CK 15960

CHECK #	15960
CHECK #	12/60

Date of Notification	ate of Notification (1)					Name of Building Owner / Operator (2)									
	6-4-15						Liability Trans	fer			_	1	-4		
Agencies Notified EPA	Type Not	tification		Street			Dd Cita 206	1.	La company						
⊠ EPA □ DEP	X In	itial				& Zip C	Rd., Suite 306			4.00	-,		- 1		
□ DOL	1	mended				, MO 6			The state of the s	Review.		er e malan	-		
Ø DOH	12000	mergency	_			ontact	3131			Telep	hor	ne N	lumh	her	
DON DCA		ancellation				etz, EL	т			1 Ciop	1101	10 11		2017	
		anomaton	14				ORMATION			-					
Name of Facility Wh	here Ahat	ement is Taking Pla	ace (3		OIL!	I I IINI	Type of Facilit	tv (4)							
Building # 4, Per			ع) ددد	7			School (K								
Street Address		, , , , , , , , , , , , , , , , , , , ,					Subchapt	ter 8 (Other th	an K-12)						
1160 State Street	t						Other (i.e	e. private & cc	nmercial buildings, homes, etc.)						
	2						Square Feet	# of FI	ors	Bldg.	Age	3			
City (5)		County (6)	Co	unty (Code	(7)	NA NA		2	NA					
Perth Amboy		Middlesex	NA	- 50			Current Use (Prior it being	emolished)						
. Ordir runnacy		Imaaiooox					None (Vac	(27)							
Name of Monitoring	Firm Hire	ed by Building Own	er (8)		AS	CM No.			tor (9)						
Traine or mormoring		ou by building out.	o. (o)						olutions Co	ntract	ing	, LI	LC.		
Street Address							Street Addres								
							874 Piney H	PO Box 70							
City, State & Zip Co	ode		-				City, State & 2								
							Winslow, N								
Project Manager for					Nun	nber	Telephone Nu 609-567-060		License	e Numb 01	er 126	3			
Scheduled Start Da	eduled Start Date (10) Scheduled Comp				te (1	1)	Name of OSH	A Monitor							
6-15-15	489. 18	7-15-15			- 12		EMSL Analy	/tical							
Occupancy Status I	During Ab	atement (Check or	nly one	e)		00	Street Addres								
-		ed During Entire P					107 Haddon								
	Performe	d Outside of Norma	al Ho	urs –	7am	to 3pm	- SS								
Describe:	M						Westmont,	NJ 08108							
		ring Abatement													
Scope of Work (Che	eck all tha	at apply)						□ Full Co	ntainment with	Negat	ive	Pre	eeur	6	
☐ ≥3 sf or ≥3 l	ıf			Par	novat	ion			closure	rregue	100		oou.	_	
X ≥160 sf ≥26			\forall		noliti		20		ag Procedure	25					
A = 100 31 = 20	70 H			DGI	Hond	011			empted and N		able	Pro	ced	ure	
1,0	ocation of		ls	Locat	ion	1	Description		Amount					Туре	
1	tos-Conta			mally l			Asbestos-Conf		(Specify				T		
	terial (ACI			olely l			Material (AC	CM)	SF or LF)	7	_	E	<u> </u>	
	BE ABATE	<u>ED</u>		tenan odial S		8 12	(i.e., thermal sy				em	Repair	äp	ICIS	
i i	n Facility		Ouoi	(12)	J		insulation, surfactor or other miscella			1	Remova	air.	Encapsulate	Encisoure	
	(13)		Yes	No	N/A	4	or other miscens	alleous)					6		
Building #4 First	& Seco	nd Floor		П	X	Floo	r Tile & Mastic		8,000 s.f.		X				
Building #4 Craw			Ħ	Ħ	X		Insulation		600 l.f.		X				
			Ħ	Ħ	T	1.70	1177								
			Ħ	Ħ	T					1					
			Ħ	H	TF					T	T				
			Ħ	Ħ	TF						T		T		
Name of Registered	d Waste F	Hauler		N.	DEF	Waste	Cubic Yards	Name of Re	istered Landfi	ill					
				Ha	auler	ID No.	of Waste								
Bull Waste & Red	cycling,	Inc.		21	435		20	Salem Cou	nty Landfill						
City, State							Disposal Date	City, State							
Berlin, NJ							7-30-15	w Jersey							
Completed By (Print or Type)				and the second s			Signature)>	100000	ate	1200			
Theodore S. Budzynski				President					6-	4-1	5				
Theodore 3. Budzynski															

(145CK # 3733

Date of Notification (1)	3 /15		Nam		ng Owner/Operator		JUN -	- 8	2015		
Agencies Notified	Type Notification		Stree	el Address		- 1301296		_		_	=
Ø ₽A Ø D₽	☐ Amended			661		AVE	1777 4.2.2				
N DOL	Amendment # Emergency (includ	00	City,	State, Zip	Code PRONFIEL	D, NJ	08033		10111		
DOH DCA	justification) Cancellation	9	Name	e of Contac			Telenhana kli m				_
	Carcelation			, . 5	<u>sme</u>						
	6	• •	FA	CILITY INF	ORMATION		•				
Name of Facility Where A	balement is Taking Pla そんとと	ce (3)				Type of Facility School (K-1					
Street Address	7+14 55					Sut chapter Other (i.e., p	(Other than K-1)	2) ial bu	ildings	5,	٠
C:n /5\	SLOW					Square Feet	# of Floors		Bldg. A		
County (6)		_	Cour	nty Code (7) (STATE		or if being demoli		40	+	_
CAPE			USE	ONLY) -		YAC.		31160,		ļu Sectors	
Name of Monitoring Firm (8)	Hired by Building Owner		ASCM	No.		neni Conimaciór (9					-
Street Address	/-t				Street Address						
					369	5, SPAU	EAVE.				
City, State, Zip Code					City, State, Zip C	ode _	= ,N,J, 0	280) Jz	_	
Project Manager for Monit	loring Firm .	Tele	ohone I	No.	Telephone No.		License No				
						7-0472	00444				
Start-Date (10) . 6 / 15 /15	Scheduled (te (11)	Name of OSHA N	H KLEN	rin .				
Occupancy Status During		100			Street Address			4		Salles Res	
Facility Closed/Vacated Abatement Performed						SPRUC	AVE				_
Other - Describe:	Outside of Normal Facili	ty hour	>		City, State, Zip Co	SHADE	, N,J, 0	80	52		
Scope of Work (Check all	that apply)										_
≥3 sf or ≥3 H ≥160 sf or ≥260 H		enovation emolition			☐ Mini-End ☐ Gloveba	g Procecure	-Friable Procedu	ıre			
	15300	ocation	1				1120101100000	1	Abate		
Location of		ormally i Solely	ру		Description of			_	Ty	pe T	_
Asbestos-Containing Ma TO BE ABATE		ntenano			os Containing Mate thermal systems in		Amount (Specify	20		En	Ē
IN Facility	2	Staff? (12)		3.4734.7533.0	surfacing, VAT.	or	SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)	Yes	No No	N/A		otiei miscenarieo	ω,	-	Val	-	ulate	n, e
SIDING	-	-	X	TI	2ANSITE		0001	1	\vdash		
1146	17		7					1	1		
				774							
Name of Registered Waste		7000	DEP W uler 10	\$15-00 Teles	Cubic Yards of Waste	Name of Regis		,	4		
KLEMOOJ	-NC,		790	4	Disposal Date	City, State	C, M, C) , ,;	١,		
City, State MAPLE	SHADE, N.	J,				Livo:	BINEI	Ν.	J	•	
Completed By JOE KLE	Title	NE	R		Signature	n Ki	Date .	/3	11	,-	
841	7-17-1	==			1 (4-1)			-			_

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3 hoth	1/10	LVI
2h#	UN	10

Date of Notification (1) 06/04/2015			Name of Building Owner/Operator (2) Wardlaw Hartridge school						48							
Agencies Notified	Type Notification			et Address		1001		-						4		
EPA EPA	× Initial			95 Inman A			1		ryen en in se		1.0					
X DEP X DOL	Amended Amendment			State, Zip C son, NJ 08												
■ DOH	Emergency justification)		1 - STATE OF STATE	ne of Contact				Ti	lephone	Numb	per					
DCA	Cancellation	1		h Austin	ODMATIO	N.		1				-				
Name of Facility Where	Abatement is Takir	g Place (3)		ACILITY INF	ORMATIO	N	Type of Facil ty (4	1)								
Residence Street Address							School K-1									
1243 Inman Ave							X Other (i.e. p	8 (C	her than K-12) t & commercial buildings, homes							
City (5) Edison							Square Feet	#	of Floors		В	ldg. A	ge			
County (6)			Cou	nty Code (7)			Current Use Price	r if I	ing dem	olishe	d)					
Middlesex			(STA	TÉ USE ONLY)		residence		ang dem	Olidito	۵)					
Name of Monitoring Firm RAMM Environmen		Owner (8)	A	SCM No.		of Abatement Con Corporation	tract	r (9)								
Street Address 77 Nottingham Roa	d .				Address					====						
City, State, Zip Code	u ·	597 <u>- Veneza de la compa</u>			AcBride Avea											
Fair Lawn, NJ 0741							oodland Park, NJ 07			• 24						
Project Manager for Mon Rodger Headrick	itoring Firm	100000000000000000000000000000000000000	phone No. -475-9880		Telephone No. 973-225-8400			License No. 01104								
Start Date (10) 06/15/15		Scheduled 06/19/15	Complet	ion Date (11)			of OSHA Monitor	l at	ratorio							
Occupancy Status During	g Abatement (Ched						&S Environmer tal Lat			5			45540			
Facility Closed/Vaca	ated During Entire	Period of Aba	itement				route 22 west									
Abatement Perform Other – Describe:		nal Facility Ho	ours				ate, Zip Code I, NJ 07083					5-2-7				
Scope of Work (Check A	II That Apply)					S	WRAP/CU	Γ						-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Printerson .	ovation nolition			Е	Full Containment w Mini-Enclosure			ve Pre	ssur	е				
	S.					Ь	Glovebag Froc Non-Exempted	edur (*);	nd Non-F	riable	Prod	edur	2			
			cation									Abate	ment			
Location Asbestos-Containing	of Material (ACM)	Used S	mally Solely by	Ashes		ription o	of aterial (ACM)		mount	H		Ту				
TO BE ABA	ATED	Custodi	enance/ ial Staff?	/i a		stems	insulation,		Specify F or LF)		Rer	Re	Enca	Enc		
(13)		(1	(2)		other mis				r or LF)		Removal	Repair	Encapsulate	Enclosure		
			10 N/	A									te	CD .		
baseme	ent	X	_		Т	SI			200 If	>	ς .					
			-							_						
			-				+			-						
Name of Registered Was	te Hauler		NJDE	P Waste	Cubic Ya	rds	Name of F	legis	ered Lan	dfill						
ilich Corporation				ID No.		G.R.D.V										
City, State Woodland Park, NJ		18724 n/a Disposal Date						Δ								
Completed by		Title	N/a Signature /				Morrisville,		Date							
Momo Glavatovic		vice pre					(d)		06/04/15							

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Resource Management

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CK 2300

	3				2 C	
Date of Netification (1)	03-2015	Name of Building (Valente C. Moyer	Owner / Operator (2)			
Agencies Notified Type	os Notification	Street Address		A . 13	- 2015/	
EPA DOL DOH DOA	Initial Amended	City, State & Zip C	0041	<u> </u>		
⊠ DOH	Z Emergency	Franklin, WV 2680	1 111	7 13	TO BE THE STATE OF THE	
DCA	Initial Amended Emergency Cancellation	Liss Kennedy-Lev	Сстр	rim ch	F. HTelebabe	The man sea statement.
		FACILITY INF	ORVATION			
Name of Facility Where Residential	Abatement is Taking		Type of Facility (4) School (K-12)			
Street Address			Subchapter 8 (Other tha	n K-12)	ledio ao la como	
24 Ceder Street			Other (i.e. private & com	AL !	Bldg. Age	B, B(C.)
City (5) Gerwood, NJ	: County (8)	County Code (7)	2,500 Current Use (Prior if being de	2		75
			Residential			
Name of Monitoring Fir Health and Safety Serv	m Hired by Building (Owner (8) ASCM No	Name of Abatement Contrac Resource Management Grou	kr(9)		
Street Address P.O. Box 365			2115 Hamilton Avenue, Sulte	202		
City, State & Zip Code Berlin, NJ 08009			Trenton, NJ 08619			
Project Manager for Me Mr. Jim Proctor	onitoring Firm	Telephone Number 658-452-1311	Telephone Number 809-977-6159	Lla	nse Rumber 01185	5
Scheduled Start Date (8/04/2015	(10) Scheduled	Completion Date (11) 08/8/2015	Name of OSHA Monitor J&S Environmental Laborate	ras. Inc.		
Occupancy Status Dur	ing Absternent (Chec	k only one) re Period of Abatement	Street Address 2333 Route 22 West			
Abstement Per	formed During 1st SI		City, State & Zip Code			
	1:30am to 8:00pm led During Abatemen		Union, NJ 07083			
Scope of Work (Chack						
⊠ ≥3 af or ≥3 if	!	Renovation	☐ Full Con		with Negative	Pressure
≥3 af or ≥3 if ≥160 af ≥280 if	f į	Renovation Demolition	☑ Glove B	a Proce		222
loca	tion of	is Location	Description of	Am	Mon-Friebie	Procedure
Asbestos	-Containing	Normally Used	Asbestos-Containing	(9p	cify T	
	ABATED	Solely by Maintanance or	Material (ACM) [l.e., thermal systems	SF o	LF) g	Enclause Encapsula Repair
in F	acility !	Custodial Staff?	Insulation, surfacing, VAT		Remova	Enclauue Encapsula Repair
	13)	Yes No N/A	or other miscellaneous)		8	at Lifet He
Basement			Pige Insulation	80	F 🔯	000
Basement			Associated Pipe Filtings	9 E	ich D	
Name of Registered V	Vaste Hauler	NJDEP Wast	Cubic Yards Name of Reg	s tered L	ndfil	
Resource Managemen	nt Graup. LLC	Haujer ID No. 0035218	TED Grows Landfl	11		
City, State Trenton, NJ			Tisposal Date City, State Morrisville, P.	Ą		
Completed By (Print o Mr. Brian J. Haney	r Type)	Titie President	By A Nove	,	Date 06/03	/2015
	i		1			

