Area												
Name of Registered V	Vaste Hauler		NJDEP \ Hauler II		Cubic \	Yards of Waste	Name of Regis					
Synatech, Inc			27	429	4 Diameter	al Data	Grows Landfi	<u> </u>				
City, State					Dispos	al Date	City, State					
Little Egg Harbor, N.	J					3, 2014	Morrisville, PA					
Completed By		Title			Signatu	ure · /)/		Date				
Diane Aloia		Executiv	e Admini	strator	1 U	ane alor		June 2, 2014				

CKGGN

					(Purs	uant to	o NJA	C 8:60	-/ ai	na 12:120-	/) [[	a l	C		MEW
Date o	f Notice 05/		tificatio	on			me of Bu	•	mer /	Operator (2)			11111		014
X	es Notified EPA		Emer	gency	Notificati	Stre on <b>746</b>	eet Addr	ess n Avenu					JUN		014
X	DEP	X	Ame		lotificatio	Ne		& Zip Coo IJ 07106				À	3665	CENSING Telepho	ne Number
Х	DOH DCA		Cand	ellatio	11	100	isy Gue							L	e ramber
						I	FACILIT	TY INFO	RMA	TION					
Name o	of Facility Wh	nere A		ent is T eside		ice (3)			, ;	of Facility (4) School (K-12)	Other ther	o K 12\			
			746	Clifto	n Ave				(	Subchapter 8 ( Other (i.e., priva are Feet		nmercia	l buildi	ngs, hom Bldg. Age	
City (5)				Coun	ity (6)	Count	ty Code	(7)	Joque	2,000	17 01 1 100	2		2149.719	80÷
, (-,	Newar	k		Esse			•		100000000000000000000000000000000000000	ent Use (Prior in idence	f being de	molish	ed)		
	et Address Froad Street State & Zip Code					er (8)	AS0	CM No. <b>15</b>		e of Abatemen			_C		
	t Address road Street State & Zip Code wan, NJ 07747								443	et Address Schoolhous					
Matav	t Address road Street State & Zip Code wan, NJ 07747 ct Manager for Monitoring Firm								Mon	State & Zip Co roe Townshi	ip, NJ 08				
Tom (	Toad Street State & Zip Code Wan, NJ 07747 Et Manager for Monitoring Firm Geiger					732-29			732-	phone Number 605-9062		Li	cense	Number 007	14
Schedu	road Street State & Zip Code wan, NJ 07747					10/10/14		)		e of OSHA Moi pal Abatemei		es, Ll	_C		
Occupa	ancy Status Facility Clos						Abateme	ent	443	et Address Schoolhous				CONTRACTOR OF THE PARTY OF THE	
х	Abatement Describe: Other - Des	Area								State & Zip Co roe Townsh		8831			
Scope	of Work (Ch Demolition Large Proje Quantity is	ect ≥ 3 SF	or≥ 3	X B LF A		on				Mini-End X Gloveba	ag Proced	dure	egative	Pressure	•
		ocatio	n of		LF ACM		cation			escription of	Non-frial	Amo (Spe			ement Type fy: Removal,
	Ma TO	terial (	ATED lity	ng		Sole Mainter Custodi	lly Used ely by nance or ial Staff? 12)	in:	Ma (i.e., t sulation	stos-Containing aterial (ACM) hermal system on, surfacing, V er miscellaneou	s 'AT	Square or Linear	Feet	Repair,	Encapsulation Enclosure)
		Ba	seme	nt		N	I/A			TSI		5 L	.F	R	emoval
									OILLY TO						
	of Registere		te Hau	ler		NJDEP	Waste H	lauler ID	#	Cu. Yds. of W		Name o	of Regi	istered La	ındfill
City, S										Disposal Date 6/11/1		City, St		Pa	
Compl	eted By (Prir minick Tri		/pe)		Title Project	Manag	jer			Signature  Domini					Date 5/31/14



Date of	Notice 05/31/14 Type Not			Name of Bu			Operator (2)			*		•
Agencies <b>X</b>	Notified EPA	Emerge	ncy Notification	Street Addr	ess eu Ave		40 - 44		jÜ	IN	5 2014	
X	DEP X		otification ed Notification	City, State & Newark, N				14	ř.			
Х	DOH DCA	Cancella	ation	Name of Co Sandra Re							Telephone	Number
				FACILI	TY INFO	RMA	TION					
Name of	Facility Where At		is Taking Pla	ce (3)			of Facility (4) School (K-12)					
		746 CI	ifton Ave				Subchapter 8 ( Other (i.e., priva are Feet		nmercial b		ings, homes Bldg. Age	, etc.
Oite (F)		10	ounts (C)	County Codo	(7)	Squa	2,000	# 01 F100	2			0+
City (5)	Name	1.35%	ounty (6)	County Code	(1)	Curr	ent Use (Prior i	f boing de		<u> </u>	0	0+
	Newark		ssex				idence	i being de	emonsneu	)		
Name	Marrier Firm	Band har F	2. :Idia - O	7(0)	CM No.		e of Abatemen	t Contrac	tor (0)			
	Monitoring Firm Imental Tactics		Building Owne	004			bal Abatemen			:		
Street Ac		, 1110		100-	10		et Address	1100111	000, 220			
	d Street					443	Schoolhouse	e Road				
	te & Zip Code						State & Zip Co					
	n, NJ 07747						roe Townshi					
Project M Tom Ge	lanager for Monit <b>eiger</b>	oring Firn		Telephone Num <b>732-290-2217</b>	ber		phone Number -605-9062		Lice	ense	Number 00714	
Schedule	ed Start Date (10) 6/10/14	Sc		pletion Date (11 <b>6/10/14</b>	)		e of OSHA Mo bal Abateme		ces, LLC	:		
Occupan · F	cy Status During acility Closed/Va	Abateme cated Du	nt (Check onl ring Entire Pe	y one) riod of Abateme	ent	100000000000000000000000000000000000000	et Address Schoolhous	e Road			0	
170	Abatement Perform			The Children and the second section of the section of the second section of the section of t			State & Zip Co					
	Describe: <b>Area</b> Other - Describe:	Isolated	d During Ab	atement		Mor	roe Townsh	ip, NJ 08	8831			
	Work (Check all Demolition		y) X Renovation	on			Full Con	ntainment	with Nega	ative	Pressure	
	arge Project	1					Mini-End	closure				
X C	Quantity is ≥ 3 SF	or≥ 3 LF	FACM					ag Proce				
	Quantity is ≥ 160	SF or ≥ 2	60 LF ACM				Other:	Non-fria				
	Location			Is Location			escription of		Amour			ent Type
	Asbestos-Co Material (A			Normally Used Solely by			stos-Containing aterial (ACM)	3	(Specif Square F			Removal, capsulation
	TO BE AB			Maintenance or			hermal system	s	or	001		closure)
	in Facil			Custodial Staff?			on, surfacing, V		Linear Fe	eet)		^
	(13)	10.		(12)	0	r othe	er miscellaneou	is)				
	Pag	sement	-	N/A	+		TSI		15 LF		Ren	noval
	Das	Sement		IVA	1		101		10 2.		11011	
N	D = -1-4	- 111		NJDEP Waste H	laular ID :	#	Cu. Yds. of W	lacto	Name of	Pogi	L istered Land	Ifill
Section 1	Registered Wast hold Cartage	e nauler		186		<del>"</del>	1		TRRF	rtegi	Stered Land	41111
City, Sta						7000	Disposal Date		City, Stat	e		
Free	hold, NJ						6/11/1		Tullytov		Pa	
Complete	ed By (Print or Ty iinick Tringali	rpe)	Title Project	Manager			Signature  Domini	ick Tr	ingali			Date <b>5/31/14</b>