UK 7402

ate of Notification	(1)			e of Building Ovi rie C. Moyer	mer / Operator (2	<u>?</u>)	JUN	8 25	re L
gencies Notified	06-03-2015 Type Notifica	ation		et Address		1	2		-4,
EPA	Type Nounce	18011	1337	Loop Road	<u> </u>			** .	
	☐ Initial ☐ Amen		City,	State & Zip Co	ce .		1 - 1 - 1		- 5
□ DEP ☑ DOL ☑ DOH				klin, WV 261307 e of Contact			P-1-17 No. 3-1	Teler	Mumher
☑ DOH □ DCA	⊠ Emer	rgency cellation		Kennedy-Lew (Corp				
				ACILITY INFO					
ame of Facility W	hara Abatama	ent is Taking Pl		ACILITI IN C	Type of Facility	(4)	-		
ame of Facility VV esidential	Here Abatem	sin is raiding i i	200 (0)		School (K-1	2)	10)		
treet Address					Subchapter	8 (Other than K private & comme	12)	nas homes	etc.)
4 Cedar Street					Square Feet	# of Floors	Jier Daneil	Bldg. Age	1
		ICausty (6)	Count	/ Code (7)	2,500	2			75
ity (5)		County (6)	County	0000 (1)	Current Use (Pr	ior if beir g demo	ished)		
arwood, NJ		Tornorr			Residential				
lame of Monitorin	g Firm Hired I	by Building Own	ner (8)	ASCM No.	Name of Abater				
lealth and Safety	Services			117	Resource Mana	gement Group, Avenue, Suite 20	2		
Street Address					2115 Hallimon	Addido, Jane 2			
O. Box 365 City, State & Zip C	ode				Trenton, NJ 086	319			
Berlin, N.J 08009							Il icones	Number	
Project Manager fo	or Monitoring	Firm		ne Number	Telephone Nun 609-977-6159	nber	Licerise	01185	
10,100			856-452	THE RESERVE TO SHARE THE PARTY OF THE PARTY	Name of OSHA	Monitor			
/ir. Jim Proctor	cheduled Start Date (10) Scheduled Compl				12 C Environme	ental Laboratorie	, Inc.		
/ir. Jim Proctor Scheduled Start D		Oblication Co	06/8/201	5	1900 FILAHOLINIE	71 1661 EGG 11 GIGG 11 G			
Vir. Jim Proctor Scheduled Start D 6/04/20	15		06/8/201	5	Street Address	×			
Vir. Jim Proctor Scheduled Start D 6/04/20	115 During Abate	ement (Check o	only one)		Street Address 2333 Route 22	West			
Vir. Jim Proctor Scheduled Start D 6/04/20 Occupancy Status Facility Cl Abatemer	115 S During Abate osed/Vacated at Performed I	ement (Check of During Entire I During 1st Shift	only one) Period of		Street Address 2333 Route 22 City, State & Zi	West p Code			
Vir. Jim Proctor Scheduled Start D 6/04/20 Occupancy Status ☐ Facility Cl ☐ Abatemer Describe:	During Abate osed/Vacated at Performed I 10:30am to	ement (Check of During Entire I During 1st Shift of:00pm	only one) Period of		Street Address 2333 Route 22	West p Code			
Vir. Jim Proctor Scheduled Start D 6/04/20 Occupancy Status ☐ Facility Cl ☐ Abatemer Describe: ☐ Facility O	s During Abate osed/Vacated at Performed I 10:30am to ccupied Durin	ement (Check of I During Entire I During 1st Shift of 6:00pm og Abatement	only one) Period of		Street Address 2333 Route 22 City, State & Zi	West ip Code 33		Magativa	Draceura
Mr. Jim Proctor Scheduled Start D 6/04/20 Occupancy Status ☐ Facility Cl ☐ Abatemer Describe: ☐ Facility O	s During Abate osed/Vacated at Performed I 10:30am to ccupied Durin	ement (Check of I During Entire I During 1st Shift of 6:00pm og Abatement	only one) Period of	Abatement	Street Address 2333 Route 22 City, State & Zi Union, NJ 0708	West ip Code 33	ıment with	Negative	Pressure
Vir. Jim Proctor Scheduled Start D 6/04/20 Occupancy Status	During Abate osed/Vacated it Performed I 10:30am to ccupied Durin Check all that	ement (Check of I During Entire I During 1st Shift of 6:00pm og Abatement	only one) Period of /	Abatement Renovation	Street Address 2333 Route 22 City, State & Zi Union, NJ 0708	West ip Code 33 Ful Conta Mir i-Enclo	iment with		Pressure
Vir. Jim Proctor Scheduled Start D 6/04/20 Occupancy Status Facility Cl Abatemer Describe: Facility Oc Scope of Work (C	During Abate osed/Vacated it Performed I 10:30am to ccupied Durin Check all that	ement (Check of I During Entire I During 1st Shift of 6:00pm og Abatement	only one) Period of /	Abatement	Street Address 2333 Route 22 City, State & Zi Union, NJ 0708	West ip Code 33 Ful Conta Mir i-Enclo Glc ve Bag	ıment with	es.	
Vir. Jim Proctor Scheduled Start D 6/04/20 Occupancy Status	s During Abate osed/Vacated it Performed In 10:30am to coupled During Check all that a second of the coupled During Check all that a second of the coupled During Check all that a second of the coupled During Check all that a second of the coupled During Check all that a second of the coupled During Check all that a second of the coupled During Check all that a second of the coupled During Check all that a second of the coupled During Check all that a second of the coupled During Check and the coupled During Check all that a second of the coupled During Check and the coupled During Check an	ement (Check of I During Entire I During 1st Shift of 6:00pm og Abatement	only one) Period of A	Abatement Renovation Demolition	Street Address 2333 Route 22 City, State & Zi Union, NJ 0708	West ip Code 33 Ful Conta Mir i-Enclo Gic ve Bag No 1-Exerr	iment with ure Procedure ited and N	is Ion-Friable Aba	
Vir. Jim Proctor Scheduled Start D 6/04/20 Occupancy Status	s During Abate osed/Vacated it Performed I 10:30am to coupled During theck all that a 15 16 260 if	ement (Check of During Entire It During 1st Shift of 6:00pm ig Abatement apply)	Period of A	Abatement Renovation	Street Address 2333 Route 22 City, State & Zi Union, NJ 0706 Description Asbestos-Contr	West ip Code 33 Ful Conta Mir i-Enclo Gic ve Bag No 1-Exerr of aining	iment with ure Procedure ited and N Amount (Specify	lon-Friable	Procedu tement T
Vir. Jim Proctor Scheduled Start D 6/04/20 Occupancy Status	s During Abate osed/Vacated of Performed In 10:30am to coupled During Check all that a second of Location of estos-Contain Material (ACM)	ement (Check of During Entire If During 1st Shift of 6:00pm ig Abatement apply)	Period of A	Renovation Demolition lily Used ely by	Street Address 2333 Route 22 City, State & Zi Union, NJ 0706 Description Asbestos-Conta Material (AC	West ip Code 33 Ful Conta Mir i-Enclo Gic ve Bag No 1-Exerr of aining M)	iment with ure Procedure ited and N	lon-Friable	Procedu tement T
Vir. Jim Proctor Scheduled Start D 6/04/20 Occupancy Status	s During Abate osed/Vacated at Performed In 10:30 am to coupled During Check all that a 15 and 15 an	ement (Check of During Entire If During 1st Shift of 6:00pm ig Abatement apply)	Period of A	Renovation Demolition Illy Used ely by nance or	Street Address 2333 Route 22 City, State & Zi Union, NJ 0706 Description Asbestos-Conta Material (AC i.e., thermal sy	West ip Code 33 Ful Conta Mir i-Enclo Gic ve Bag No 1-Exerr of aining M) stems	iment with ure Procedure ited and N Amount (Specify	lon-Friable	Procedu tement T
Vir. Jim Proctor Scheduled Start D 6/04/20 Occupancy Status	s During Abate osed/Vacated of Performed In 10:30 am to occupied During Check all that a second of the continuous second	ement (Check of During Entire If During 1st Shift of 6:00pm ig Abatement apply)	Is Lo Norma Sole Mainte Custod	Renovation Demolition lily Used ely by	Street Address 2333 Route 22 City, State & Zi Union, NJ 0706 Description Asbestos-Conta Material (AC	West ip Code 33 Ful Conta Mir i-Enclo Gic ve Bag No 1-Exem of aining M) stems ing, VAT	iment with ure Procedure ited and N Amount (Specify	lon-Friable Aba	Procedu
Vir. Jim Proctor Scheduled Start D 6/04/20 Occupancy Status	s During Abate osed/Vacated at Performed In 10:30 am to coupled During Check all that a 15 and 15 an	ement (Check of During Entire If During 1st Shift of 6:00pm ig Abatement apply)	ls Lo Norma Sole Mainte Custod	Renovation Demolition Illy Used ely by nance or lial Staff?	Street Address 2333 Route 22 City, State & Zi Union, NJ 0708 Description Asbestos-Conta Material (AC i.e., thermal sy insulation, surfact or other miscella	West p Code 33 Ful Conta Mir i-Enclo Glc ve Bag No 1-Exem of aining M) stems ing, VAT aneous	Iment with ure Procedure sted and N Amount (Specify SF or LF	Aba Removal	Procedu tement T
Mr. Jim Proctor Scheduled Start D 6/04/20 Docupancy Status	s During Abate osed/Vacated of Performed In 10:30 am to occupied During Check all that a second of the continuous second	ement (Check of During Entire If During 1st Shift of 6:00pm ig Abatement apply)	Is Lo Norma Sole Mainte Custod Yes	Renovation Demolition Illy Used ely by nance or lial Staff? 12) No N/A	Street Address 2333 Route 22 City, State & Zi Union, NJ 0708 Description Asbestos-Conta Material (AC j.e., thermal sy insulation, surfact or other miscella	West p Code 33 Ful Conta Mir i-Enclo Glc ve Bag No 1-Exem of aining M) stems ing, VAT aneous)	Iment with ure Procedure sted and N Amount (Specify SF or LF	Aba Removal	Procedu tement T
Arr. Jim Proctor Scheduled Start D 6/04/20 Occupancy Status	s During Abate osed/Vacated of Performed In 10:30 am to occupied During Check all that a second of the continuous second	ement (Check of During Entire If During 1st Shift of 6:00pm ig Abatement apply)	Is Lo Norma Sole Mainte Custod Yes	Renovation Demolition It Used ely by nance or lial Staff? 12) No N/A	Street Address 2333 Route 22 City, State & Zi Union, NJ 0708 Description Asbestos-Conta Material (AC i.e., thermal sy insulation, surfact or other miscella	West p Code 33 Ful Conta Mir i-Enclo Glc ve Bag No 1-Exem of aining M) stems ing, VAT aneous)	Iment with ure Procedure sted and N Amount (Specify SF or LF	Aba Removal	Procedu tement T
Arr. Jim Proctor Scheduled Start D 6/04/20 Decupancy Status	s During Abate osed/Vacated of Performed In 10:30 am to occupied During Check all that a second of the continuous second	ement (Check of During Entire If During 1st Shift of 6:00pm ig Abatement apply)	Is Lo Norma Sole Mainte Custod Yes	Renovation Demolition Illy Used ely by nance or lial Staff? 12) No N/A	Street Address 2333 Route 22 City, State & Zi Union, NJ 0708 Description Asbestos-Conta Material (AC j.e., thermal sy insulation, surfact or other miscella	West p Code 33 Ful Conta Mir i-Enclo Glc ve Bag No 1-Exem of aining M) stems ing, VAT aneous)	Iment with ure Procedure sted and N Amount (Specify SF or LF	Aba Removal	Procedu tement T
Mr. Jim Proctor Scheduled Start D 6/04/20 Docupancy Status	s During Abate osed/Vacated of Performed In 10:30 am to occupied During Check all that a second of the continuous second	ement (Check of During Entire If During 1st Shift of 6:00pm ig Abatement apply)	Is Lo Norma Sole Mainte Custod Yes	Renovation Demolition Illy Used ely by nance or lial Staff? 12) No N/A	Street Address 2333 Route 22 City, State & Zi Union, NJ 0708 Description Asbestos-Conta Material (AC j.e., thermal sy insulation, surfact or other miscella	West p Code 33 Ful Conta Mir i-Enclo Glc ve Bag No 1-Exem of aining M) stems ing, VAT aneous)	Iment with ure Procedure sted and N Amount (Specify SF or LF	Aba Removal	Procedu tement T
Arr. Jim Proctor Scheduled Start D 6/04/20 Decupancy Status	s During Abate osed/Vacated of Performed In 10:30 am to occupied During Check all that a second of the continuous second	ement (Check of During Entire If During 1st Shift of 6:00pm ig Abatement apply)	Is Lo Norma Sole Mainte Custod Yes	Renovation Demolition Incation Illy Used Illy Use	Street Address 2333 Route 22 City, State & Zi Union, NJ 0708 Description Asbestos-Conta Material (AC i.e., thermal sy insulation, surfact or other miscella Pipe Insulat Associated Pipe	West p Code 33 Ful Conta Mir i-Enclo Glc ve Bag No i-Exem of aining M) stems ing, VAT aneous) ion Fittings	Iment with ure Procedure ited and N Amount (Specify SF or LF	Aba Removal	Procedu tement T
Ar. Jim Proctor Scheduled Start D 6/04/20 Decupancy Status Facility Cl Abatemer Describe: Facility Oc Scope of Work (C) ≥3 sf or ≥ 160 sf ≥ Asb	s During Abate osed/Vacated at Performed I 10:30am to ccupied During Check all that at 260 if Location of estos-Contain Material (ACM) O BE ABATEI in Facility (13)	ement (Check of During Entire Is During 1st Shift of 6:00pm ig Abatement apply)	Is Lo Norma Sole Mainte Custod Yes	Renovation Demolition Incation Illy Used Illy Use	Street Address 2333 Route 22 City, State & Zi Union, NJ 0708 Description Asbestos-Conte Material (AC i.e., thermal sy insulation, surfact or other miscella Pipe Insulat Associated Pipe	West p Code 33 Ful Conta Mir i-Enclo Glc ve Bag No i-Exem of aining M) stems ing, VAT aneous) ion Fittings Name of Regis	Iment with ure Procedure ited and N Amount (Specify SF or LF	Aba Removal	Procedu tement T
Ar. Jim Proctor Scheduled Start D 6/04/20 Decupancy Status Facility Cl Abatemer Describe: Facility Oc Scope of Work (C) ≥3 sf or ≥ ≥160 sf ≥ Asbit M To Basement Basement Resource Management Resource Management	S During Abate osed/Vacated at Performed I 10:30am to ccupied During Check all that at 260 if Location of estos-Contain Material (ACM) O BE ABATEI in Facility (13)	ement (Check of During Entire Is During 1st Shift of 6:00pm ig Abatement apply)	Is Lo Norma Sole Mainte Custod Yes	Renovation Demolition Cation Illy Used ely by nance or lial Staff? 12) No N/A	Street Address 2333 Route 22 City, State & Zi Union, NJ 0708 Description Asbestos-Conte Material (AC i.e., thermal sy insulation, surfactor other miscella Pipe Insulat Associated Pipe Cubic Yards of Waste TBD	West p Code 33 Ful Conta Mir i-Enclo Gic ve Bag No 1-Exerr of aining M) stems ing, VAT aneous) ion Fittings Name of Regis Grows I andfill	Iment with ure Procedure ited and N Amount (Specify SF or LF	Aba Removal	Procedu tement T
Arr. Jim Proctor Scheduled Start D 6/04/20 Docupancy Status	S During Abate osed/Vacated at Performed I 10:30am to ccupied During Check all that at 260 if Location of estos-Contain Material (ACM) O BE ABATEI in Facility (13)	ement (Check of During Entire Is During 1st Shift of 6:00pm ig Abatement apply)	Is Lo Norma Sole Mainte Custod Yes	Renovation Demolition Cation Illy Used Pely by Inance or Ilial Staff? 12) No N/A IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Street Address 2333 Route 22 City, State & Zi Union, NJ 0708 Description Asbestos-Conte Material (AC i.e., thermal sy insulation, surfact or other miscella Pipe Insulat Associated Pipe	West p Code 33 Ful Conta Mir i-Enclo Glc ve Bag No i-Exem of aining M) stems ing, VAT aneous) ion Fittings Name of Regis	Iment with ure Procedure sted and N Amount (Specify SF or LF 9 Each	Aba Removal	Procedu tement T Repair