CB 1 750 05 0 745			- 1	lome of	Puilding Oumor	Operator /2	2/		71	-	-		
Date of Notification (1)	6-3-14		ľ		Building Owner/		lillane	Cons	tru	4	7. T		7
Agencies Notified	Type Notification			Street A		77/		- A.		17.		-	7
□ EPA	Initial	d			te, Zip Code	5/6	South	2 HUS	<u> </u>	7/17/2	- 11		
DEP DOL	Amended Amendment #		_   '	Jily, Sia	ie, zip code	ntch	Plain	NT	07	70	76	,	Í
	☐ Emergency (ir		-	Name of	Contact	SICH	1 win	Telephone			- 4	_	1
DOH DCA	justification)  □ Cancellation			Do	n Ville	* *10°					九、	J (	j
	<u> </u>			FACI	LITY INFORMAT							·	1
Name of Facility Where	O 11		) ال		Vacant	E 1-0 0	Type of Facility					٠	
Street Address 9	- tamily	שע	Cu	2	vacani		<ul> <li>□ School (K-¹</li> <li>□ Subchapter</li> </ul>	8 (Other than	K-12)				
4	7 Woodt	) ROOM	K	71	rcle	7	Other (i.e. p	private & comm	ercial	build	ings,	home	is,
City (5)	C : 1	110				- 1	Square Feet	# of Floors		Bi	dg. A	ge	
Wes	ttield	NJ		270				2			60	1+	**
County (6)	ion				Code (7) USE ONLY)		Single (Pri				il.	`~~	
Name of Monitoring Fir		wner (8)		ASCN	1 No. a		f Abatement Co		Do	ال		19	
EPC TO	Le hoale	Sie!	<b>S</b>	/	NA	F	PC TE	chnol	001	25	, ,	In	18
Street Address	0 9	1-			• • • • • • • • • • • • • • • • • • • •	Street A	ddress	227	J				
P.O.	Dox J	7				16	0.60x	337					
City, State, Zip Code	0.004	M.T	7	09	5.33	City Sta	ate, Zip Code	IA SA	7	1	26	5.3	3
Project Manager for M	operior im	146	, ,	Telephor	ne No.	Telepho	ne No.	Licens	se No.				
Steve	shen Ked				758-3365		58-33		10	3	19	4	
Start Date (10)		Schedule			Date (11)		f OSHA Monitor			-	_	-	
6-14-	14	<u>(a</u>	(	4-1	4	E		hnologi	وح	I	C		
Occupancy Status Dur						Street A	o Box	337					
Facility Closed/Va  Abatement Perfor	acated During Entire Pormet Outside of Norma	eriod of A al Facility	batem Hours	ent			ate, Zip Code						
☐ Other – Describe:						Nea	w Egypt	TU	0	85	53	3	
Scope of Work (Check	All That Apply)						0 (1						
M ≥3 sf or ≥3 lf		10.20	enova					ent with Negati	ive Pre	ssur	е		
2160 sf or ≥260 lf		XC D	emoliti	on			Mini-Enclosur Glovebag Pro	cedure					
							Non-Exempte	ed (*) and Non-F	Friable			ement	
		1	Location Normali								Ту		ê 
Locati Asbestos-Containin		Use	d Sole	y by		escription on taining Ma	of aterial (ACM)	Amount				т	
TO BE A	BATED		intenar todial S			al systems facing, VAT		(Specify SF or LF)		Ren	Re	ncar	Encl
In Fa			(12)			miscellane		Or or Ery	'	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								te	Ф
Kitcher			X		Floor	Tiles	\	1505	SE	K			
Baseme	0.th	X			Floor	Tiles				K			
Fuser 10		1		-	1 100 C			000					
		-		٠.									
Name of Registered W	/aste Hauler		10000	JDEP W		ic Yards	Name of	Registered La	ndfill				
	. 1		Н	auler ID		laste 2	Was	te Mana	Sem			c f	A
City, State	chnologies	2		170	Disp	osal Date	City, Sta	ite					•
New E	tavet	NJ	``		6	-16-11	4 Mori	risville	P				
Completed by	315	Title	. ^			Signature	SCA	1	Date		2	_/	4
Steve Sch	en hea	HRe	sid	enT		Dlee	على حرامه	h		0	- 2	-/	1

# Project #

War on V			
Ch	· nale	44	2500
U	IECK	#	2300

Date of Notification (1)	N	lame of	Building C	)wner/0	perator	(2)							
06/01/2014	W	/ayne	BOE					1111	ı				
Agencies Notified Type Notification	S	treet A	ddress					JUN	Y	0	4014		
□ EPA □ Initial	50	Nell	is Drive				i e						
EPA Initial Amended	C	ity, Sta	te, Zip Coo	de					1		20	8	<b>3</b> 3
DOL Amendment #	_ W	/ayne	, NJ 074	170								i	
Emergency (including justification)	N	lame of	Contact				T	elephone	Numb	er			- 7 m <del>- 4</del>
DCA Cancellation	Jo	ohn D	e. Masc	)			ļ.	,	L	)			
		FACI	LITY INFO	RMATI	ON								
Name of Facility Where Abatement is Taking Place (3)						Type of Fa	acility (4)						
High School						Scho	ol (K-12)	A 1050					
Street Address		665-7151-7050				Subc	hapter 8 (O	ther than	K-12)			•	9000
50 Nellis Drive						Other etc.)	r (i.e. privat	e & comm	iercial l	build	ıngs,	nome	es,
City (5)			300 - Q - 10 V - 20			Square Fe	et #	of Floors		BI	dg. A	ge	-
City (5) Wayne, NJ							1000						
County (6)	To	County (	Code (7)			Current Us	se (Prior if b	eing dem	olished	i)			
Passaic			JSE ONLY)				•						
Name of Monitoring Firm Hired by Building Owner (8)	-	ASCN	1 No		Name	of Abateme	nt Contract	or (9)	-	-	99.110.11		
RAMM		, 10011				Restorati		(-)					
Street Address						Address	OITLLO		-		- 2		
77 Nottingham Road					0.000	ookside l	Dd						
						tate, Zip Co	2000		-	-		-	-
City, State, Zip Code													
Fair Lawn	1.4		N.			olph NJ	07869	Line	se No.		_		
Project Manager for Monitoring Firm		elepho				none No.							
Rodger Headrick			75-9880			33-2550		0113	3				
Start Date (10) Scheduled		pietion	Date (11)			of OSHA M							
06/13/2014 06/15/20	10000					Environm	ental						
Occupancy Status During Abatement (Check Only One)	)					Address							
Facility Closed/Vacated During Entire Period of Ab		ent				RT 22							
Abatement Performed Outside of Normal Facility H Other – Describe: 30m-110m	Hours			1		tate, Zip Co							
					Unior	, NJ 070	83						
Scope of Work (Check All That Apply)						_							
	novati			- 33			ntainment w	ith Negati	ive Pre	ssur	е		
2160 sf or ≥260 lf Del	molitic	on			H	M 1411111	closure ag Procedu	70					
		8			1		empted (*)		Friable	Prod	edur	е	
le I	ocatio	n							1	g g	Abate	ement	t
- 1 D 2000	ormally			р.							Ту	ре	
Ashestos-Containing Material (ACM) Used			Asbest		scriptior taining N	non Material (AC	M)	Amount				m	
TO BE ABATED Main	tenan			thermal	system	s insulation,		(Specify		Re	χ,	nca	Enc
In Facility	(12)			other n	cing, VA niscellar	il, or neous)		SF or LF)		Remova	Repair	Encapsulate	Enclosure
	]			04101				20		<u>a</u>	7	late	Ire
Yes	No	N/A											
Crawl Space	x		TSI wra	ар& сц	ıre		30 1	_F		2	×		
95													
										-			
									-	_			_
- 2				N. S. C. C. C.									
Name of Registered Waste Hauler		IDEP W		Cubic		Na	me of Regi	stered Lar	ndfill				
Nick Restoration LLC	100000	3378	90000	of Was	ste	G.	R.O.W.S						
City, State	100	33/0			sal Date	50.55000	y, State						
Randolph , NJ 07869				TBD	Jan Date	- Lance	llytown, I	Δ				9	
Completed by Title					Signatur		7		Date				
Elvira Mrda Preside	ent				6	Vila X	llas		06/0		014		