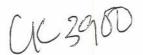
CK 3910 1

Date of Notification (1)				of Buildin	g Owner/Operator		JUN	8	20	15		3	
6-4-15			ATLA	ANTIC	COUNTY	HISTORIC.	Ai .						1
Agency Notified	Type Notification		Street A	Address		2.4	· 12		-				
B-FD4	70 lattial		907	SHO	RE ROAD		4	Salat April 10 to 10					
DEPA	☑ Initial ☐ Amended		City, St	ate, Zip (Code	G.		1.1	Privile.	45			
D DEP	Amendment #		SOM	ERS	POINT, N	T 08244			11	- Property	and the second	et nac	
™nou.	☐ Emergency (includi	ng		of Contac		00211	Telep	one Numb	~-				
DKDOH DKDCA	justification) □ Cancellation				PKINS		1						
	- Canonianon				ORMATION			10.77					_
		(0)	FACIL	LIT INF	URWATION	Type of Facility	(4)					_	_
Name of Facility Where	Abatement is Taking Pia	ce (3)				Type of Facility	(4)						
ATLANTIC COUN	TY HISTORICAL	COURT	HOUSE-	-tunne	el	School (K-1		14.40					
Street Address						Subchapter Strike Strike	Other	nan K-12)	huildina	15			
5901 MAIN ST	TREET					homes, etc.		annoi oldi	Danan 15	,,,			
City (5)						Square Feet	# of F	ors	Bldg. A	Age			
MAYS LANDING	7					25,000	4		+/-	-1(0.0		
County (6)	J.		County	Code (7) (STATE USE	Current Use (F	1,000	a demolish				_	_
V 200 - 100			ONLY)		, ,		53 540	100 miles	30				
ATLANTIC	- 1 lb 2 b 52 lb 5	- 1 404	CM No		Nome of Abote	COURTI-				100			_
Name of Monitoring Firm		er ASC	CM No.		Promised Editorial Control		1.5	Commi	000		T~	. ~	
(8) WHITMAN CO	DMPANY					nvironme	IILal	Servi	ces	1	TI	1C	٠
Street Address					Street Address	G+							
7 PLEASANT E	HILL ROAD		14			caley Sti	eet						
City, State, Zip Code					City, State, Zip		10-	2.77					
CRANBURY, N	IJ 08512				Philadel	lphia, P	19.	3 /					
Project Manager for Mon	nitoring Firm	Telep	hone No.		Telephone No.		100000000000000000000000000000000000000	n e No.					
KEVIN LOVELY		732	-390-	5858	215-533	-5155	01	1 .66					
Start Date (10)	Scheduled C	ompletion	Date (11)		Name of OSHA	Monitor							
7-1-15	. 8-	15-15	100	2	WHITMAN	COMPANY							
Occupancy Status Durin	ng Abatement (Check'on	y one)			Street Address								
**************************************					7 PLEASA	ANT HILL	ROAL						
	ed During Entire Period d Outside of Normal Fac				City, State, Zip				-				
☑ Other – Describe:		inty i louio			CRANBUR?	Y, NJ 08	512						
Scope of Work (Check a			-					***************************************		41000		-	
	v.cpp-1/		Bhan	ovation		Containment wit	Negativ	Pressure					
□ ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf				ovation		-Enclosure vebag Procedure							
12 100 SI 01 ≥ 200 II						-Exempted (*) at	d Non-F	able Proce	dure				
		Isla	cation							Ab	ate		nt
10 10		Non	mally	1	5				ŀ	1	Typ	E	_
Locati Asbestos-Containii			olely by	Ashe	Description stos Containing M			Amount	ĺ		-	п	_
TO BE A	BATED		enance/ todial		., thermal system			(Specify		Re	2	nca	Enc
IN Fa	cility		aff?		surfacing, VA			F or LF)	1	Removal	Repair	pst	nclosure
(1:	3)	(1	2)		other miscellar	leous)		¥()	Ì	/a	=	Encapsulate	Tre
		Yes N	lo N/A	1									
				500	attached shhet					7	+		
				350 6	accorded Stillet			-		-	+	-	
										-	+	- 1	
										_			
Language and the second													
Name of Registered Wa	este Hauler	11 (2:20 State) = 0	P Waste H	lauler	Cubic Yards of	Name of Reg	stered L	ndfill					
Service Tra	nsport	ID No			Waste	A & L S	alva	ge.					
DELVICE IIA.	TIPPOT C												
City, State	•				Disposal Date	City, State							
Morrisville	, PA				17	Libson	OH						
Completed by	Title				Signature	7			Date	্ৰ			
Jennifer Ni					In	/			6-4	- 1	٥		
ASB-41	* Do no	t use this	form for as	bestos li	cerisúre exempter	d activities.							

ATLANTIC COUNTY COURT HOUSE

DESCRIPTION OF MATERIAL	LOCATION OF MATERIAL	Amour	Code**	Code***
CEILING PLASTER AND WALL PLASTER	TUNNEL	;	12 SF	REM
PIPE INSULATION INCLUDING ELBOWS	TUNNEL		00 LF	REM

JUN 8 2015

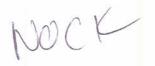


Date of Notification (1)			$\neg \top$	Name o	of Buildin	g Owner/Operator	(2)	. 43	\	ION				-	
6-4-15				ATL	ANTIC	COUNTY :	HISTORICA	AL S	CIET	Y				5,	
Agency Notified Ty	pe Notification				Address	***		- 1			1417				
PR-EDA 171	Initial			907	SHO	RE ROAD			A State	3. 11	, 1	4	15		
	Amended			City, St	ate, Zip (Code				,					
É DOL	Amendment #			SOM	ERS	POINT, NO	J 08244								
□ □ □	Emergency (including justification)	g			of Contac			Telep	one Numb	er					
	Cancellation			JIM	SIME	PKINS)				
				FACIL	ITY INF	ORMATION								_	
Name of Facility Where Abat	ement is Taking Plac	e (3)					Type of Facility	(4)					_		
			. TT	OTTOD	D-47.										
ATLANTIC COUNTY Street Address	HISTORICAL (COUR	T HO	JUSE-	-BOIT	er nouse	School (K-1)		nan K-12)						
						vate & (mmercial	building	gs,						
5901 MAIN STRE	EET					# of F	10.00	Dida	٨٠٠٠		_				
City (5)						0.00	IOIS	Bldg.	11100000						
MAYS LANDING							25,000	4		+/	-1	00			
County (6)				County ONLY)		(STATE USE	Current Use (Fr	ior if be	g demolis	hed)					
ATLANTIC				ONLT)			COURTH						j.		
Name of Monitoring Firm Hire			ASCM	No.			nent Contractor (5							
(8) WHITMAN COMP				Pepper E	nvironme	ntal	Serv:	ices	,	II	nc				
Street Address				Street Address											
7 PLEASANT HII				2251 Fr	aley Str	eet									
City, State, Zip Code				City, State, Zip C			26.75								
CRANBURY, NJ				Philadel	phia, PA	. 19]	9137								
Project Manager for Monitoria		Te	lepho	ne No.	-	Telephone No.	-	Licen	No.						
KEVIN LOVELY		73	32-3	390-5	5858	215-533-	-5155	01	1 .66						
Start Date (10)	Scheduled Co	mplet	ion Da	te (11)		Name of OSHA	Monitor								
6-22-15	8-1	5-1	L5	79.0		WHITMAN	COMPANY								
Occupancy Status During Ab	atement (Check only	one)				Street Address									
☐ Facility Closed/Vacated Di	uring Entire Period o	f Ahat	amant			7 PLEASA	NT HILL	ROAI							
☐ Abatement Performed Out	side of Normal Facil	ity Ho	urs			City, State, Zip (
☐ Other – Describe:		•				CRANBURY	7, NJ 085	12							
Scope of Work (Check all tha	at apply)		50000	,		-/		M	D						
□ ≥ 3 sf or ≥ 3 lf				Ren	ovation	☑ Full (Containment with Enclosure	Negativ	Pressure						
ছু≥ 160 sf or ≥ 260 lf	27			□ Den	nolition	Glov	ebag Procedure	motion was	Water case	0.62					
					1	□ Non-	Exempted (*) ar	Non-F	able Proce	edure	ΔΙ	oate	mai	nf	
	-		Locat								7 14	Ty			
Location of	F		Normal d Sole			Description									
Asbestos-Containing Ma		Ма	intena	nce/	Asbe	stos Containing M	aterial (ACM)		Amount Specify	153	R	_	Enc	E	
TO BE ABATI		C	Staff?		(1.6	., thermal systems surfacing, VA			F or LF)		em	ép	aps	Co	
(13)			(12)			other miscellan					Removal	Repair	ula	sure	
	1	Yes	No	N/A	1				3.5%				е	-	
		168	140	INIA			*14.					-	-		
				-	See 2	ittached shhet							-	-	
				-									_		
														_	
								-							
Name of Registered Waste H	lauler	188.00		Naste F	lauler	Cubic Yards of Waste	Name of Reg	stered Li	ndfill						
Service Transp	ort	I ID	No.			yvaste	A & L S	alva	je						
_						Dienosal Data	City, State					_		_	
City, State						Disposal Date	Libson	ОН							
Morrisville, PA						Signature	THINSOIL	OH		Date		-	_	_	
Completed by Jennifer Niven Dir. of Opera				atio	ns	Signature .	11			6-4	-1	5			
ASB-41 *Do not use this fo						censure exempted	activities.				-				

ATLANTIC COUNTY COURT HOUSE

DESCRIPTION OF MATERIAL	LOCATION OF MATERIAL	Amoun	Code*	* Code***
VIBRATION CLOTH	BOILER HOUSE AT BASE OF THE BREECH AT THE CONNECTION TO BOILER		10 SF	REM
WINDOW CAULK PIPE INSULATION INCLUDING ELBOWS AND JOINTS	WINDOWS BOILER ROOM		20 LF 00 LF	REM REM

JUN 8 2015



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

JUN 8 2015

Date of Notification (1)			T	Name	of Buildin	g Owner/Operator	(2)	19.17					_
6-4-15				ATL	NITUA	C COUNTY	HISTORICA	AL S	OCIETY		14		3
Agency Notified	Type Notification			Street	Address					ii s	- 10 m		
EPA	□ Initial			907	SHO	RE ROAD		-7		10			
Q.DEP	☑ Amended	Tipoles .	- G.	City, St	tate, Zip (Code							
E-DOL	Amendment # 1 Emergency (includ	ina	-10			POINT, NO	J 08244			1125345			
□KDOH	justification)	9			of Contac			Tele	none Number				
DCA	☐ Cancellation			JIM	SIME	PKINS		1 ~ -					
				FACI	LITY INF	ORMATION							
Name of Facility Where	Abatement is Taking Pla	ace (3)					Type of Facili y	(4)					
ATTANTIC CO	OUNTY HISTOR	TCAT	CC	ידאנזכ	HOU	SE	□ School (K- 2)					
Street Address	701111 11101011			JOICE	2200		Subchapte 8	(Othe	than K-12)	*1000			
5901 MAIN S	ייםקקיי						homes, etc.)	vate &	ommercial building	ngs,			
City (5)	IKBBI						Square Feet	# of	loors Bidg	. Age	9		_
MAYS LANDIN	G						25,000	4	+/	-1	0.0)	
County (6)	<u> </u>		T	County	Code (7) (STATE USE	Current Use (Pr	100		_			
ATLANTIC			ĺ	ONLY)		, ,	COURTH						
	m Hired by Building Own	er /	ASCM	No		Name of Abaten	nent Contractor (9		-		97.		_
(8) WHITMAN C		,	10011			23/20/04/20/04/20/20/20/20/20/20/20/20/20/20/20/20/20/	nvironme		Service	s.	T	nc	í.
Street Address					100	Street Address			5011100	- /	_		-
7 PLEASANT	HILL ROAD						aley Str	eet					
City, State, Zip Code	111111111111111111111111111111111111111			1-12/010		City, State, Zip C	_	-		-			
CRANBURY, I	T.T 08512				Philadel	19	9 .37						
Project Manager for Mo		Te	lepho	ne No.	-	Telephone No.		Lice	e se No.				
KEVIN LOVELY	[19] : - 이번 <mark>4/17</mark> (20]				5858	215-533-	-5155	0:	166				
Start Date (10)	Scheduled C	ompleti	ion Da	ate (11)									
6-8-15	. 8-	15-1	15			*							
Occupancy Status Duri	ng Abatement (Check or	ly one)				Street Address		-					
EXECUTE Observations	ted During Entire Period	of Abot				7 PLEASA	ANT HILL	ROA)				
☐ Abatement Performs	ted During Entire Period ed Outside of Normal Fac	ility Hou	emen Urs	L		City, State, Zip (
☐ Other – Describe:		•				CRANBURY	7, NJ 085	12					
Scope of Work (Check	all that apply)					D.FII.	Operations and solith	Manak	a Drassura		10261		
□ ≥ 3 sf or ≥ 3 lf				₩ Ren	ovation		Containment with Enclosure	Negat	e Pressure				
© ≥ 160 sf or ≥ 260 lf	50			□ Den	nolition	☐ Glov	ebag Procedur						
		_			1	™ Non-	Exempted (*) and	Non-	iable Procedure	ΤΔ	bate	ame	nf
			Locat				1					pe	114
	tion of		iorma d Sole			Description							
Asbestos-Contain	ing Material (ACM)	Mai	intena	ince/		stos Containing M ., thermal systems			Amount (Specify	D	_	E	Er
	ABATED acility	0	ustod Staff		(Le	surfacing, VA			SF or LF)	em	₹ep	aps	clo
(C) 10000 (C)	3)		(12)			other miscellan			PARENCE CONTRACTOR	Removal	Repair	ulai	sure
		Yes	No	N/A	1				5.4			9	
		res	NO	IN/A	-/-		/ /			+	-	_	_
				-	360	attach.	ed Sheet			-		_	-
										+	-	_	
										-	_		
Name of Registered W	aste Hauler	28,518	DEP \ No.	Waste F	lauler	Cubic Yards of Waste	Name of Regis	tered I	andfill				
Service Tra	nsport	li li	INU.			* VGSIC	A & L 3	alv	ge				
City, State						Disposal Date	City, State		-		-		_
Morrisville	ΣDΣ					Disposal Date	Libson,	OH					
Completed by Title						Signature	1		Date	-			
Jennifer Niven Dir. of Oper					ns	127	-11-		6-4	- 1	.5		
					hostos li	nangira ayamptad	activities					_	

ATLANTIC COUNTY COURT HOUSE

DESCRIPTION OF MATERIAL	LOCATION OF MATERIAL	Amour	Code	** Code***
	EASTERN SIDE OF BASEMENT WESTERN SIDE OF BASEMENT WESTERN SIDE OF BASEMENT CORRIDOR		00 SF 50 SF 20 SF	REM REM REM

UN 8 2015

Noct

1100	(Pursua	nt to NJAC 8:60-7 and 12:11		
Date of Notification (1)		Name of Building O VERIZON	wner/Operator (2)	JUN 8 2015,
6 / 2 /15		Street Address		11
Agencies Notified Type Notification	n	126 LAKESIDE BLVI	D.	
EPA Initial Noti	fication	City, State, Zip Code		
	Notification	LANDING, NEW JEF		and the second
X DOL Cancellati				
X DOH X On Hold		Name of Contact	Telephon	Number
(B) 25 - 1		ION DOUGLAS O'HARE	1	
		ACILITY INFORMATION		
Name of Facility Where Abatement is Ta		ACILITY INFORMATION	Type of Facility (1)	
Name of Facility where Abatement is 1a	king Place (3)		School (K-12)	
VEDIZON				han K 10)
VERIZON			Subchapter 3 (Other X Other (ie. pr vate & c	10.
Church Address			Square Feet # of F	mmcl. bldgs., homes, etc.) ors Bldg. Age
Street Address			113,347 # 01 F	ors Blug. Age
71 MADISON AVENUE				
City (5)		County Code (7)		demolished) Pharm. Lab.
	COUNTY	(STATE USE ONLY)	COMMUNICATION BUILT	
Name of Monitoring Firm Hired by Build	ng Owner (8)	ASCM No.	Name of Abatem ant Con	
ESIS HEALTH & SAFETY		17	PAR ENVIRONMENTAL	URPURATION
Street Address			Street Address	
436 WALNUT STREET			313 SPOOK ROCK ROAL	
City, State, Zip Code			City, State, Zip Cc de	
	HA, PA 19106		SUFFERN, NEW YORK 1	
Project Manager for Monitoring Firm	Telephone	Number	Telephone Number	License Number
FRANK WESTFALL	215-640-5		845-369-7500	1101
Expected State Date (10)	Sched. Comple	etion Date (11)	Name of OSHA Nonitor	
4 / 20 /15	4 /	15 /16	AMERISCI LABORATORI	S INC #11480
Month Day Year	Month	Day Year	0	
Occupancy Status During Abatement (Che			Street Address	
Facility Closed/Vacated During			117 EAST 30TH STREET	
Abatement Performed Outside of			O't Otata 7'- O. da	
X Other - Describe: MONDAY	-FRIDAY 7AM-3:	30 PM	City, State, Zip Ccde	EW YORK 10016
Scope of Work (Check all that apply)		Full Conta	ainment with Negative Press	The state of the s
Demolition X	Renovation	Mini-Enclo	and a contract of the contract	il e
>3SF OR LF	Ineliovation		Procedure	
x >160 SF OR 260 LF			le Procedure	
Location of	Is Location	Description of As		Abatement Type
Asbestos-containing	normally used	Containing Materia		. —
Material (ACM)	solely by	(ie. Thermal sys	The second secon	ENCLOSURE ENCAPSULE REPAIR REMOVAL
TO BE ABATED	Maint/Custodial			F)
in Facility (13)	Staff (12)	or other miscella		YE SU SU
	Yes No N/A		V0	
WINDOWS NORTH & SOUTH	X	EXT. WINDOW LOUVER,	DOOR CAULK 1 120 LF	x
FAÇADE AND PENTHOUSE	x x	EXPANSION CAULK	630 LF	x
FAÇADE NORTH & SOUTH ELEVATION	T X	CRACK SEALANT	630 LF	x
FAÇADE NORTH ELEVATION	l X	RED COATING	1 600 SF	X
Name of Posistered Wests Havier	NJDEP Waste	Cubic Yards of Waste	Name of Register at Land	
Name of Registered Waste Hauler	Hauler ID No.		110 SAND CO.	'
EXPRESS WASTE LLC		120		
614 FRELINGHUYSEN AVENUE	15939	Disposal Date	BETHPAGE/SPA 3NOLI I	
City, State NEWARK, NEW JERSEY 07114		04/20/15-06/30/2015	City State MELVILLE, NY 11704	_
Completed by (Print or Type) Title		04/20/15-06/30/2015 Signature /	WILLYILEE, INT 1 704	Date / / 5/10
	ECTOR OF OPE	100,100,100,000,000,000,000	MX V	1/1/5
DE TO THE DITTE		/	100	1 1 1 1 1

NOCK

1.0				(Pur	suant to NJAC	8:60-7 and 12	2:120-7)						1
Date of Notification (1)						ne of Building RIZON	Owner/Operato	r (2)	=			= -	-
4 / 20	/15				Stre	et Address		-		JUN-	8	2019	
Agencies Notified T	ype Notificat	on			126	LAKESIDE BL	.VD.	3					4
EPA x	Initial No				City.	State, Zip Coo	ie						
DEP	Amende	d Noti	ficatio	n			ERSEY 07850				-		
X DOL	Cancella	tion											
X DOH	On Hold					e of Contact		Telej	one Nur	mher			
DCA	EMERG	ENCY	NOT	TIFICA		JGLAS O'HAR							#8 W
Name of Facility Where Abate	mont in Tal	ina F	21	(0)	FACILITY IN	NFORMATION							
Name of Facility Where Abate	anient is Tai	king F	race	(3)			Type of Fac	il ty (4)					
VERIZON							School						
VEINIZON							Subcha	ter 8 (O	er than I	<-12)			
Street Address							X Other (e private	commo	I. bldgs			
71 MADISON AVENUE							Square Fee 113,347	et #	f Floors		BI	dg. Ag	je
City (5)	County	(6)	_		Coun	ty Code (7)			5			40	
JERSEY CITY	HUDSOI	V COL	JNTY			E USE ONLY)	Current Use (F FION DE	ng demoi	ished)	Ph	arm. L	.ab.
Name of Monitoring Firm Hire	d by Buildin	ng Ov	vner (8)	(0.77.1	ASCM No.				- (0)			
ESIS HEALTH & SAFETY		·	,			17	PAR ENVIRO				IAON		
Street Address							Street Address		CORF	ORAT	ON		
436 WALNUT STREET							313 SPOOK		AD				
City, State, Zip Code			22000 000				City, State, Zi					-	
Project Manager for Monitoring F	PHILADELE	PHIA,					SUFFERN, N	EW YOR	10901				
FRANK WESTFALL	. II LEI		1		e Number		Telephone Nu	niber	Lic	ense N	lumbe	er	
Expected State Date (10)				-640-			845-369-7500		111	01			
4 / 20	/15	Sch	ned. C		etion Date (1	10.50	Name of OSH						
	Year	l N	onth	4/	15	/16	AMERISCI LA	EORATO	RIES INC	3	#1	1480	
Occupancy Status During Abate	ment (Check	only o	one)		Day	Year	Chroot Add						
Facility Closed/Vacat	ed Durina El	ntire P	eriod	of Aba	atement		Street Address		т				
Abatement Performe	d Outside of	Norma	al Fac	ility He	ours - Describ	e:	117 EAST 50	INSIRE	•				
X Other - Describe:	MONDAY	-FRID	AY 7	AM-3:	30 PM		City, State, Zip	Code	-				
Scope of Work (Check all that ap	nh()				-		N	EW YOR	, NEW Y	ORK	10016		
Demolition	(X	TRen	ovatio	n	F	Full Conf	ainment with Neg	a ive Pres	ure				
>3SF OR LF	P.	1.,611	Ovalio	4.1	-	Mini-Enc	os, g Procedure						
x >160 SF OR 260	LF				1	Non-Frial	ole Procedure						
Location of		Is	Loca	tion	I D	escription of A				1			
Asbestos-containing		1		used	Co	ntaining Mater	ial (ACM)	1	ount	A		ent T	4
Material (ACM)		1	solely	by		(ie. Thermal sy			ecify	REMO	REPA	ENCA	E N
TO BE ABATED				stodial	ins	ulation, surfac	ing, VAT.		or LF)	0	A	EA.	5
in Facility (13)			Staff (r other miscella	aneous)	0.	" LI))VAL	R	Sc	SC
		Yes	No	N/A						1,		PSULE	ENCLOSURE
FLOORS 4 & 5 WEST ELEVATION	NC			x	EXT. WINDO	OW LOUVER	DOOR CAULK	1 100 1		1.,			1
FAÇADE AND PENTHOUSE				x	8		DOON CAULK	1,120 L		X	-		\vdash
FAÇADE (THROUGHOUT)					EXPANSION			600 LF		X			
			-	X	CRACK SEA	LANT		660 LF		X			
FAÇADE (THROUGHOUT)				X	RED COATI	VG		1,600 S		X			
										1			\vdash
			-										
			_										
		-											
			_	\vdash									
		-											
		-		\vdash									
lame of Registered Waste Hauler		NJDE	P W	este	Cubic Yards o	of Mante	IN. CD	1					
XPRESS WASTE LLC		Haule				20	Name of Registe		· F				
14 FRELINGHUYSEN AVENUE			15939				110 SAND CO. BEFNPAGE/SP	RENOUT	D				
City, State					Disposal Date		City/State	MOLI	<u></u>				$\overline{}$
EWARK, NEW JERSEY 07114 completed by (Print or Type)	ITW.				04/20/15-06/3		MELVILLE, NY	704		051	1		_
ENJAMIN SANCHEZ	Title	TOP	OF	DED	ATIONS Sig	gnature /	DXX		Date	41	al 1	10	
	DINE) I O I	OF C) FER	ATIONS	1	000			1/6	11)	

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

I OF ASBESTOS ABATEMENT of to NJAC 8:60 and 5:16)	Geck# 1	1764
of Puilding Owner/Operator (2)	WWW G	79319

					(D. 11.11	_	10		1	ulc 11	014	1 7	- 1	-
Date of Notification (1) 6 /	3 /	15					er/Operator (2	ARD OF EDUCA	Δ.					
				Value (50.000)		100	NOTHE BO	AND OF E JOCA	_					
Agencies Notified EPA	Type Notificat	tion			Address 5 PRINCE	OT	PIKE	1.					r.	
☑ DOLWD	☐ Amended		-	100000000000000000000000000000000000000	tate, Zip C			···				- Week	-	in
☑ DOH	Amendme			70			E, NJ 08648	3						200
☐ DCA (NJAC 5:23-8)	☐ Emergenc justification		+	-	of Contact		,		Ŧ	lephone Numbe	er			
(NJAC 5.23-6)	☐ Cancellation				нітснес									
				FAC	ILITY IN	FOR	MATION							
Name of Facility Where	Abatement is Ta	aking Place	(3)					Type of Fa ility (4)					
LAWRENCE HIGH								School K-12)						
Street Address								Subchapter 8			ial bu	ildina		
2525 PRINCETON I	PIKE							Other (i e., pri	IVE	e and commerc	ai bu	liaing:	5,	
City (5)	- XXXXXX							Square Feet	T	of Floors	Blo	ig. Ag	е	
LAWRENCEVILLE								23,000		2		50		
County (6)				Coun	ty Code (7)	(STAT	E USE ONLY)	Current Us ∋ (Prid	or	being demolish	ed)	100		
MERCER								SCHOOL						
Name of Monitoring Firm	Hired by Buildi	ing Owner (8)	ASCM	No.	Nam	ne of Abateme	ent Contractor (9)	_					
TTI ENVIRONMENT	ΓAL					PI	LYMOUTH	ENVIRONMENT	A					
Street Address						Stre	et Address	<u></u>	_		-			
1253 N. CHURCH S	TREET					92	23 HAWS A	VENUE						
City, State, Zip Code			7:01			City	State, Zip Co	ode						
MOORESTOWN, N.	J 08057					N	ORRISTOW	N, PA 19401						
Project Manager for Mon	itoring Firm		Tele	phone I	No.	Tele	phone No.		-	icense No.		700	3/2/25	
MICHAEL STOCKU	I		85	6-840	-8800	61	0-239-9920	1		00398				
Start Date (10)	S	cheduled C	omple	tion Dat	te (11)	Nam	ne of OSHA N	Monitor	_					
07/08/	15	07 /	_ 22	_ / _	15	P	LYMOUTH	ENVIRONMENT	Α					
Occupancy Status During	g Abatement (C	check only o	one)			Stre	et Address		- 30			7		
☐ Facility Closed/Vacate				nent		92	23 HAWS A	VENUE						
☐ Abatement Performed						City	State, Zip Co	ode	-					
Time of Abatement: _	AM	PM/	PM-		AM			N, PA 19401						
Scope of Work (Check a	Il that apply)					- 500			-					
								tainment wit 1 Neg	at	e Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			novati molitic				☐ Mini-End	g Procedure						
<u> </u>				***			☐ Non-Exe	empted (*) and Nor	n-I	iable Procedure	Э			
			Locat								Ab	ateme	ent T	ype
Location		Llas	Norma ed Sole		Asha	-+ (Description of			Amount	Re	Re	E	Ē
Asbestos-Containing TO BE AB		/ Ma	intena	nce/	(i.e	., the	Containing Ma rmal systems	insulation,		(Specify	Remova	Repair	cap	Enclosure
IN Facil	ity	Cus	todial ((12)	Staff?	1,200	S	urfacing, VAT	, or		SF or LF)	/al		Encapsulate	ure
(13)		Yes	No	N/A		otr	er miscellane	eous)					te	
EXTERIOR CHIMNE	/				INTERIO	OR F	RICK LININ	IG	_	200		\Box	П	
2/12/10/10/11/11/12	•								_				$\overline{\Box}$	
									_				_	
			-	 					_					
					A/	0.1	I- Vdf	None of Donie	-	- d I = - dell		Ш	Ц	
Name of Registered Was				IJDEP I lauler II	O No.	Was		Name of Regis		AGEMENT				
City, State				04509	9	Disr	oosal Date	City, Stare						
NEWARK, NJ							7/22/15	ARGYLE, F	7					
Completed By (Print or T	[vne)	Title					Signature	1	-10	Da	te	*		
RUSSELL KING	3 PC/	PM					Jighatare/	MAS	_	Ja	6/31	15		

ASB-41 JAN 13

* Do not use this form for asbestos licensure exempted activiti€ s.