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

Initial Notification Check #: 5984

Date of Notification	on (1)		IINar	ne of	Buil	ding	Owne	r/Operato	or (2)				'			-
0   5   / 3		4														
Agencies Notified			11	ewark			chools							2		-
24				o 1	٥.	(a)										
(∠EPA	[X]Initi	al	1 1	Cedar			Code									
(X) DEP		ication	11					·n					-	i⊆ I		
[X] DOL	( )Amend	led ication	11	ewark									(	<u>'n_</u>		
(X) DOH	[ ]Cance	llation	Na	me of	Cont	tact				Tele	phone No	umber		12		
CX]DCA	1 1000		D	ouglas	Blan	nd , I	Bus. A	Admin.		10	3	0	-	-		
			11	FA	CILI	TY I	NFORMA	NOITA				2.	-	-		_
Name of Facility W	here Abatem	ment is To	aking	Plac	e (3	1			Type of F	acili	ty (4)		•			
Chanaellan A	0-61								Xis	chool	(K-12)					e e
Chancellor Avenue	School								1 110	ther	pter 8	priva	ite 8	COL	mer	_
acteer Madress								1	Square Fe	ial b	milding	s. ho	omes	. etc	:.)	
321 Chancellor Ave	nue								45000		2	0025	80			
City (5)		Count	y (6)			(ST	ATE U	ode (7) SE ONLY)	Current L	se (I		beir			she	d)
Newark, NJ 07112		Essex	(						School						1.	
Name of Monitoring	Firm Hire			ASCM	No.	1	Name	of Abate	ment Conti	actor	(9)					
Owner (8)	• NAC- y-						Four	Strong R	uilders, Inc							
TTI Environmental,	inc.			0000	)3			et Addres		•						
	0					1	100	Caracant	Augnus							
1253 North Church							City	Sargeant, State,	Zip Code							-
								on, NJ 070								
Moorestown, NJ 080	U5/ or Monitori	ng Firm	Tele	hone	Numb	er		phone Num			T	icen	se N	umbe	r	-
Jim Guillardi	roject Manager for Monitoring Firm						973	- 614-0377			0	0807	,			
Scheduled Start Da	te (10)			340-88 Lon Da		III		of OSKA				,000,			- 50 0	
0   6   /   1   3   /   Month / Day / Occupancy Status D	1.							Strong B	uilders, Inc	i						
(X) Facility Clos																
of Abatement []Abatement Per Hours - Descr []Other - Descr	formed Out						City		Zip Code	- 200					_	-
					•		Clift	on, NJ 070	013							
Scope of Work (Che									l Containm		ith Nega	ative	Pre	ssui	e	
[ ]Demolit [ ]>3 sf o [X]∑160 st		f	ĺΧ	]Renot	vatio	on		[X]Glov	i-Enclosur vebag Proc -Friable P	edure						
			Τ.	Is	T							$\Box$	Abat	emer	E T	/pe
Asbestos- Materia TO BE in Fac	tion of -Containing al (ACM) ABATED CILITY 13)		No:	cation rmally Used olely Main- nance, stodia aff(1:	Y	ir	Asbe Ma (i.e.,		taining ACM)		Amoun (Spec SF C	ify	R E M O V A L	REPAIR	NCAPSUL	N C I C S U R E
Rm UN-14; Rm UN-1	5: Rm 001 &	Rm 003	1.53	X.		Pipe	Insula	ition			275 LF		X			Γ
					7											
Name of Registered	Waste Ham	Ver	IN	JDEP	Wast	2	Cubic	Yards	Name of	Regis	stered L	andf	11			
or wedencered		1271 (T.A.)		auler			of Wa									
Four Strong Builde	rs, Inc.		1	2609					G.R.O.W		nc.					
City. State							Dispo	osal Date	City. St	ate						
Clifton, NJ	3								Tullytow	n, PA						
Completed By (Pri	nt or Type)	Title						Signatur			in a		D	ate		
Rilyana Kulakayak		Office A	\dmi-	nietrat	or			MA	/ / ;				-	/30/	14	
Bilyana Kulakovska	2	Office /	-diffili	iistiat	<u> </u>			14	un				12	1301	4	
JUN 95																

Date of Notification (1) 6/2/14	5/2/14						Operator		on			2:1			
Agencies Notified	Type Notification		- 1 -	Street Ac 775 Ta	ldress nyard Ro	oad			231! J	UM	5 43	3:31	1	600	
EPA DEP DOL	Initial Amended Amendment #				e, Zip Cod ury Heig		NJ 0809	97			i !	2 34	-		
DOH DCA	Emergency (in justification)  Cancellation	cluding	- 1		Contact Contrev	0			9.	Tele	phone N	Number			
				FACIL	ITY INFO	RMA'	TION			-			2		
Name of Facility Where A National Park Elem		Place (3)	2011			1		Тур	e of Facility (4) School (K-12						
Street Address 516 Lakehurst Ave.									Subchapter 8 Other (i.e. pri etc.)				lings,	home	s,
City (5) National Park NJ 08	8063			,					iare Feet 00+	# of 1	Floors		ldg. A 5 +	ge	
County (6) Gloucester				County C	ode (7) ISE ONLY)			Cur	rent Use (Prior	if bein	g demo	lished)			
Name of Monitoring Firm Horizon Environme		vner (8)		ASCM 0007			Name		natement Cont	ractor (	(9)				
Street Address PO Box 316	•						Street PO E								
City, State, Zip Code Thorofare NJ 0808	6					*			Zip Code rlin NJ 0809	91					
Project Manager for Mor Steve Flanigan		- 8	Telephor	ne No. -8-0800		Telepi	hone	24. HOLDER D. ON 19. W. 19. G. G. C.		License					
Start Date (10) 6/20/14		Scheduled	d Com		Date (11)			of O	SHA Monitor						
Occupancy Status Durin							Street	V2011	220						
Facility Closed/Vac	ated During Entire Pened Outside of Norma After 3 PM Friday and	eriod of Al	batem Hours						Zip Code						
Scope of Work (Check A	All That Apply)				-			30 %	***						$\overline{}$
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti					N C	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure	.5			ρ.	
				22					ton Exempted	( ) dire	rivoreri	T		ement	
Locatio			Location ormali			-	Description	f					Ту	ре	
Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Mair	d Solel ntenar odial S (12)	ice/	Asbest (i.e.	os Co therm sur		Mater ns ins AT, or		(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
1955 section Gi	rls bathroom	100	×	1.0.1		Pip	e insula	ation		2	0 LF	x			
1955 Section Fac	×			Pip	e Insula	ation		1	0 LF	x					
Name of Registered Wa	ste Hauler		IN	JDEP W	/aste	Cub	ic Yards		Name of F	Registe	red Lan	dfill			
United Containers	0.00000	auler ID 2459	No.	of V 2	Vaste		G.R.O.V								
City, State Elm NJ						200 77772	oosal Date 3/14	9	City, State Morrisvi		1906	7			
Completed by Anthony T Perna	dent				Signatur	e->				Date 6/2/14					

#### MO#219014236166

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

Amended notification

Date of Notification (1)					Name	of Buildin	g Owner/Operator	(2)					
06 / 0	02 /	14		4	D.LL:	e Post							
Agencies Notified T	ype Notifica	ation				Address		2811 111	1-5 4M 3:	~ ~ ~			
	initial								· • Hil ()•	< 3			
	Amended	d				llstone D State, Zip							
⊠ DHSS	Amendm	-	-	İ	35=			2.4		i			
	_ Emergen		cluding			gston, NJ			Telephone N	v made a v			
(NJAC 5:23-8)	justificati Cancella						51		1 elebuoue M	umber			
						e Post				_			
No. of Factor Address of			-		FA	CILITY II	NFORMATION						
Name of Facility Where Aba	atement is	Taking	Place	(3)				Type of Facility					
Private home								School (K-1	12) 8 (Other than K-	1 21			
Street Address								Other (i.e.,	private and com	mercial b	uildin	IS.	
14 Millstone Drive								homes, etc	.)				
City (5)								Square Feet	# of Floors	В	idg. A	ge	
Livingston, NJ 07039													
County (6)					Coun	ty Code (7)	(STATE USE ONLY)	Current Use (F	rior if being dem	nolished)			
Essex													
Name of Monitoring Firm H	ired by Buil	ding C	wner	(8)	ASCM	No.	Name of Abater	nent Contractor (	9)				
							Gr Tech LLC						
Street Address							Street Address						
							576 Valley Rd	#283					
City, State, Zip Code							City, State, Zip	Code					
							Wayne, NJ 074	170 、					1
Project Manager for Monito	ring Firm			Tele	phone	No.	Telephone No.		License No.				
							973-638-1777		01127				
Start Date (10)						te (11)	Name of OSHA	Manitor					_
	14	0	6 /	03	_ /	14	Envirovision C	onsultants Inc					
Occupancy Status During A	Abatement (	Check	only o	ne)			Street Address						
☐ Facility Closed/Vacated							20-21 Wagarav	v Road Bldg #	344				
Abatement Performed C	outside of N	ormal	Facility	/ Hour	s - Des	scribe	City, State, Zip		3471			-7-110	
Time of Abatement:	AIVI-	P	A/	PM_		AM	Fair Lawn, NJ						
Scope of Work (Check all th	nat apply)	4-1-1-1	-	-				up and decontam	ination with nega	ative pres	sure		REAL PROPERTY.
V >2 of or >2 15			ΣZ n				Full Co	ntainment with No					
>3 sf or >3 lf 2 160 sf or 260 lf				novati molitic			Mini-Er Gloveb	iclosure ag Procedure	Tent with Nega	tive Pres	sure		1
							Non-Ex	empted (*) and N	Ion-Friable Proce	edure	1		
			222	Locat						Al	patem	ent T	ype
Location of		#\	5414.05	Norma d Sole	-		Description			70	T R	m	П
Asbestos-Containing Ma TO BE ABATI		fi )	0.40000	intena	4		estos Containing M e., thermal systems		Amount (Specify	Remova	Repair	Encapsulate	Enclosure
IN Facility	<del>(111-1</del> 3)		Cus	todial I	Staff?	1	surfacing, VA	T, or	SIF or LF)	ova	=	nsd	Sur
(13)			_	(12)	T		other miscellar	eous)		=		ate	TO I
			Yes	No	N/A				<del> </del>				
Garage				ļШ	X	Duct in	sulation		80SF	X			
100000			П		In						П	Im	
			$\overline{\Box}$						<del> </del>		TH	T.	H
			ᆜ	]		-			1		닏	빝	1
			Ш	□.									
Name of Registered Waste	Hauler			NJC	EP Wasti	e Hauler ID No	Cubic Yards of Wa	ste Name of Reg	istered Landfill				
Gr Tech LLC				0	03378	35	TBD	T.R.R.F. Inc					150
City, State	ĺ			-	and the second		Disposal Date	City, State					
Wayne, NJ 07470							TBD	Tullytown, I	PA				1
Completed By (Print or Type	e)	Title					1 01		2	Date			-
N.Jevtic	307	0	· or				4	to ver	rad		014		1
ASB-41		Owi	ICI					0000	nervite <del>T</del> urke	06/02/2	014		
MAY 11		4	Do no	use th	ns form	n for ashe.	stos licensure exen	pted activities.					