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

	1 FA			The state	-
1.	- //	.11.	11	7/	1
1 1	1000	1	11	110	-
0	unc	-11	11 /	10	-

Date of Notification (1)				Name	of Building	Owner/Operator	(2)	100				
	3 / _	15					OARD OF EDUCA	ION JUY-	8 %) (Au)	J	
	Type Notificat	tion			Address	TON PIKE	J.				Ť	7
	Amended				tate, Zip Co			· [-			
☑ DOH	Amendme	The state of the s	_	100		/ILLE, NJ 0864	8	**				
	☐ Emergenc		g		of Contact			elephone Num	her			
(NJAC 5:23-8)	justification Cancellation			100000000000000000000000000000000000000	HITCHCC		ţ	elephone (vain	DCI			
	_ Caricellatio	UIT										-
			(0)	FAC	CILITY IN	FORMATION	TT 1115 - //					
Name of Facility Where Ab							Type of Facility (4					
BEN FRANKLIN ELE	MENIARY	SCHOOL	_				School (K-12) Subchapter 8	ther than K-12	()			
Street Address 2939 PRINCETON PI	KE						Other (i.e., prinhomes, etc.)			ilding	S,	79
City (5)							Square Fe et	# of Floors	Blo	ig. Ag	je	
LAWRENCEVILLE							17,000	1	5	50		
County (6) MERCER		11000000		Coun	ty Code (7)	(STATE USE ONLY)	Current U se (Prio	f being demolis	shed)			
Name of Monitoring Firm H	lired by Ruildi	ing Owner	(8)	ASCM	No	Name of Ahatem	nent Contractor (9)	-		130	24,723	
TTI ENVIRONMENTA		ing Owner	(0)	ASOM	140.		ENVIRON MENT	4.1				
Street Address	\L					Street Address	ENVIRON VIEW	-				
1253 N. CHURCH ST	DEET					923 HAWS	WENTE					
City, State, Zip Code	IXLLI		-			City, State, Zip (-	-		
MOORESTOWN, NJ	08057						VN, PA 19401					
Project Manager for Monito			Te	ephone	No	Telephone No.	111,174 10-101	License No.				
MICHAEL STOCKU	Jillig I IIIII		799	356-840		610-239-992	0	00398				
Start Date (10)	19	cheduled	- 97			Name of OSHA	77				170.00	
07 /29 / _		08			350.35		ENVIRON MENT	L				
Occupancy Status During	Abatement (C	Check only	one)			Street Address						
□ Facility Closed/Vacated						923 HAWS /	AVENUE					
Abatement Performed (Time of Abatement:						City, State, Zip (Code VN, PA 19-101					
Scope of Work (Check all t	that apply)						,					-
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			enova			☐ Mini-Er	ntainment with Nega aclosure ag Procedure	ve Pressure				
							empted (*) and Nor	riable Procedu	ıre			
			Is Loc Norm						Ab	atem	ent T	ype
Location o Asbestos-Containing M			sed Sc	lely by	Ashe	Description stos Containing N		Amount	Ren	Repair	Enc	Enc
TO BE ABAT	ED	l N		ance/	(i.e	., thermal system	s insulation,	(Specify	Removal	oair	aps	Enclosure
IN Facility (13)			(12	I Staff?		surfacing, VA other miscellar		SF or LF)	<u>a</u>		Encapsulate	ure
(13)		Yes				ou lei miscenar	leous/				е	
EXTERIOR CHIMNEY					INTERIO	OR BRICK LINI	NG	200				
			-				-			П	П	П
Name of Registered Waste	e Hauler		ᆜ	NJDEP	Waste	Cubic Yards of	Name o Regist	ed Landfill				
NEWARK CARTING	S I laulei			Hauler I	D No.	Waste 4		AGEMENT				
City, State				J-100		Disposal Date	City, State					
NEWARK, NJ						07/22/15	ARGYLE, P					
Completed By (Print or Ty	pe)	Title				Signature	i		ate			
RUSSELL KING	ado .	PM				.1.	1		6/3/	5		
									T1 51	25/		

ASB-41 JAN 13

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

Print Form

CK 1519

Date of Notification (1) 6-3-2015		Name of Building Owner/Operator (2) PEM Construction and Development Street Address						8 2	1015		.
Agencies Notified Type Notification	1 7		ddress outh Avenu	е					.010	Ť	
EPA X Initial Amended Amendment #			ate, Zip Code Westfield, N	J 07090					K 2		
Emergency (including justification) DCA Emergency (including justification) Cancellation	1	Name o	f Contact Ciufo			T	phone Nun	nber			
DCA Carrotterio		FAC	ILITY INFORM	MATION							
Name of Facility Where Abatement is Taking Place (Residential	(3)				Type of F	acility (4) ool (K-12)					
Street Address 119 Matilda Avenue					Sub Sub	chapter 8 (O er (i.e. private	ther than K-12 c k commerci	2) al buildir	ngs, h	omes,	
City (5)					Square F		Floors	Bld 75	g. Age	е	
Franklin NJ 08873		0	Cada (7)				ng demolisi				-
County (6) Somerset			Code (7) USE ONLY)		Conence	736 (1 1101 II Z	a ing derivene	,			
Name of Monitoring Firm Hired by Building Owner (8)	ASC	M No.			nent Contract	(9) S rvices, Ll	_C			
Street Address		1		Stree	t Address						
C. C		235 Virginia Avenue City, State, Zip Code									\dashv
City, State, Zip Code						NJ C7304					
Project Manager for Monitoring Firm		Teleph	one No.		hone No. -333-885	55	License 1 01174	No.			
Start Bate (10)	luled Cor -2015	mpletio	n Date (11)		e of OSHA ne as ab						
0-10-2010					et Address		-				
Occupancy Status During Abatement (Check Only		mont									
Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Other – Describe:	ility Hour	'S		City,	State, Zip	Code					
Scope of Work (Check All That Apply)											
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	Renov Demol				Mini- Glove	Enclosure ebag Proced	th Negative				
					× Non-	Exempted (*	nd Non-Fria	able Pro			
	Is Loca									ement pe	ě
Asbestos-Containing Material (ACM)	Norma Used Sol Mainten Custodial (12	lely by ance/ I Staff?	(i.e.t	Descriptions Containing hermal system surfacing, other miscel	Material (ms insulati VAT, or	ACM; on,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Ye	es No	N/	'A				70.05	-	-	-	_
Attic	Х			Transite	**		70 SF	X	-	-	-
Exterior	X			Shingle	Siding		2600 SF	x	-		-
14							-	+		-	-
		NIDE	P Waste	Cubic Yard	ls	Name of Re	stered Land	dfill			
Name of Registered Waste Hauler Green Environmental Services, LLC			r ID No.	of Waste			. i. North la				
City, State Jersey City, NJ 07304				Disposal D 6-20-201		City State Morrisvill	€ PA				**
Completed by	itle Office M	lanag	er	Signa		1 000	neo	Date 6-3-20	015		

New material and completion vate.

Print Form

Amended 1

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

01: 4489

Date of Notification (1) 5/5/15 Amended date 6/3/15		Name of Building Owner/Operator (2) Atlantic Cape Community College						e		- dk	M	-0	- 0	JIJ ,	t
Agencies Notified Type Notification EPA Initial Amended		St 5	treet Ad 100 B	ldress lack Hor	se Pike					1,-	99) 32)				
DOL Amendment :		N	lays L	e, Zip Cod anding I Contact	le NJ 08330	0				anhana Nu		1			
DOH justification) DCA Cancellation		7.50	hris		RMATION				7-	phone Nu	mber				
Name of Facility Where Abatement is Taking Building D / Atlantic Cape Commun		e	FACIL	. ITT INFO	RWATION		PERCOPA	of Facility (4) School (K-12)							
Street Address 5100 Black Horse Pike							×	Subchapter 8 Other (i.e. privetc.)				ldin	gs, l	nome	s,
City (5) Mays landing NJ								re Feet	# of	Floors	- 14	Bldg 35-	g. Ag	je	
County (6) Atlantic	V.			ode (7) SE ONLY)	5 0	-	Curre	ent Us : (Prior	bei	ng demolis	shed)				
Name of Monitoring Firm Hired by Building (Brinkeroff Environmental	Owner (8)	Pernaco Inc.					tor	(9)							
Street Address 1805 Atlantic Ave		Street Address PO Box 329													
City, State, Zip Code Manasquan NJ		City, State, Zip Colle West Berlin N. (
Project Manager for Monitoring Firm Jason Hooper		Telephone No. Telephone No. 732-223-2225 856-753-9800						License No. 00727							
Start Date (10) 5/18/15	Scheduled 6/8/15	Comp	oletion [Date (11)		lame (*	HA Monitor							
Occupancy Status During Abatement (Chec	k Only One)				S	treet	Addre	ss							
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe: night shift after 3:30	al Facility H	ourș	ent		C	ity, St	tate, 2	Zip Co le	-	*					
Scope of Work (Check All That Apply)			-11-01-3	-					-			-			-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novati nolitio				×	M Gl	all Containment ini-Enclosure ovebag Proce on-Exempted (ıre					e	
	Isla	catio	n									Α		ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Maint Custod	mally Solely enand	by ce/		Descrios Contain thermal sy surfacing other miss	ning Notems stems g, VA	Materia s insu T, or	lation,	(5	mount Specify F or LF)	Removal		Ty: Repair	e Encapsulate	Enclosure
Mechanical Room	Yes	No	N/A	wran &	renair e	lhou	ıs Cl	ean RM	un	known	-	×		(D	
	^	-		wrap o				Callitivi			-	+			
Room across from Mech. Room	1				Pipe	TITUIT	19			1 LF	x	+	-		
												+			
Name of Registered Waste Hauler Transformation		100000	IDEP W		Cubic Ya of Waste			Na ne of Re	jiste	ered Landf	ill				
City, State		18	952		30 Disposal	Date		City, State	_		1117,000				
Egg Harbor Twp NJ					6/8/15			6700 Del	ah						
Completed by Anthony T Perna	Title Preside	ent			Sigr	nature	2				Date 5/3/15	5			

Project #		NC	TIFICA	ATION C	OF ASBES NJAC 8:6	TOS A	BATEM	ENT		JCh	ck # 296	3			
9			0.00												_
Date of Notification (1)			N:	ame of E	Building Ow	ner/Op	erator (2)			JUN	8)	
06/02/2015			Do	onna E	Burke				- 1					_	
Agencies Notified	Type Notificati	ion		treet Add					3						- 3
□ EPA	Initial				t End Rd		st Ora	nge							-
DEP	Amended				e, Zip Code										1 1127
DOL	Amendm	nent # ncy (including			range 07	032				TTO	phone Num	her			-
DOH	justificati	on)		ame of						1 10	priorie radii	ibo.			
DCA	Cancella	tion	D	onna E		DA A TIC	NM.			<u></u>	,				\neg
Name of Facility Where	Abatament is T	aking Place (3)		FACIL	ITY INFOR	WATIO	N	Type	of Facilit (4	-)					
	Abatement is 1	aking Flace (5)						_	school (F-12						
Private House Street Address							-		uhchan er	8 (Ott	r than K-12	2)			207
22 West End Rd									Other (i.e. pa etc.)	rivate	commercia	al build	ngs, r	omes	š,
									e Feet	# (Floors	Bi	ig. Ag	е	
City (5) West Orang	je, <mark>N</mark> J							100		r if he	ng demolish	ed)			
County (6)			0	County C STATE U	ode (7) ISE ONLY)		_	Curre	nt Use (Pric	e,	ig demonsi	ieu)			
Essex Name of Monitoring Firm	n Hired by Build	ling Owner (8)		ASCM	No.		Name	of Aba	tement Con	tracto	(9)				
, valie of monitoring i iii							Nick F	Resto	ration LL	.C					
Street Address							Street	Addres	ss						
0.0007,1									de Rd						
City, State, Zip Code							City, S	tate, Z	p Code						
					8				NJ 078	69_			_		_
Project Manager for Mo	nitoring Firm		7	Telephor	ne No.			none N			License N	10.			
							973-9				01133				
Start Date (10)				pletion I	Date (11)				HA Monitor	67					
06/13/2015		06/15/2							onmer ta	_					
Occupancy Status Duri	ng Abatement (Check Only On	ie)				2333	Addre							
Facility Closed/Va	cated During Er	ntire Period of A	Abatem	ent			200000000000000000000000000000000000000		ip Code						-
Abatement Performance Other – Describe:		Normal Facility	Hours			_			07083						
Scope of Work (Check	All That Apply)														
≥3 sf or ≥3 lf		■ F	Renova	tion							1 Negative	Pressu	re		
≥160 sf or ≥260 lf			emoliti	ion			-		ni-Enclosur ovebag Pro						
								No	n-Exempte	d (*) a	d Non-Fria	ble Pro	cedur	9	
		le	Locati	on										ement	t
Lasati	of	1	Normal	ly		De	scription	n of				-	T	pe	Т
Locati Asbestos-Containir			ed Sole			os Con	taining I	Materia	I (ACM)		mount	71		E	Е
TO BE A			todiai S		(i.e.		system		ation,		Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
(13			(12)				miscella					oval	air.	sula	sure
		Yes	No	N/A	1									6	
Basement			×	1	TSI-					25	F	×			
,															
				1	_										
			-	-	-					-		+	-		1
					<u> </u>		. V1		Nem	F Dog	tered Landf	111			
Name of Registered W	/aste Hauler			IJDEP V lauler ID		of Wa	Yards		Committee of the Commit		lered Landi	III			
Nick Restoration I	LLC			03378		TBD			G.R O						
City, State						Dispo	sal Dat	е	City, Sta						
Randolp	h, NJ					TBD			Tullyto	wn,	Ά				
Completed by		Title					Signatu	re A	1.60	Mr.	10)ate	201-		
Elvira Mrda		Pres	ident					Ell	11.19	MC	e o	6/02/	2015		