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

Date of Notification	1 (1)		- 12 CONTRACTOR - 1			wner/Operator	(2)							
5-27-14			Ke	th Scl	hill	ari			Au	.6	*** ***			
Agencies Notified	Type Notifi	cation	Stree	t Addres	38									
[ ]EPA	[X]Initia	1	53	Elm S	Stre	et	10	201	1 UN -5	714	٠.	21		
[ ]DEP	Notif:	ication	City,	State,	Zip C	ode		40.4		*14.2		4.		
[X]DOL	[ ]Amended	\$100 pt	1000000			gton, NJ, C	07031				0.5	F27+8		
[X]DOH	Notif	ication	Name	of Conta	act			Telephone	Number	V				
[ ]DCA	[ ]EMERGE	NCY		th Scl		ari		(	1		10			
[ ]DOA	[]Cancel:	lation						,						
				FACIL	ITY IN	FORMATION								
Name of Facility Who		t is Taki	ing Pla	ace (3)			Type	of Facili	ty (4)			127	95-90-	14
Same as above							1 -	]School (						
Street Addres									er 8 (Oth					
									ildings,					
							- 1	e Feet	# of Flo	ors	1000000	lg. 1	lge	
City (5		County	(6) Ess	sex		ty Code (7)	150		2		1	5		10
					,		Curre	nt Use (P	rior if b	eing	dem	olis	hed)	t
Name of Monitoring I	Firm bired b	ar Buildir	7 7 7	CM No.		Name of Abate	mont C	ontractor	(9)	-				
Owner (8)	TIM HILLEG D	y Bulluli	.1g A.5	CM NO.		AZTECH M								
N/A Street Address						Street Addres		,				1,5		
Street Address						86 Chris	_	er St.						
City State Fin Co.					City, State,		onesee accordance		-		-			
City, State, Zip Coo					Montclai			12						
D										Lice	200	Man		
Project Manager for	Monitoring		/A	ne Numbe	r	Telephone Num (973)744		0			37:		er	
	(10)		**************************************	- D-b- /	11)		(5) (5) (5) (6) (6)				-			
Scheduled Start Date 6-11-14	e (10) Sc	hed. Comp	13-1		0.000.000	Name of OSHA N/A	Monito	r						
	ear	Month	Day	Year		11/12								
Occupancy Status Du: [X] Facility Clo						Street Addres	s							
of Abatemen		During E	ntire	Period	- 1									
[ ]Abatement Pe				Facility	Y	City, State,	Zip Co	de			<del>)</del>			
Hours - Desc [ ]other - Desc				ript»										
Scope of Work (Check	k all that a	ipply)								-				
									th Negativ	e Pr	essu	re		
[X]>3 sf or [ ]>160 sf				ovation		[ ]Mini- [X]Glove								
						[ ]Non-H	Friable	Procedur	ce		12-			T
Location	n of		Is Locati			Description	on of				Aba	teme	E	Type
Asbestos-Co			Normal Used	i		Asbestos-Con	ntainin	g	Amount		R	R	C	C
Material TO BE A			Solel By Mai			Material (i.e., therma	1,0400 (1966)	ems	(Specif		M	P	A P	P
In Faci			tenand			sulation, surf			LF)		VA	AI	S	S
(13)			taff (		c	or other misce	ellaneo	us)			L	R	L	R
Basement	165	- NO	X	Pip	e Insulat	ion		120 1	Ē	X		-	-	
		1		-										
Y			+											
Name of Registered	Name of Registered Waste Hauler					oic Yards	Name	of Regis	stered Lan	dfil	1			
AZTECH MANAG	INC I		ID No.		Waste 1.5		R.O.W.S							
City, State	-	1704	0	Dis	posal Date	City	, State		-					
Montclair, NJ 07042					1	-16-14			lle, PA	1 19	906	7		
Completed By (Print		Title				Signature	е			1000	ate -27-	.1 4		
Constantine V	ent			i Vi	JIOM	1000		5	-21-	T-4				

Paragon Job#

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

Date of Notification (1)	.4 .	Na	ame of B	uilding Own	er/Operator (2)			/20 /	e per				
0 6 /0 2 /1			Church	of Sacred I	Heart			7.5 j.	- 5			7	
Agencies Notified Type	Notificatio	n St	reet Addi	ress					1				
	Initial		171 Clif	fton Ave.								æ	
□ DEP	Amendme	ent Ci	ty, State,	Zip Code									
DOL Amend	dment# _	— II	Newark	c, NJ 0710	4			•					
	ergency (ir		me of Co			A-4-4-		Telephon	e Number	-		-	
DCA DIST	tification) Cancellati	ion	Chris T	Comlan				1	-				
			CIRIS		ILITY INFORM	ATION		<u>:</u>	- 0				==
Name of facility where aba	atement is	taking pla	ce (3)					Type of Facility (					
Main School North Si	de of the	Building							(K - 12)		1/	40)	
Street Address	de of the	Dunding							apter 8 (O Private/Co			-12)	
Olie Gradices									Homes, e		Clai		
1060-1066 South Ora	nge Aven	iue						Square Feet	# of Floor	s	Blo	dg. Ag	ge
City (5)		Coun	ty (6)			Cou	nty Code (7)	16,000 sf	03		50		
						(Sta	te use only)	Current Use (Pr	rior if bein	g dem	olishe	ed)	
Newark		Esse				<u> </u>		School					
Name of Monitoring Firm I	Hired by Bl	ldg. Owne	r (8)		ASCM No.		Name of Abatement C	ontractor (9)					
Whitman Companies					00110		Paragon Contracti	ng, Inc.					
Street Address							Street Address						
7 Pleasant Hill Rd.							590 River Rd.						
City, State, Zip Code							City, State, Zip Code						
Cranbury, NJ 08512							Clifton, NJ 07014	<u> </u>					
Project Manager for Monito	ring Firm		F	Phone Numb	per		Telephone Number		License	Numb	er		
Kevin Lovely				732-390-58	358		(973) 614-1600		00748			Marin San	
Scheduled Start Date (10)		Sched.		tion Date (1		_	Name of OSHA Monito						
06/13/2014		06/18	/2014				Paragon Contracti Street Address	ng, Inc.					
Occupancy Status During A	Abatement						590 River Rd.						
Facility closed/vacate	ed during e	entire perio	d of aba	tement.			City, State, Zip Code			_			
Abatement performed Describe: After 5:00 I	d outside o	of normal f	acility ho	urs-			ony, oraco, Esp oodo						
Other-Describe: Oc	cupied, area	under con	tainment	*- W.		-	Clifton, NJ 07014	1					
Scope of Work (check all													
Demolition		Renovation					ull Containment w/nega		٠				
	-						,		Glovek				An processor
>3 sf or >3 lf		160 sf or 2					Mini-enclosure	Non-Exem	ipted ( " )	Non-tr		_	eaure
Location of		Is location by mainte		y used solel istodial	1 12					e	R	E n	E
asbestos-containing material to be		staff(12)			Descripti material		sbestos-containing	Amount (Specify S	F or	m	р	c	n
abated in facility (13)	)	Yes	No	N/A	materiar	(AOIVI)		ĹF)		O V	i	a p	Ľ
					7			100 71		е	_	-	<u> </u>
North Side Lower Stair			LX.		Pipe Elbow	/S		100 EA			브	ᆜ	부
North Side Lower Stair			LX.		VAT			400 SF			ᆜ	브	부
North Side Lower Stair	well		LX.		Ceiling Tile	es		400 SF			ᆜ	브	Щ
										Ш	$\perp$	ᆜ	
						.,-					Ш	Ш	
Registered Waste Hauler Paragon Contracting, In	nc	NJDE 221	P Haulei	1	Cubic Yards of	vvaste	Name of Registered I Tullytown/GROW						
City, State			V1	Disposal D	10 cyds		City, State	7.0				-	-
Clifton, NJ 07014				TBD	- 4.0		Fullytown, PA						
Completed by (Print or Typ	e) I	Title		-1	Signature		// // // // // // // // // // // // //		Date				
Goran Lazevski	100 March	President	t		/	y	/\		06/02/	2014			
			1/		1				1				