Check # State of New Jersey

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

Date of Notification (1) 6/2/2015						Building (Quick	Owner/C	perator	(2)			- 001	8	3 20	15, .	
Agencies Notified		e Notification		4 3	Street Ac	idress asant Va	alley R	load								-
DEP DOL	×	Initial Amended Amendment				te, Zip Co any, NJ										e on or
DOH DCA		Emergency justification) Cancellation	875	1 63		Contact Quick					Te	elenhone Nu	mhor		/	-70
					FACIL	ITY INFO	RMATI	ON								
Name of Facility Where House	Abate	ement is Takin	g Place (3)						Туре	of Facility (
Street Address 13 Pleasant Valley	/ Rd.								×			her than K-1 & commerci		dings,	home	es,
City (5) Whippany		105	*						Squa 250	are Feut	2	of Floors		ldg. A	ge	
County (6) Morris	, - 1					Code (7) ISE ONLY)				ent Us > (Pri sidence	or be	eing demolis	hed)	er-1		
Name of Monitoring Fir N/A	m Hire	ed by Building	Owner (8)	-	ASCM	No.				atement Con st Haz Ma		or (9) moval, Inc).			
Street Address								Street 494		ess st Street		***************************************				
City, State, Zip Code										Zip Co le NJ (750	4					
Project Manager for Mo	onitorir	ng Firm		Т	elephor	ne No.		Teleph 973-				License N	No.			
Start Date (10) June 13, 2015			Scheduled June 17,			Date (11)				HA Monitor						
Occupancy Status Duri Facility Closed/Va Abatement Perform Other – Describe:	cated med C	During Entire	Period of Ab	ateme	ent			Street City, S		Zip Co le	_			-5		
Scope of Work (Check	All Th	at Apply)														-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		,		novat molitic	177710			×	M Gl	ini-Enclosur loveba j Pro	e ce ire					
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Location			1 2 2 2 2 2 2 2	ocation ocatio	y	1 No. 100 No.		scription							pe	
Asbestos-Containin <u>TO BE Al</u> In Fac (13	BATE		Main Custo	tenan	ce/		therma surfa	taining it I system: icing, VA miscellar	s insu T, or			Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
_			Yes	No	N/A										ate	ře
Baser	nent				X		Pipe	Insula	ition		-	40 LF	X			
Name of Registered W				10000	JDEP W		Cubic of Wa	Yards		1	HAZERI CO	tered Landfi		3. 4	Vi di	
East Coast Haz Ma	at Re	moval, Inc.		100000	J 419		-	sal Date		G. R.O.		North Inc		AV SA		
Paterson, NJ 0750	4						6/17/	2015	/	Morris		/				
Completed by James E. Unger			Title Projec	t Ma	nager			Signatur	17	4.	1/2	1000	ate /2/20	15		
ASB-41 (R-06-08)							1	* Do no	ot use	this form fo	ra be	stos licensu	re exer	npted	activ	ities.

Amended # 2

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) Atlantic Cape Community College 5/5/15 . Amended date 6/3/15 Street Address Agencies Notified Type Notification 5100 Black Horse Pike Initial **EPA** City, State, Zip Code DEP Amended Mays Landing NJ 08330 Amendment # 2 × DOL Emergency (including Name of Contact X justification) DOH Chris Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Building A / Atlantic Cape Community College Schoo (K-12) Subchapter 8 ()ther than K-12) Other i.e. privile & commercial buildings, homes, 5100 Black Horse Pike etc.) of Floors Bldg. Age Square Feet City (5) 35 +1000 +Mays landing NJ Current Use (Prior i being demolished) County Code (7) County (6) (STATE USE ONLY) Atlantic Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Pernaco Inc. Brinkeroff Environmental Street Address Street Address PO Box 329 1805 Atlantic Ave City, State, Zip Co le City, State, Zip Code West Berlin N. 0809 Manasquan NJ Telephone No. License No. Telephone No. Project Manager for Monitoring Firm 856-753-9800 00727 732-223-2225 Jason Hooper Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Same' 6/8/15 5/18/15 Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours, Other – Describe: night shift after 3:30 + weekend City, State, Zip Code × Wet wrape & cut Scope of Work (Check All That Apply) Full Cortainmer with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-En dosure Demolition ≥160 sf or ≥260 lf Glovebag Proce ure Non-Exampted) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Encapsulate Maintenance/ (i.e. thermal systems insulation (Specify Remova TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)No N/A Yes ee Attached See Attached X See Attached Name of Fagistered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler Hauler ID No. of Waste ACUA Transformation 30 18952 Cly, State Disposal Date City, State 6700 D€ ilah Rd EHT NJ 6/8/15 Egg Harbor Twp NJ Date Title Completed by 6/3/15 Anthony T Perna President

Location	Asbestos Elbow Material	Count	
A-159	Wrap & Repair	6 Elbow	(0)
A-154	Wet Wrap & Cut	7 Elbow	
A-127	Wet Wrap & Cut	4 Elbow	
A-146/ A116	Glove-Bag	3 I.F Elb)ws	
A-152	Wet Wrap & Cut	21 Elboy s	H 21000
A-128	Wet Wrap & Cut	11 Elboy s	
A-124	Wrap & Repair	1 Elbow	
A-120	Wrap & Repair	2 Elbows	
A-118	Wrap & Repair	2 Elbows	
A-110	Wrap & Repair	2 Elbov s	
A-111/ Mechanical Room	Clean, Wrap Repair	Clean Room	
A-164-A161	Wet Wrap & Cut	40 Elboy's	
A Building Corridors	Wrap & Repair	46 Elbo vs	

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Date of Notification (1) 6/3/15				Name o	f Building n & Heid	Owner/odi Schr	Operator nelz Pr	(2) rivate	Hone			-				
Agencies Notified EPA	Type Notification		- 1	Street A 7 Wes	ddress st Ryerso	on		Vice Vice				(2)				4
EPA DEP DOL	Initial Amended Amendment	#			ate, Zip Co Beach T		0850	08								
⊠ DOH	Emergency justification)	(including		Name o	f Contact		*			Te	lephone	Nun	nber			
DCA	Cancellation			Steve		ODMAT	ON									
Name of Facility Where	Abatement is Takin	g Place (3)		FAU	LITY INFO	URIVIAII	ON	Туре	of Facility (4					-		
Steven & Heidi Sch	imeiz Private H	ome 			•				School (K-12		or than 1	V 40				
7 West Ryerson		** N						×	Sub :hapter of Other (i.e. pretc.)	rate	er than & comm	K-12 ercia) al build	dings,	home	es,
City (5) Long Beach Twp N	J 0806	08						Squa 100	ire Fet 0+	# 0	f Floors		1 1 1 1 1 1 1	ldg. <i>F</i> 5+	\ge	
County (6) Ocean		11			Code (7) USE ONLY)		Curre	ent Use (Prio	if be	ing dem	olish	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	/ No.				atem ent Conf	acto	(9)					
Street Address							12 2000	Addre		_				•		
0.14 0.14 7.10								30x 3								
City, State, Zip Code									ip Code in NJ 0809	1						
Project Manager for Mon	itoring Firm		7	Telepho	ne No.			753-9			Licens).			
Start Date (10) 6/4/15		Scheduled 6/8/15	Com	pletion	Date (11)		Name	of OS	HA Monitor							
Occupancy Status During	g Abatement (Chec	k Only One)					Street	Addre	ss	_			-			-
Facility Closed/Vaci Abatement Perform Other – Describe:	ated During Entire I ed Outside of Norn	Period of Aba	atem ours	ent			City, S	tate, Z	ip C ide	_						
Scope of Work (Check A	Il That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	novat				×	Min	Il Containme ni-Er closure ovebag Proce n-Es empted	lure					e	
		100000000	ocatio							7 2.	4 110111	nabi		Abate	ement	
Location Asbestos-Containing		No.	rmally Solely		Achea		scription				mount			Ту	ре	
TO BE AB/ In Facil (13)	ATED	Maint Custod				thermal surfa	aining M systems cing, VA niscellar	s insula T, or	ation	(3	Specify or LF)		Removal	Repair	Encapsulate	Enclosure
	N* 15	Yes	No	N/A											te	
Exterior S	liding			Х		Exte	rior Sic	ding		19	00 SF		х			
		-														
7.		-								_						
Name of Registered Was	te Hauler		NJ	DEP W	/aste	Cubic	Yards		Name of R	aiste	ered Lan	dfill				
United Containers			На	uler ID 459		of Was			G R.O.V		will					
City, State Elm NJ			-			Dispos 6/8/1	sal Date		Ciry, State Morrisvil		A 1906	7				
Completed by Anthony T Perna		Title Preside	ent				ignature	1	2000 - 100 -			Dat	e 1/15			
						(1			-		0/0	113		-	

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	June 3, 201	5			Name of Buildi		erator (2) n Bogan	1	du	76	8	8 =	2
Agencies Notified [X] EPA [] DEP		cation tial Notifica			Street Address	310 N	Munn Lane			0		7	Wast.
[x] DOL		nendment #			City, State, Zip		y Hill, NJ (08034					1
[x] DOH		tification) ncellation			Name of Conta		n Bogan	Т	ephone Number				
				FAC	ILITY INFO	MATION	1000						
Name of Facility Where Ab	atement is Takin	ng Place (3)		TAC	ILIT INTO	CIVIATION	Type of Fa	c lity (4)					
	idence	,					J	[]	School (k-12)				
Street Address							1	[]	Subchapter 8 (ot	her that	n k-12)		
1000 000 000 000 000 000 000 000 000 00	Nautilus Roa	d						[x]	Other (i.e., priva homes, etc.)	te & co	mmerc	ial build	lings,
City		County	(6)		County Code (7) (STATE USE O	MT V	Square fee		# of Floors	Bld	g. Age		
Waretown	(A)	Ocea		İ	(STATE USE O	NLY)	1000		eing demolished		- (50	
5 Y 2 L T T T T T T T T T T T T T T T T T T		Ocea	ш					Residen)			
Name of Monitoring Firm I		g Owner (8)		ASCM No.	Name o	f Abatement C	ontractor ()				
N/A	<u> </u>							Guardia	Contracting,	Inc.			
Street Address						Street A	ddress	1990 D	ate 9, Unit 61				
City, State, Zip Code	***********					City, Sta	ate, Zip Code	1007 10	ite 9, Olli 01				
								Toms R	ver, New Jers	ey 08	755-1	271	
Project Manager for Monito	oring Firm		Telephone	Number			ne Number		License N	lumber	i.		
Scheduled Start Date (10)			Scheduled	Completio	on Date (11)	_	19-9932 f OSHA Moni	to F	00624				
6/4/15			6/5/1:		on Date (11)	Name			Analytical				
Occupancy Status During A						Street A							
	ity Closed/Vaca							1056 St	lton Road				
1 2 3	ement Performe	d Outside o	f Normal Fa	acility Ho	urs	City, Sta	ate, Zip Code						
[] Oute	r – Describe							I iscatav	ay, New Jerse	y 088	54		
Scope of Work (Check all the	hat apply)						Full Cor	nt inment	ith Negative Pres	sure			
No. Onc.						Ĩ	Mini-Er						
	for≥3 lf		[]	Renova	tion	[]] Gloveba	g Procedu	:				
[x] ≥160) sf or ≥260 lf		[x]	Demolit	tion	[x	Non-Ex	enpted (*)	and Non-Friable	Procedi	ire		
						2007				Aba	tement	Туре	
Location of	,¢	1	Is Locatio	3000 m		Description			A	R	R	Е	E
Asbestos-Containing M	-		ormally us Solely by		1	Asbestos-Co Material (A			Amount (Specify SF	E	E P	N	N
TO BE ABA			enance/Cu			i.e., thermal			or LF)	M	A	CA	C L
in facility	P		Staff			nsulation, su				0	I	P	0
(13)			(12)			VAT, other miscell				V	R	S	SU
2-		YES	NO	N/A		Juici illiscen	alleous)			A L		L	R
		120		1011								Е	Е
Exterior			X		Asbestos si	ding			800 sf	X			
Name of Registered Waste I Guardian Con		1000	JDEP Wast 2	0223	3	Yards of Was	T.R	of Register	d Landfill				
City, State					al Date	City, S	tate	1					
Toms River, Completed by (Print or Type		Title		6/8/1:	Signature	Tully	town, Penn	Ivania	-/-	Date			
Nicholas Fern		1000	ct Manag	er	Signature /	Victor	V'_	fe	1	6/3/			
	npted activit	ies											