		NOTIFICATI		BESTOS A		/ 0	hor	b4	2	97
Date of Notification (1)06		(PURSUAN	Name of E VERIZON	Building O	wner / Opera	and the second second		~=		
/ / / / / / / / / / / / / / / / / / /			Street Ad							
	otification Initial		1883 Linco	oin Ave e, Zip Code		prisa.	10111 - 5		2-33	
EPA 🖸	Amended		Edison, N.		3	MEM E				
DOH DOH	Amendment #	ŧ	Name of C				Telephor	ne Numb	er	
DOL			ALEX BA	YLOR			٤.	000	a Hun	
	Cancellation		ACILITY IN	FODMATI/	ON.		1 1.10			
		8.00	ACILITY IN		10.00					
Name of Facility Where Abaten Verizon	ent is Taking	Place (3)		Type of F	acility (4)					
Venzon					School (K-					
Street Address 1883 Lincoln Ave					Subchapte Other (l.e., bldgs., hor	private &				
City (5) County (6	)	County Code	(7)	Square Fe		# Of Floor:	S	Buildin	g Age	
Edison Middlesex					,000				40+	
				Current U	se (Prior if	being dem	olished)			
Name of Monitoring Firm Hired	by Bldg Own	or (8)	ASCM NO		Abatement (	Contractor	(9)			
USA Environmental Manageme		ei (o)	ACOM NO	Traine of A	- Datomont (	001111110101	(0)			
					DLITION SEF	RVICES IN	)			
Street Address				Street Ad	dress					
8436 Enterpise Avenue City, State, Zip Code				32 10/11 1 10	MS PARKW	/AV				
Philadelphia, PA 19153					e, Zip Code	(// )				
Project Mngr. For Monitoring F	irm	Telephone Nu	mber	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			22			
MARK JENKINS		215-365-5810			NOVER, NJ	07936				
Sheduled Start Date (10)		letetion Date (1		Telephon	e Number		License 860			
$\frac{-06}{-17}$ / 14			14	973-7	72-3660		000			
Occupancy Status During Abat	ement (Check	Only 1)		_	OSHA Monit	tor				
☐ Facility Closed/Vaca				LVI DEMO	DLITION SEP	RVICES IN	2			
Abatement				Street Ad	dress					
Abatement Performe Hours - Describe:	d Outside of N	iormal Facility		32 WILLIA	MS PARKW	/AY				
Other - Describe:	5:00PM -1:30	AM MON-FRI		SWALL CONTRACTOR STATE	e, Zip Code	201112224			-	
					NOVER, NJ					
Scope of Work (Check All That			SHACKER							
☐ Demolition	✓	Renovation	$\overline{Q}$		ainment wit	h Negative	Pressure	•		
<ul> <li>≥3sf or≥3lf</li> <li>≥160 sf or ≥260 lf</li> </ul>				Mini - End	ciosure Procedure					
2100 St 01 2200 II					npted (*) an		ble Proce	dure		
Location of	Is		Descript	ion of			Abateme	nt Type		
Asbestos Containing	Location	As	sbestos - C				R	Ī	E	E
Material (ACM)	Normally		Material			Amount	E	R	N	N
TO BE ABATED	Used		.e., therma			(Specify	M	E	C	C
in Facility	Solely		lation, sur	•	(2) <b>5</b> (1)	SF or LF)	0	P	A P	L O
(13)	by Main- tenance/	or	other misc	ellaneous)			A	î	s	s
	Custodial						Ê	R	ŭ	ŭ
	Staff (12)		and the state of t						L	R
	YES NO N/A					100.05		-		1
BASEMENT BOILER ROOM		BREECHING				100 SF	V	누믐	++	
BASEMENT BOILER ROOM BASEMENT BOILER ROOM		BOILER ROPE				9 SF 100 LF	7		++	1-1
BASEMENT BOILER ROOM		VIBRATION CI	LOTH			4 SF	V			
Name of Registered Waste Hau	The second secon	NJDEP Waste	Cubic		Registered I	Landfill				
NEWARK CARTING		Hauler ID No. 4509	of Waste	GROWS						
City, State NEWARK, NJ			Disposal Date	City. State	e /ILLE, PA					
		T=						~	Deta	
Completed by (Print or Type) STEVEN STILES		Title PROJECT MA	NAGER		Signature	11-5	9	>	Date	06/03/14

06/03/14



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

Date of Notification (1) 05/26/14				of Building C diocese of	50	ator (2)		-				
Agencies Notified	Type Notification			Address	TYCVVAIR		004		0.00		٧.	
	Initial		171	Clifton Ave			2014	HUU11-5	H.1. 6	: 92		
EPA DEP DOL	Amended Amendment	#		State, Zip Coorark, NJ 07				•		5		
	Emergency (	including		of Contact	-			Telephone N	Jumber	-		
☑ DOH □ DCA	Cancellation		Tom	McCue				•	75			
			FA	CILITY INFO	RMATION							
Name of Facility Where		g Place (3)					of Facility (4)					
Queen of Angels S	chool						School (K-12) Subchapter 8		-12\			
Street Address							Other (i.e. priv			lings,	home	s,
44 Irvine Turner Bl	va.						etc.) ire Feet	# of Floors	I R	ldg. A	ne	
City (5) Newark						30,0		3	10000	0+	90	
			Count	ty Code (7)			ent Use (Prior	Name of the Party	lished)			-
County (6) Essex				E USE ONLY)		Sch		ii boilig doille				
Name of Monitoring Firm	n Hired by Building	Owner (8)	AS	CM No.	Na	me of Aba	atement Contr	actor (9)			1722	
N/A	2						rvices Inc.					
Street Address					100	reet Addre 56 Mapl						
City, State, Zip Code				110000		ty, State, Z	2.0	7				
			T T I w	N - N -	and the same of th	lephone N	n, NJ 0705	License	a No			_
Project Manager for Mo	nitoring Firm		Telep	hone No.		73-406-		01107				
Start Date (10)			Completic	on Date (11)	1		HA Monitor					
06/09/14		06/22/14				eslaw N	menter (1955)				-	
Occupancy Status Durin					1	reet Addre 56 Mapl						
Facility Closed/Vac	cated During Entire ned Outside of Norr	Period of Aba	atement			ty, State, 2						
Other – Describe:		iai i aciiity i i	Jura		2322		n, NJ 0705	7				
Scope of Work (Check /	All That Apply)					3						
≥3 sf or ≥3 lf		T Ren	ovation			× Fu	ill Containmer	it with Negativ	e Pressu	re	_	
≥3 si oi ≥3 ii ≥160 sf or ≥260 lf			nolition			× GI	ni-Enclosure ovebag Proce on-Exempted	dure			e	
			100				JII-Exempled	) and Homin	Table 1 10	Abate		
NO. 74 C 1927 St.		0.0000000000000000000000000000000000000	cation mally		D					Ту	ре	
Locatio Asbestos-Containing		Used S	Solely by	Asbes	Descrij tos Containi	otion of ng Materia	al (ACM)	Amount			m	_
TO BE AS	BATED		enance/ lial Staff?	(i.e.	thermal sys		lation,	(Specify SF or LF)	Removal	Re	Encapsulate	Enclosure
In Fac (13	300 m	(	12)		other misc	, VAT, or ellaneous	)	OI OI LI )	nova	Repair	sula	osur
		Yes	No N/	A					<u> </u>		ate	G.
boiler r	room		*		boiler in	sulation		420sf.	*			
cafete	eria		*		pipe ins	sulation		35lf.	*			
roo	f		*		roofing	material		9828sf.	*			
Name of Registered Wa	aste Hauler			Waste	Cubic Yar of Waste	ds	Name of R	egistered Lan	dfill			
Newark Carting Inc			05409	ID No.	150		G.R.O.V	V.S				
City, State					Disposal I		City, State	I- DA				
Newark, NJ					06/23/14		Morrisvil	ie, PA	D-t-			
Completed by Leslaw Nalodka		Title Preside	ent		Sign	ature A	Vol		Date 05/26/	14		
LOSIGW INGIOUNG		7 10010	-1.14			- (6				_		