CK 3631

Date of Notification (1)				f Building (1 - 1	-	-			15	-
06/01/2015 Chit 3634			353	ood Boa	rd of E	Educati	on	L., 1		15.	Assi			
Agencies Notified Type Notification		1	Street A 121 Ca	_{ddress} arletonda	ale Ro	ad								
EPA Initial Amended			City, Sta	te, Zip Co	de				7	-	-		-	
DOL Amendment Emergency (ood, NJ	0745	6		-		. 4.4	- 55			= :
DOH justification) Cancellation		1.0		f Contact Evans				Te	phone	Num	ber			
Carlos action				LITY INFO	RMATI	ION			-			-		
Name of Facility Where Abatement is Taking Robert Erskine elementary school	g Place (3)					Type of Faci	lity (4)						
Street Address							School Subcha	(K-12) pt er 8 (Oth	er than	K-12	١			
88 Erskine Road								.e private				dings	, hom	es,
City (5)							Square Feet	# (Floors		В	ldg. A	Age	
Ringwood County (6)			County (Code (7)	2011 to a gree 3.50-		Current Use	(Erior if he	n dom	olich	24)			
Passaic				USE ONLY)	-		school	(Filor ii be	ig dem	OHSTR	eu)			
Name of Monitoring Firm Hired by Building Omega Environmental Services	Owner (8)		ASCN	No.			of Abatement Corporation		(9)			546-50		
Street Address			1			1	Address	<i>n</i> 1				-		
280 Huyler Street							McBride Av	е						
City, State, Zip Code South Hackensack, NJ 07606				35			tate, Zip Code dland Park,		4					
Project Manager for Monitoring Firm		T:	Telepho	ne No.			one No.		Licens	se No).			
Geiser Fajardo				39-8700		L	225.8400		0110	4		2212-7		
Start Date (10) 06/26/15	07/10/		pletion i	Date (11)			of OSHA Mon Environme		atorie	es				
Occupancy Status During Abatement (Chec							Address route 22 w	n st	- // - // - // -					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:						City, S	tate, Zip Code							
Scope of Work (Check All That Apply)						Unio	n, NJ 0708	3						
≥3 sf or ≥3 If	× F	lenova	lion			×	Full Conta	in cont wit	Monetin	us Dr				
≥160 sf or ≥260 lf	property.	emoliti					Mini-Endo	st re	Negati	ve Fi	essu	е		
							Glovebag Non-Exem		Non-F	riable	e Pro	cedur	e	
200	1 27	Locati											emen vpe	t
Location of Asbestos-Containing Material (ACM)	Use	lormall d Solel	y by	Asbest		scription	of laterial (ACM)	1	nount				Г	
TO BE ABATED In Facility	10 1000000000	intenar odial S			thermal		insulation,	(pecify or LF)		Ren	Re	incap	Encl
(13)		(12)				niscellan			0. 1. /		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										6	
ground fl/boiler room					A CONTRACTOR OF THE PARTY OF TH	insulation		OSF		x				
ground fl/boiler room					ing insi			OSF		x				
ground fl/boiler room	X			С		ork insu			-OSF		×			
ground fl/boiler room Name of Registered Waste Hauler	X	1.51	JDEP W	(aata		insula Yards			OLF		x			
Lilich Corporation	and the state of t					ste	g constant	cfRegist C.W.S L						
City, State Woodland Park, NJ			and the second		Dispos n/a	sal Date	City,	Strite is ville, P	1					
Completed by Momo Glavatovic	Title vice p	oresid	ent		S	ignature		 		Date 06/	e 01/2	015		

Location of	1	Locati	у	Description of				Ty	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Solel intenar todial S (12)	nce/	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	(:	pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A				<u>m</u>	,	ate	ē
ground fl/boiler room	х			fittings/valves	10	units	x			T
		,								
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Date of Notification (1)						Owner/Op		(2)			- 11	JN 8	ลิ วก		, 1	
6-4-15				Canto	or Com	panies	3						2 20	9		1
Agencies Notified	Type Notification			Street Ad	ddress										_	4.
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D DEP	□ Amended			City, Sta	te, Zip Co	de							0.77			
X DOL	Amendment		_	Linde	N.T.	0703	36						41.67.5		+(2000)	and .
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XI DOH	justification) Cancellation									100						
2 3011				FACII	ITY INFO	DRMATIC	N									
Name of Facility Where	Abatement is Takir	ng Place (3)		1 701				Type	of Facility	(4)						
Cantor Compani									School (K-							
Street Address									Subchapte		ther	than K-1	2)			
340 S. Stiles	Stroot							2	Other (i.e.	priv	e & c	commerc	ial buil	dings,	home	es,
	BLIEEL				11				etc.)	_	-45	loors				
City (5)									e Fet t			ioors		lidg. A		
Linden								5,0			2			0yr	s.	
County (6)				County C	Code (7) ISE ONLY)	i			nt Use (Pri	ori	eing	demolis	hed)			
Union				-		() () () () () () () () () ()			cant.							
Name of Monitoring Firm		Owner (8)		ASCM	No.		Name	of Abat	emer t Co	ntra	or (9	1)				
EHS Environmer	ital, Inc.						Ply	mout	h Envi	rc	mer	ntal (Inc.	0	
Street Address							Street	Addres	S							
411 Southgate	Court, Sui	te E					923	Haw	s Aven	ue						
City, State, Zip Code				All Property			City, St	tate, Zi	p Cor e							
Mickleton, NJ	08056								own, P	Α	940)1				
Project Manager for Mon				Telephor	ne No.		Teleph		The state of the s	-		License N	Jo			
Jack Carney	3		- 1		24-008				-9920			0039				
Start Date (10)		Scheduled				2000			A Mcnitor	_	_					_
6-6-15		6-6-1		ipietion t	Jate (11)				h Envi		ma	ntal (70	Tna		
	- Abstancet (Cha	255	700				Street			.10	IIIEI	illal (٠٠,	TUC	•	
Occupancy Status During	g Abatement (Chec	ck Only One)						70 pg							
☐ Facility Closed/Vac									s Aver	lue						
☐ Abatement Perform ☐ Other – Describe:	ed Outside of Norr	nal Facility F	Hours						o Coc e							
						_	Nor	rist	own, F	PA	940	21				
Scope of Work (Check A	ll That Apply)															
IX ≥3 sf or ≥3 lf		□ Re	nova	tion				Full	Containm	ent	ith N	legative !	Pressu	re		
□ ≥160 sf or ≥260 lf		₩ De	molit	ion				3 75375 700	i-Enc osur	772						
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Location		Used	ormal Sole				cription							T		
Asbestos-Containing TO BE AB			tenar			tos Conta thermal s						ount ecify	77		E	m
In Facil		Custo		Staff?	(1.6.		ng, VA		tion,			or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	20 .		(12)			other mi	scellan	eous)				8 184998	SAO	air	sula	SUI
		Yes	No	N/A									-		ate	e l
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Name of Registered Was	ste Hauler		3355	JDEP W		Cubic Y			Narne of	Re	stere	ed Landfil				
Newark Cartin	a			lauler ID	NO.	of Wast			DEST	В	thl	Lehem				
			14	1509												
City, State						Disposa			City, Sta							
Newark, NJ						6-10-			Beth	Te	em,					
Completed by		Title	12/10/2			(Si	nature	10	VIII			- D	ate			
James Kelly		Pres	ide	ent			ΔM	U)	40	W.		6	-4-1	5		
							1.1		1	0.0	1					
ASB-41 (R-06-08)						/	* Do no	t use t	his form fo	ras	estos	s licensur	re exer	npted	activi	ties.

h# 3638

Date of Notification (1) 06/03/2015			f Building Cal Presby					0	111	8	446 446	J	
Agencies Notified Type Notification		Street A	ddress ple Ave						722		5. 1. 6. 1.	. 150	
EPA Initial Amended Amendment #	<u> </u>		ite, Zip Coo						·				L M C AND S
Emergency (ii justification) DGA Emergency (ii justification) Cancellation	ncluding	Name of	f Contact Richards				8 8	h	-044	ri			
1			LITY INFO		ON								
Name of Facility Where Abatement is Taking Central Presbyterian Church	Place (3)					Type of Facility	1000 to	-					12-22-0
Street Address 70 Maple Ave						School (K- Subchapte Other (i.e. etc.)	8 (Othe			build	lings,	home	es,
City (5) Summit	4					Square Feet	# of	loors		В	ldg. A	ge	
County (6) Union		County (Code (7) USE ONLY)			Current Use (Pr church	or if beir	dem	olishe	d)			
Name of Monitoring Firm Hired by Building O Detail Associates, Inc	wner (8)	ASCN	No.			of Abatement Co Corporation	ntractor))					
Street Address 300 Grand Ave	-				Street	Address AcBride Ave				ri			
City, State, Zip Code Englewood, NJ 07631					City, St	ate, Zip Code dland Park, N.	0742						
Project Manager for Monitoring Firm Stephen Jaraczewski		Telephor 201-56	ne No.		Teleph	one No. 225-8400		Licens	se No.				
	Scheduled Co 06-20-15				Name o	of OSHA Monitor Environmenta	Labor						
Occupancy Status During Abatement (Check						Address		10116					
Facility Closed/Vacated During Entire Po	eriod of Abate	ment				Route 22 wes	;t						
Abatement Performed Outside of Norma Other – Describe: start 3:00 pm	al Facility Hou	rs 		_		ate, Zip Code n, NJ 07083							
Scope of Work (Check All That Apply)			× .										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	X Renov				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	edure	lim	iTEd	co	nia		1.
Location of	ls Loca Norma			5		,						ment	
Asbestos-Containing Material (ACM)	Used Sol Maintena	ely by	Asbesto		cription aining M	ot aterial (ACM)	At	ount		-827-55-1		m	
TO BE ABATED In Facility (13)	Custodial (12)	Staff?	(i.e. t	thermal s	systems ing, VAT	insulation, Γ, or	(S SF	ecify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes No	N/A										е	
auditorium crawl space		X		pipe i	insulat	ion	60) LF	2	c			
Name of Registered Waste Hauler		NJDEP W	acte	Cubic Y	/arda	Nama of	Dominio	41	7611				
Lilich Corporation		Hauler ID 8724	No.	of Wast	CONTRACTOR DESCRIPTION OF THE PARTY OF THE P	Name of G.R.O.	AND SECTION						
City, State Woodland Park, New Jersey	.*			Disposa n/a	al Date	City, Stat							
Completed by Momo Glavatovic	Title vice presi	Sig	gnature	COL			Date 06/0		5				

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)		JUN-	0	Same.		1
	13 /	15		1	E.I.	duPont o	de Nemours	Li						
Agencies Notified	Type Notifica	ition			Street	Address								
⊠ EPA					250	Cheesed	quake Road			w V11				
☑ DOLWD			014 5	-	City, S	tate, Zip C	ode				1			
☑ DHSS	Amendme				Parl	in, NJ 08	859							
DCA (NJAC 5:23-8)	☐ Emergend justification		ing	H		of Contact			TT	lenhone Numbe	er			
(140/10/0.20-0)	☐ Cancellati				Nich	nol Reinh	nold							
					62.65		FORMATION							_
Name of Facility Where A	hatement is T	aking Pla	rce (3)	1	TAC	ALLI I IN	PORMATION	Type of Facility	(4)		_			
DuPont Parlin Facil			100 (0)					☐ School K-12						
Street Address	nty Diag. 0							Subchapter	8 (0					
250 Cheesequake F	Poad							Other (i.e., p	riva	and commerc	ial bu	ilding	s,	
500 COLD COLD COLD COLD COLD COLD COLD COLD	Noau			-	-			homes, etc.)		of Floors	DI	la Ac	10	
City (5)								Square retit		OI FIOURS	DIC	ig. Ag	je	
					0	h. O-d- /7	VOTATE LIGE ONLY	Comment He v /Do	1	baine dessalish				
County (6)					Coun	ty Code (/	(STATE USE ONLY)	Current Us (Pr	ior	being demolish	ea)			
Middlesex			(0)						_					
Name of Monitoring Firm	Hired by Build	ling Own	er (8)	F	ASCM	No.	Name of Abateme							
Cardno ATC								VIRONMENTA	L,	IC.				
Street Address							Street Address							
3 Terri Lane							1123 BEAVE		_					
City, State, Zip Code							City, State, Zip Co							
Burlington, NJ 080							BRISTOL, PA	19007						
Project Manager for Mon	itoring Firm		Т	•	ohone I		Telephone No.			icense No.				
John Lutz					9-386		215-788-6040			00509				
Start Date (10)	100	Scheduled					Name of OSHA M			-				
6 / 3 /	15	6	. / _	5	_ / _	15	BRISTOL EN	VIRONMENTA	L,	IC.				
Occupancy Status During	Abatement (0	Check on	ly one)			Street Address							
☐ Facility Closed/Vacate							1123 BEAVE	R STREET						
Abatement Performed						cribe	City, State, Zip Co	ode					V-21-12	
Time of Abatement: 7	:00AM	_PIVI/ <u>3:30</u>	DHM-		AIVI		BRISTOL, PA	19007						
Scope of Work (Check al	I that apply)							0. M						
☐ >3 sf or >3 lf			Reno	vatio	nn.			tainment with Ne	gati	e Pressure				
≥ ≥ 160 sf or ≥ 260 lf			Demo				☐ Glovebag	g Procedure						
ATA		3838					Non-Exe	mpted (*) ar d No	n-F	iable Procedure	2			
			Is Lo								Ab	ateme	ent T	уре
Location			Nor Used S			Asha	Description o stos Containing Ma			Amount	Re	Re	En	m
Asbestos-Containing TO BE ABA		'	Mainte	enar	nce/		stos Containing Ma ., thermal systems			(Specify	Removal	Repair	cap	clos
IN Facili		C	ustod	ial S 12)	Staff?		surfacing, VAT	or		SF or LF)	val		Encapsulate	Enclosure
(13)		Ye		No.	N/A		other miscellane	ous)	0				ate	
Building 325 - Lunch	Room					Floor ti	le and mastic (n	on-fri)	SK	100 SF			П	П
	Building 325 - Lunch Room						le and mastic (fr		VIII	650 SF				
Building 323 - Eurich	TOOM			7		1 1001 ti	ie and mastic (ii	1 - Iuli cont.)	The same	000 01				
			L						<_		Ш	Ш	Ш	Ш
Name of Registered Was	te Hauler	-			JDEP V		Cubic Yards of	Name of Regi						
Bristol Environmen	ital Inc			1000000	auler II 18706		Waste 8	GROW'S L	an	fill				
City, State					10100		Disposal Date	City, State						
Bristol, PA							6/3/2015	Morrisville	e, F	19067				
Completed By (Print or Ty	vne)	Title		_	-		Signature			. Dat	e /	7		
Gino Pizzigoni	, e = /	Estin	nator					Pazinoce	1	0 6	1	/14	_	
JIIIO I IZZIGOIII		_301					Deno	orzigo ce	1	7	1-1	~		

ASB-41 MAY 11

GI 15065 * Do not use this form for asbestos licensure exempted activities.