Date of Notification (1)	1_1		N	ame of	Building C	wner/O	perator	(2)			11		-	
6	12/14			MAK	2CAR	ET /	NSON	ERA						
Agencies Notified	Type Notification		St	treet Ad				_	90	1A 1116 -				
EPA							AU	£.	20	14 JUN - 9	) [	× 2	: 41	8
☑ DEP	Amended		C	ity, State	e, Zip Coo	de	•	~ . ~						V2000
⊠ DOL	Amendment #_ Emergency (in	cluding	- 0	CEDI	an c	ROUZ	, N.	J. 07009					1	
☑ DOH	justification)	adding							Tele	ephone Numb			2	
DCA	Cancellation		1	11 CH	+AEL	1+1	ナイト		18	- 1				
		n (0)		FACIL	ITY INFO	RMATI	ON	T (5 W (4						
Name of Facility Where A	Abatement is Taking I	Place (3)						Type of Facility (4	)					
INSOLERA								School (K-12						
Street Address	_							Subchapter 8  Other (i.e. pr				inas.	home	s.
85 020NEA						2		etc.)						-,
CEPAN GROWE	•							Square Feet		Floors		dg. A	ge	2242
	-							1650		2		50		
County (6)					ode (7) SE ONLY)			Current Use (Prior	r if bei	ng demolishe	ed)			
ESSEX														
Name of Monitoring Firm	Hired by Building Ov	vner (8)		ASCM	No.			of Abatement Cont		(9)				
								lac Contracting	Inc.					
Street Address								Address						
								Lowell Road						
City, State, Zip Code								State, Zip Code	150					
							Gler	Rock, N.J. 074	+52					
Project Manager for Mon	itoring Firm		- T	elephor	ne No.			none No.		License No				
							201	-262-5841		00156				
Start Date (10)	\$	Scheduled	Comp	oletion [	Date (11)			of OSHA Monitor			250			
6/13/14		6/16						ega Environmer	ital S	ervices in	C.			
Occupancy Status During	g Abatement (Check	Only One	)					Address						
Facility Closed/Vac	ated During Entire Pe	eriod of Ab	ateme	ent				Huyler Street						
	ed Outside of Norma	I Facility F	lours					State, Zip Code						
Section 1997 and 1997							Had	kensack, NJ 07	606					
Scope of Work (Check A	II That Apply)	,					700	1						
23 sf or ≥3 lf		-	novati	07505E				Full Containme		Negative Pr	essu	е		
≥160 sf or ≥260 lf		☐ De	molitio	חכ			F	Mini-Enclosure Glovebag Proc						
								Non-Exempted			e Pro	cedur	е	
		le l	ocatio	'n								Abate		t
Location	o of		mally			De	scription	o of				Ту	ре	_
Asbestos-Containing		Used			Asbes			Material (ACM)	1	Amount			Е	
TO BE AB		Custo	tenan			therma	l system	s insulation,		Specify	Re	Z	nca	E C
In Facil (13)			(12)				icing, VA miscella		S	F or LF)	Remova	Repair	Encapsulate	Enclosure
(15)		V. T				Outer	mocena	neous)			<u>a</u>	-	late	lre.
		Yes	No	N/A										
BASEMENT				X		V	AT			332 SF	X			
									-8					
						-						-		
		-										-		-
						.,								
Name of Registered Was	ste Hauler		100000	JDEP Wauler ID			Yards			ered Landfill	(2)	=		
Rovic Transport				301er 10	140.	of Wa	SIC /	IESI PA	A Bet	hlehem La	ndfil	l Co	р.	
City, State						Dispo	sal Date	e City, State	e					
Riverdale, New Jers	sey 07457						113/1			PA 18015			r	
Completed by	-	Title					Signatu		11	Da		//		
R. McDonald		Presid	dent				1	KM Jos	101		6/0	+/1	4	
								01 11 -			V	V	100	

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

B & G proj. #: 2014-94

Check #6566

Date of Notification	1 (1)	HN	ame of Build	dina Owne	er/Operator (2)		11							
10161/1012			Faisal Jar	•	(-/			2914	jUN -5	§M 2	: 47		i.	Table 2
Agencies Notified  EPA  DEP	Type Notificat Initial		treet Addres 2 Pittsfiel	d Court	S				· 1 · 1	X.	J. 27.			
DOL.	☐ Amendr		ity, State, Zi Livingsto		7039									
<b>₩</b> DOH	_	1.1	ame of Cont	act					Telepho	ne Numb	er	***		
☐ DCA	☐ Cancella	ation	Faisal Ja	amal					•		P			
				FACI	LITY INFORM	ATION	l							
Name of facility w	here abatement i	s taking pla	ice (3)					Тур	e of Facility	(4) ol (K - 12	2)			
Faisal Jamal					1 1 /				=	hapter 8		nan K	-12)	
Street Address										(Private/		rcial		
38 Tower Ro	ad							Squ	Jare Feet	./Homes, # of Flo		BI	dg. Ag	je
City (5)		Cour	ity (6)			Cou	inty Code (7)							
Livingston, N	J 07039	Ess	ex			(Sta	te use only)	53.33	rrent Use (I sidential	Prior if be	ing dem	olish	ed)	
Name of Monitorin	g Firm Hired by	Bldg. Owne	er (8)		ASCM No.		Name of Abatemer	nt Contra	actor (9)					
	N/A						B & G Restora	tion, In	с.					
Street Address			7/2	,			Street Address							
							105 Ryerson R							
City, State, Zip Coo	le		- Carana				City, State, Zip Cod							
			Tor	<del></del>			Lincoln Park, Telephone Number		35	History	e Numb	205		
Project Manager fo	r Monitoring Firm	1	Pho	ne Numb	er		973-696-6869			0378		Jei		
Scheduled Start Da	to (10)	ICabac	. Completio	Date /11	·		Name of OSHA Mo							
06/13/2014	ite (10)			I Date (II	7		B & G Restora	tion, In	c.					
			/13/2014				Street Address							
Occupancy Status  Facility close				nent		-	105 Ryerson R							
	erformed outside	20~40. [14](17](17](18] (17 <mark>)</mark> (17)[17](17]					City, State, Zip Coo	ie .						
Other-Descri	be:					_	Lincoln Park,	NJ 070	35					
Scope of Work (ch	neck all that apply	y)	***********							wra	p & cu	t		
Demolition		Renovation	n				full Containment w/r	negative	pressure	Glov	ebag pr	oced	ıre	
≥3 sf or ≥3 lf		≥160 sf or	≥260 If				Mini-enclosure			☐ Non	-friable	proce	dure	
Location of			n normally u			505 Aug 5			260		R	R	E	E
asbestos-co		staff(12)	enance/custo	odiai			sbestos-containing		Amount (Specify	SF or	m	р	n c	n
material to b abated in fac		Yes	No	N/A	material (	(ACM)			LF)	J. J.	o v e	i r	a p	L
attic				X	pipe insula	tion		6	2 lf					
											ᆛᆜ	Ц	ᆜ	牌
											-14-		岸	부
						17: -1	10 (5		eu.		_ Ц_	Ш	Ш	Ш
Registered Waste I B & G Restorati		NJD 195			ubic Yards of \	vvaste	Name of Registere Tullytown Res			y Center				
City, State	11 07025			Disposal D	ate 6/2014		City, State	1						
Lincoln Park, N		Tiele			Signature		Tullytown, PA			Date				
Completed by (Prin Gordana Luna	it or Type)	Title Secretar	y/Treasure	r	2.5		Gordana Luna	•			2/201	4		

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

B & G proj. #: 2014-85

\*\*\* SUBCHAPTER 8 \*\*\*

Check # 6564

Date of Notification		11			Operator (2)											
10 16 1/10 12			The Village School													
Agencies Notified	Type Notification	1.1	et Address		. 0											
¥ EPA	X Initial	11	00 West F		t Street											
☐ DEP			State, Zip		63	e. Litter										
X DOL	Amendme		Valdwick,		63		Telephone	e Number	-							
X DOH	On hold	11	e of Contac	#												
☐ DCA	Cancellation	on   I	Marilyn La	arkin, Di	rector								_	=		
	A Anna Control of the No.			FACIL	TY INFORMA	TION										
Name of facility wh	acro shatement is t	taking place	(3)					Туре	of Facility (	(4) I (K - 12)						
		adding piece							farmed .	apter 8 (O	har the	n K-1	2)			
The Village S	chool					_				apter 6 (O (Private/Co			-,			
Street Address						Bldgs./Homes, etc.					ic.					
100 West Pro	ospect Street				garan Dayan samanan			Squ	are Feet	# of Floor	s	Bldg	. Age	2		
City (5)		County	(6)				nty Code (7)	_		rior if bain	demo	lished	)			
	1.07462	Berg	en			(Sta	te use only)		rrent use (P sidential h		if being demolished)					
Waldwick, N				-	ASCM No.	Name of Abatement Contractor (9)										
Name of Monitorin EnviroVision	ng Firm Hired by B	lag. Owner	(0)		0079		B & G Restoration, Inc.									
Market 100 (100 )		Street Address														
Street Address 20-21 Waga		105 Ryerson Road								-						
City, State, Zip Coo		City, State, Zip Code														
Fair Lawn, N	NJ 07410		Lincoln Park, NJ 07035													
Project Manager for Monitoring Firm Phone Number					er		Telephone Number (973)696-68				Numb 378	er	ı			
Fred Larson 973-636-914					45		Name of OSHA Mo						-			
Scheduled Start D	ate (10)	Sched.	Completion	Date (11	)		B & G Restor		Inc.				,			
06/18/2014		06/3	0/2014				Street Address									
	During Abatemen	t (Check or	ly one)				105 Ryerson	Road								
K Facility close	ed/vacated during	entire perio	d of abatem	nent.			City, State, Zip Coo	de						HE . JUNE 19		
Facility closed/vacated during entire period of abatement.  Abatement performed outside of normal facility hours-							l. L. Davis	NI 1 07/	25							
Describe: Other-Desc	ribe:					-	LincolnPark,	143 07	000			==				
_	check all that apply	7)					THE PK OF TV 18									
☐ Demolition	X	Renovation	1				Full Containment w/	negative	pressure		bag pr friable (					
>3 sf or >3	lf 🗶	≥160 sf or ≥	260 If				Mini-enclosure			∐ Non-	T R	R		1		
		Is location	normally u	sed solely					Amount		е	e	E n	E		
Location of asbestos-containing by maintenance/custodial staff(12)				odiai	Descripti material		asbestos-containing		(Specify		m	p a	c a	С		
material to abated in fa		Yes	No	N/A	material	(ACIVI	,		LF)		v e	i	p	L		
		100		X	l sailing pla	otor			3100 sf		K					
Old Gymnasiu				X	ceiling pla			-	300 lf		X					
Old Gymnasiu					T pipe insuit	ation										
wa	ll plaster			-	1											
					1											
Registered Waste	Hauler		P Hauler II	D#   C	Cubic Yards of		e Name of Registe	red Lan	dfill		Contr	r				
B & G Restora	ation, Inc.	1	9563		25 yards	3	City, State	n Resc	urce & R	ecoverv	Cente	-				
City, State	N.I.			Disposal 1 06/1	Date  8/14 - 07/0	1/14		vn, PA					,			
Lincoln Park, No					Signature	I Date										
Completed by (Print or Type) Gordana Luna Title Secretary/Treasurer							Gordana Lun	<i>a</i>		06	/02/20	714	-			

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

B & G proj. #: 2014-93 (Pursuant to NJAC 8:

Check #6565 Date of Notification (1) Name of Building Owner/Operator (2) 2011 (101 - 5 48 2:43 10|6|/10|2|/11|4| Betty Jane & Victor Petriccione Agencies Notified Type Notification Street Address ☐ EPA 155 Bathurst Avenue V Initial ☐ DEP City, State, Zip Code DOL. Amendment North Arlington, NJ 07031 DOH DOH Name of Contact Telephone Number Cancellation Betty Jane & Victor Petriccione DCA **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Betty Jane & Victor Petriccione Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. 155 Bathurst Avenue # of Floors Bldg. Age Square Feet County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) North Arlington Bergen residential Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. N/A B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Telephone Number License Number Phone Number 973-696-6869 0378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 06/12/2014 06/12/2014 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: wrap & cut Scope of Work (check all that apply) Demolition Full Containment w/negative pressure Glovebag procedure Renovation Non-friable procedure Mini-enclosure >3 sf or >3 If ≥160 sf or ≥260 lf Is location normally used solely E Location of e e n by maintenance/custodial Amount asbestos-containing n Description of asbestos-containing m p staff(12) C (Specify SF or material to be C material (ACM) 0 abated in facility (13) L Yes No N/A ν p M pipe insulation 40 lf basement Name of Registered Landfill Cubic Yards of Waste Registered Waste Hauler NJDEP Hauler ID# 19563 Tullytown Resource & Recovery Center B & G Restoration, Inc. Disposal Date City, State City, State 06/13/2014 Tullytown, PA Lincoln Park, NJ 07035 Signature Date Completed by (Print or Type) Gordana Luna 06/02/2014 Gordana Luna Secretary/Treasurer

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

(Pursuant to NJAC 8:60-7 and 12:120-7) 2014-92 B & G proj. #: Check # 6563 Date of Notification (1) Name of Building Owner/Operator (2) 0 16 1/10 12 1/11 14 College Avenue Redevelopment Associates LLC Agencies Notified Type Notification Street Address X EPA 120 Albany Street X Initial DEP City, State, Zip Code Amendment DOL New Brunswick, NJ 08901 On hold Telephone Number DOH Name of Contact Cancellation ☐ DCA David Christiansen **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Vacant Building Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. 8 Bishop Place Bldg. Age # of Floors Square Feet County Code (7) County (6) (State use only) Current Use (Prior if being demolished) New Brunswick, NJ 08901 Middlesex residential housing Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. The Louis Berger Group, Inc. B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road 412 Mount Kemble Avenue City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Morristown, NJ 07960 License Number Telephone Number Project Manager for Monitoring Firm Phone Number (973)696-6869 00378 973-407-1000 Craig Napolitano Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 06/16/2014 06/30/2014 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Full Containment w/negative pressure Glovebag procedure ▼ Demolition Renovation Non-friable procedure Mini-enclosure ¥ ≥160 sf or ≥260 lf 3 sf or > 3 IfE Is location normally used solely E Location of e by maintenance/custodial n Amount n asbestos-containing Description of asbestos-containing m p C staff(12) (Specify SF or C material to be material (ACM) a a abated in facility (13) v Yes No N/A X 300 sf wall plaster throughout the building X basement mechanical room cementitious material on flue 10 sf Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# 19563 5 yards Tullytown Resource & Recovery Center B & G Restoration, Inc. Disposal Date City, State City, State Tullytown, PA 06/16/14 - 07/01/14 Lincoln Park, NJ

Signature

Secretary/Treasurer

Ciordana Luna

Completed by (Print or Type)

Gordana Luna

Date

06/02/2014

CK#23804

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

Date of Notification (1)			2,-225	Name	of Buildin	g Owner/Operator (	2)					13		
6 / 02 / 14					Plainfield YMVA									
Agencies Notified T	ition	VIII	Street Address 2814 July -5 4.4 2: 3											
□ EPA 🛛			518 Watchung Avenue											
☑ DOLWD ☐ Amended					City, State, Zip Code									
☑ DHSS   Amendment #     ☐ DCA   ☐ Emergency (including)					infield, N									
DCA (NJAC 5:23-8)	cy (incluain on)	g	1000000	of Contac			Telephone Num	umber						
	ion			enell Wi			• • • • • • • • • • • • • • • • • • • •							
L	_	Design Cox		1							100-00-0			
Name of Facility NA/Lana Abo		aldes Dies	- (2)	FAC	CILITY	FORMATION	Time of Facility /	4)						
Name of Facility Where Abatement is Taking Place (3)						Type of Facility (								
Plainfield YMCA						10	(Other than K-12	2)						
Street Address 518 Watchung Avenu	е	8					Other (i.e., pr homes, etc.)	ivate and comme	rcial bu	ilding	s,			
City (5)							Square Feet	# of Floors	Blo	dg. Ag	ge			
Plainfield							50,000	3	- 1	50+				
County (6)				Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Pri	or if being demoli	shed)					
Middlesex							YMCA							
Name of Monitoring Firm Hi	red by Build	dina Owner	(8)	ASCM	No.	Name of Abatem					-			
Health & Safety Servi	a carros se escale de se estados	•	. ,	0011	17	Superior Aba								
Street Address					Street Address									
318 12th Street						2 Henderson	Drive							
City, State, Zip Code						City, State, Zip C								
Hammonton NJ 08037					West Caldwell, NJ 07006									
Project Manager for Monitor			Tel	ephone	No.	Telephone No.	License No.	-irir			-			
Jim Proctor			609) 704-8850 (973) 808-16			16	00411							
Start Date (10) Scheduled Comple						Name of OSHA N		1 30		- 1210415				
06 /12 /				3 / 14 Superior Abatement Inc										
Occupancy Status During A	batement (0	Check only	one)			Street Address								
☐ Facility Closed/Vacated	_					2 Henderson	Drive							
Abatement Performed O						City, State, Zip C	ode							
Time of Abatement:	AM	PM/	PN	n	AM	West Caldwe								
Scope of Work (Check all th	nat apply)					M Full Con	toinment with Nea	estive Proceure						
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			enova emolit			<ul><li>☐ Mini-End</li><li>☑ Gloveba</li></ul>	g Procedure							
		- 1	-t'		∐ Non-Exe	empted (*) and No	n-Friable Procedu							
Location of	'	s Loca Norm			Description of	of.		Abatement Ty			ype			
Asbestos-Containing Material (ACM) Used So				lely by	Asbe	estos Containing Ma		Amount	Removal	Repair	E	Enclosure		
TO BE ABATE	D			ance/ I Staff?	(i.e	e., thermal systems insulation,		(Specify	Vou	air	àp	losi		
IN Facility Custodi (13) (1						surfacing, VAT other miscellane		SF or LF)	) <u>a</u>		Encapsulate	Гe		
()		Yes	No	N/A			2000/00 (A)				Œ			
Ground Level Storage	Room			$\boxtimes$	VAT ar	nd Mastic		50 SF						
Gym				$\boxtimes$	Pipe In	sulation		3 LF	$\boxtimes$					
						The state of the s								
Name of Registered Waste Hauler		1	NJDEP '	Waste	Cubic Yards of	Name of Regis	tered Landfill							
Service Transport Gr				Hauler II	D No.	Waste	Minerva La							
City, State	• • • • • • • • • • • • • • • • • • • •		-2233-A	SW21	117	3 Disposal Date	City, State					-		
New Castle, DE						6/13/14	Waynesbu	rah. OH						
	2)	Title					1.1.3.1.00.00		ate					
Completed By (Print or Type	Title	lau4			Signature			ate	`	,	,			
Nick Petrovski		Presid	ient			1	alffing 6-2-				-/6	1		

ASB-41 MAY 11

CK 57091



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

Date of Notification (1)					Name of Building Owner/Operator (2)										
	4 /	14	_		PEN										
Agencies Notified	fication	10000		Street Address											
⊠ EPA ⊠ Initial						Street Address 30 CHURCH ROAD 2014 JUN -5 AM 3: 63									
☑ DOLWD ☐ Amended															
☑ DHSS Amendment #					City, State, Zip Code										
□ DCA □ Emergency (including						PENNSVILLE NJ 08070									
(NJAC 5:23-8) justification)						of Contact		*	Telephone Number						
1.0000000000000000000000000000000000000	☐ Cance	llation							4						
					EAC	II ITY IN	FORMATION		_						
11 CE 11 140 AL		- T-11	Disease	(0)	FAC	ILII I IIV	POKINATION	Type of Facility	·//		- CO V				
Name of Facility Where Al		An Harriston Park		(3)				Type of Facility (							
PENNSVILLE MEMORAL HIGH SCHOOL															
Street Address					Other (i.e., private and commercial buildings,										
110 SOUTH BROAD	WAY							homes, etc.)		noroiai bai	idiiig	,			
City (5)								Square Feet	# of Floors	Bld	lg. Ag	e	_		
l a Fall Flactor and according								>50,000	2		50 50				
PENNSVILLE															
County (6)					Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demo	olished)					
SALEM								SCHOOL							
Name of Monitoring Firm	Hired by B	uildina C	)wner (	8)	ASCM I	No.	Name of Abatement Contractor (9)								
HORIZON ENVIRON	and the second second			,	0007		DELTA/BJDS	INC							
	IAITIAIVE	- GIXF .,	1140		0001	<u> </u>		, 1110							
Street Address							Street Address								
P.O. Box 316							1345 INDUST	RIAL BLVD							
City, State, Zip Code							City, State, Zip Co	ode							
WEST DEPTFORD, I	NJ 08086	5					SOUTHAMPT	ON, PA 18966							
Project Manager for Monit				Tolo	phone I	No	Telephone No.		License No.						
	oning Finn				•			C1.00.000.000.000.000.000.000.000.000.00							
· · · · · · · · · · · · · · · · · ·						0800	215 322-2900		00793						
Start Date (10)		100 00000000000000000000000000000000000		economica and a	tion Dat		Name of OSHA M	Monitor							
6 /18 /	14		B /	8	_ / _	14	CRITERION L	_ABS							
Occupancy Status During Abatement (Check only one)							Street Address								
					nent		3370 PROGR	ESS DDIVE							
☐ Facility Closed/Vacated During Entire Period of Abate ☐ Abatement Performed Outside of Normal Facility Hou						cribe									
Time of Abatement: 7:					AN		City, State, Zip Co								
Time of Abatement, 1.		200		ay	7 110		BENSALEM	PA 19020							
Scope of Work (Check all							12-22 COMPANIES	Was on Passanthan	MARI NEWSON POLEN						
								tainment with Neg	gative Pressure						
⊠ ≥3 sf or ≥3 lf							⊠ Mini-End								
☐ ≥160 sf or ≥260 lf ☐ D					n			xempted (*) and Non-Friable Procedure							
			1 1-	1 4			ZZ NON EXC	Implea ( ) and 140	ir i nabio i noco		-4	- A T			
				Locat Norma				,		Aba	Abatement Type				
Location of		CNA)		ed Sole		Asha	Description of stos Containing Ma		Amount (Specify SF or LF)	Re	R	E	Enclosure		
Asbestos-Containing N TO BE ABA		CIVI)	00/10/04/05	intena			e., thermal systems			mo	Repair		clo		
IN Facilit			Cus	todial	Staff?	(	surfacing, VAT			val	_	usu	Sur		
(13)				(12)			other miscellane					Encapsulate	(D)		
			Yes	No	N/A										
CRAWL SPACE				$\boxtimes$		DIDE EI	TTINGS (CUT A	ND WRAP)	180LF	$\boxtimes$		П	П		
CRAVIL SPACE				-	+							_	ᆜ		
STORM WATER CRAN	WL SPA	CE		$\boxtimes$		(31)SE	CTIONS OF 16SF	F FL TILE	496	$\boxtimes$					
				П								П			
Name of Registered Waste Hauler					JDEP \		Cubic Yards of	istered Landfill							
				auler II		Waste	MINERVA LANDFILL								
SERVICE TRANSPORT GROUP INC						)									
City, State							Disposal Date	City, State							
58 PYLES LANE, NE	W CAST	LE, DE	1972	0				WAYNESE	SURG, OH 440	688					
STORAGE STORAG						2000	Signature			Date .					
Completed By (Print or Type)				OT 1											
DAMIAN LAVELLE PROJECT M				Mor. Demandrable 6/4/14											
ASB-41		1/2	2		72.72	33. 1				1	1				
MAY 11		*	Do not	use th	nis form	tor asbes	tos licensure exemp	oted activities.							