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

Date of Notification (1) 5/8/15		Name of Building	Owner / Operator (2) MUNICATIONS	JUN	9 30ur
Agencies Notified Type Notifie	cation S	Street Address	- 1	1114	
	al (City, State & Zip C	code		K
		Name of Contact Harold Baldwin	-	Ţ	Telephone Number
		FACILITY INF	ORMATION		
Name of Facility Where Abatem Toms River Central Office	nent is Taking Place (3)	Type of Facility (4) School (K-12)		+
Street Address			Subchapter 8 (Other that	an (-12)	
19 Washington Street			Other (i.e. private & cor		gs, homes, etc.)
			Square Feet # of Flo	ors B	ldg. Age
City (5)	County (6) Cou	unty Code (7)	37000		80
Toms River	Ocean		Current Use (Prior if being d	en olished)	
Name of Monitoring Firm Hired TTI ENVIRONMENTAL, INC		ASCM No.			
Street Address 1253 NORTH CHURCH STR	REET		Street Address 1123 BEAVER STREET		
City, State & Zip Code MOORESTOWN, NJ 08057			City, State & Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring	Firm Telepl	hone Number	Telephone Number	License N	umber
Harold Baldwin		340-8800	215-788-6040		00509
Scheduled Start Date (10) 6/1/15	Scheduled Completion 6/4/		Name of OSHA Monitor BRISTOL ENVIRONMEN	T/ L INC	
Occupancy Status During Abate Facility Closed/Vacated	ement (Check only one During Entire Period o) of Abatement	Street Address 1123 BEAVER STREET		
Abatement Performed C		rs - 7am to 3pm	City, State & Zip Code		
Describe: 5 PM - 1:3 Facility Occupied During			BRISTOL, PA 19007		
Scope of Work (Check all that a	pply)				
					egative Pressure
23 sf or ≥3 lf	×	Renovation	Min -End		
≥160 sf ≥260 lf		Demolition		ag Procedures	F: 11 B
Location of	lo I	ocation			-Friable Procedure
Asbestos-Containir	C1 1222 20	ally Used	Description of Asbestos-Containing	Amount (Specify	Abatement Type
Material (ACM)		lely by	Material (ACM)	SF or LF)	
TO BE ABATED		enance or	(i.e., thermal systems		Rer Rer
in Facility (13)			nsulation, surfacing, VAT		Enclsoure Encapsulate Repair
(15)		(12) No N/A	or other miscellaneous)		ate ate
Admin Ramp Area			Vat/Mastic	240 SF	
Admin Namp Area		러님	Vabiviastic	240 31	
		8 8 8			
	一一一一	HHH			러워워버
		HHH			
Name of Registered Waste Hau	ler	NJDEP Waste		ste ed Landfill	
SERVICE TRANSPORT GRO	OUP, INC.	Hauler ID No. 20990	of Waste 3 MINERVA L	AN DFILL	
City, State NEW CASTLE, DE 19720			Disposal Date City, State: WAYNE:>BU	RI, OH 44688	3
Completed By (Print or Type) PATRICK T. DeCARO		Title PROJ. MGR.	Signature Patrick 1. LHC	io o/f	Date 5/8/15

In Facility (13)			stodi		insulation, surfa or other miscel			LF)	A	R	U	UR
		Zes	No	N/A				,			10Th	E
Basement				X	Pipe Insulat:	ion	70	lf	X			
							-					
Name of Registered Waste Haule AZTECH MANAGEMENT,		Ha		Naste ID No.	Cubic Yards of Waste 1.5	Name of Regi		ed Land	fill			
City, State Montclair, NJ 07042					Disposal Date 6-16-15	City, State Morris'	.11	, PA	1906	7		
	Title Pres:	ide	nt		Signature	1(~			Date 6-3-1	L5		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) SETON HALL UNIVERSITY Date of Notification (1) Street Address 15 Type Notification Agencies Notified 400 SOUTH ORANGE AVENUE City, State, Zip Code Initial Notification EPA Amended Notification #2 DEP SOUTH ORANGE, NEW JERSEY 07079 Cancellation DOL DOH On Hold Name of Contact Telephone Num er **EMERGENCY NOTIFICATION** PATRICK DECELESIS 973-761-9454 DCA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) SETON HALL UNIVERSITY Subchapter 8 (Other than K 12) Other (ie. private & commcl bldgs., h mes, etc.) Street Address Square Feet # of Floors Bldg. Age 400 SOUTH ORANGE AVENUE N/A N/A N/A City (5) County (6) County Code (7) Current Use (Prior if being demoli shed) (STATE USE ONLY) SOUTH ORANGE ESSEX SCHOOL Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) OMEGA ENVIRONMENTAL 17 PAR ENVIRONMENTAL CORPCRATION Street Address Street Address 280 HUYLER STREET 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SOUTH HACKENSACK, NEW JERSEY 07606 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number Licer se Numb ANTON REZIN 201-489-8700 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 6./--- 03/ QUALITY ENVIRONMENTAL SCLUTIONS & TECH. 5/ /15 15 Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY - FRIDAY 7AM-3:30PM City, State, Zip Code WAPPINGERS FALLS, Y 12590 Scope of Work (Check all that apply) Full Containment with Negative Pressure Renovation Demolition Mini-Enclo: . >3SF OR LF Glovebag Procedure (WRAP AND CUT) >160 SF OR Non-Friable Procedure Description of Asbestos-Location of Is Location Abatement Type normally used Containing Material (ACM) Amount Asbestos-containing REPAIR ENCAPSULE REMOVAL ENCLOSURE Material (ACM) solely by (ie. Thermal systems (Specify insulation, surfacing, VAT, TO BE ABATED Maint/Custodial SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A EXTRIOR -BOLAND HALL X PIPE INSULATION 230 LF Χ

NJDEP Waste Cubic Yards of Waste Name of Registered Landfill Name of Registered Waste Hauler GLOBAL WASTE INDUSTRIES, INC. Hauler ID No. IESI PA BETHLEHEM LANDFILL 699 WASHINGTON ST., STE. 203 22147 Disposal Date City, State HACKETTSTOWN, NEW JERSEY 07840 5/27-9/30/2015 2335 APPLEBUTTER ROAD BETHLEHE PA 18015 Date Completed by (Print or Type) Title Signature BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS

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Date of Notification (1)						Building Ov ALL UNIVE	vner/Operator (2 RSITY)	-	1.0	199	6.7 D	
A1000 CANODA 10 - 10 SARA 17 CANODA - 1, 40 A1 - 5 C	5			St	reet Add	iress					_		
Agencies Notified Type No	-			- 50		TH ORANGE	E AVENUE				JUA		8 2015
DEP X Am	ial Notific ended N	lotificati	on	1989		, Zip Code RANGE, N	EW JERSEY 070	79					
X DOH On	Hold	37.0	ΓΙΓΙCΑΤΙ		me of C	Contact DECELESI	S	Telephone N	lumt er	- 1	Li	44	elektrika
			7-33	FA	CILITY	INFORMAT	ION			N.			7. W. Vig.
Name of Facility Where Abatement	is Takin	g Place	(3)				Type of Facility						
SETON HALL UNIVERSITY							School (K-	-12) er 8 (Other tha	n K-12)			
							X Other (ie.	private & com	mcl. blo				
Street Address 400 SOUTH ORANGE AVENUE							Square Feet N/A	# of Floor N/A	S		Ble	dg. Ag N/A	e
	unty (6)			17 2350525	unty Co		Current Use (Pri	ior if being der	moli: he	ed)			
SOUTH ORANGE ES Name of Monitoring Firm Hired by	SEX	Owner	(8)	(STA	_	SCM No.	SCHOOL Name of Abate	ment Contrac	ctor '9)		_		
OMEGA ENVIRONMENTAL	Juliumg	Owner	(0)			17	PAR ENVIRON						
Street Address		VI					Street Address	OK DOAD					
280 HUYLER STREET City, State, Zip Code							313 SPOOK RC City, State, Zip (-		
SOUTH HACKE	ENSACK	, NEW	JERSEY	07606			SUFFERN, NEV)1				
Project Manager for Monitoring Firm		100		Number			Telephone Num			Numb	٢		
ANTON REZIN			1-489-8		(4.4)		845-369-7500 Name of OSHA		101		_		
Expected State Date (10) 5 / 28 /15	- 1		9 /	tion Date 30/	(11)	15	QUALITY ENVI		. SO .U	TIONS	& TEC	CH.	
Month Day Year Occupancy Status During Abatement	(Check)	Monti		Day		Year	Street Address		-				
X Facility Closed/Vacated D Abatement Performed Ou	uring Ent	tire Peri	od of Ab		scoribo:		1376 ROUTE 9						
			Y 7AM-3		sscribe.		City, State, Zip (Code			_		
						-		WAPPING		ALLS, I	Y 125	90	
Scope of Work (Check all that apply) Demolition	X	Renova	tion		-	Full Conta Mini-Enclo	inment with Nega	itive Pressure					
>3SF OR LF		riciiova	LIOIT		X	Glovebag	Procedure e Procedure	(WRAP AND	CLT)				
X >160 SF OR 260 LF		ls l n	cation		Desc	ription of As					Abate	ment	Type
Asbestos-containing		norma	lly used		Contai	ning Materia	al (ACM)	Amount	RE	RE	1]
Material (ACM)			ely by Custodial			Thermal systion, surfacir		(Specify SF or LF		REPAIR	CAF	CLC	
TO BE ABATED in Facility (13)			f (12)			ner miscella		J SF GI LI	/ AL	7	ENCAPSULE	ENCLOSURE	
		Yes N	o N/A						- 1 W		m	RE	
EXTRIOR -BOLAND HALL		_	Х	PIPE IN	SULAT	ION		230 LF	X	-	-	1	
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Name of Registered Waste Hauler		NJDEP	Waste	Cubic Y	ards of	Waste	Name of Regist	ered Landfill			_		
GLOBAL WASTE INDUSTRIES, INC		Hauler			20		IESI PA BETHL		FILL				
699 WASHINGTON ST., STE. 203		22	147	Disco	I D-+-		City All /	11			-		
City, State HACKETTSTOWN, NEW JERSEY 0	7840			Disposa 5/27-9/3			City State	TER ROAD	BE H	LEHEN	PA/1	8015	/ _
Completed by (Print or Type)	Title					nature	N		Date	1	1	W	10
BENJAMIN SANCHEZ	DIRE	CTOR (OF OPER	RATIONS		/	110	0		7	0	11	7

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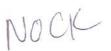
Date of Notification (1)						f Building O HALL UNIVE	vner/Operator (2 RSITY)					
4 / 14 1	5				Street A	ddress				-		JUN	8 30
Agencies Notified Type Not						JTH ORANG	E AVENUE		1	2/2			- SATE
DEP Am	al Notifi ended N ncellatio	Notifica				te, Zip Code ORANGE, N	EW JERSEY 070	79	t				
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	LITOLIT	0111	3111101	111011		/ INFORMAT							
Name of Facility Where Abatement	is Takir	ng Pla	ce (3)		IACILII	INIONWAI	Type of Facility	(4)		-			
							School (K-						
SETON HALL UNIVERSITY								r 8 (Other than private & comm			omes,	oto \	
Street Address							Square Feet	# of Floors	T. Diu	<u>JS.</u>		dg. Ag	e
400 SOUTH ORANGE AVENUE							N/A	N/A	_			N/A	
4 10 0 10 10 10 10 10 10 10 10 10 10 10 1	unty (6) SEX				County (Code (7) SE ONLY)	Current Use (Pri SCHOOL	or if being demi	ilished	i)			
Name of Monitoring Firm Hired by OMEGA ENVIRONMENTAL	Building	g Owr	er (8)		l	ASCM No. 17	Name of Abater PAR ENVIRONM			101	-		
Street Address				22-17-1			Street Address			- (
280 HUYLER STREET City, State, Zip Code							313 SPOOK RO City, State, Zip C						
SOUTH HACKE	NSACK	, NEV	V JERSI	Y 076	06		SUFFERN, NEW						
Project Manager for Monitoring Firm			Telepho	ne Nur	nber		Telephone Numi	ber Lica	nse N	lun	er		
ANTON REZIN	e concess		201-489				845-369-7500	110	1				
Expected State Date (10)		Sche			Date (11)		Name of OSHA			-			
5 / 27 /15 Month Day Year		Mor	9 / nth	30/	Day	15 Year	QUALITY ENVIR	CONMENTALS)LU II	Or :	& IE	JH.	
Occupancy Status During Abatement		only o	ne)				Street Address						
X Facility Closed/Vacated D							1376 ROUTE 9						
X Other - Describe: MO	NDAY -					e.	City, State, Zip C	ode		-			
					_			WAPPINGER	5 FAL	LS	VY 125	90	
Scope of Work (Check all that apply) Demolition	X	Renov	ration		-	Mini-Enclo	inment with Nega	tive Pressure				20	
>3SF OR LF		rection	atton		X		Procedure	(WRAP AND C	UT)				
X >160 SF OR 260 LF						Non-Friab	e Procedure		_				
Location of Asbestos-containing		1000	ocation ally use	4		cription of As aining Materia		Amount	7	Т-		ment 7	Гуре
Material (ACM)	1		lely by	4		. Thermal sys	S. *	(Specify	REMOVAL	NECHIN	N S	NO	
TO BE ABATED	1		Custod	al		ation, surfaci		SF or LF)	S	3	AP	0	
in Facility (13)	ļ		aff (12)		or o	ther miscella	neous)		12		ENCAPSULE	ENCLOSURE	
		Yes		1					+-	+	Im	m	
EXTRIOR -BOLAND HALL		_	X	PIP	E INSULA	TION		230 LF	X	+	-	-	
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Name of Desire - July 1 11		1		1-	:- V :	£18/- 1	N (5)	11	1	L.		_	
Name of Registered Waste Hauler GLOBAL WASTE INDUSTRIES, INC.			P Waste r ID No.	Cut	oic Yards o		Name of Registe						
699 WASHINGTON ST., STE. 203			2147		21	•	- ADETHE) /	28				
City, State	Market Street			\$10,000	posal Date		City, State	111					/
HACKETTSTOWN, NEW JERSEY 0 Completed by (Print or Type)	7840 Title			5/27	7-9/30/201		2335 APPLEBU	TER ROAD BE		HE	, PA 1	8015/	/
BENJAMIN SANCHEZ		CTOR	OF OP	ERATION		nature	TAX	V Dat	, (+	110	4/1	15

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to MJAC 8-An and 52-120)

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Faking Place (3	3)	FACILITY II	NFORMATION	District Co.	W 4.5									
				Subohar	ster & (Other &	nnero	ial bu	iding	s, hor	nes,				
				Square Feet 38,000	≢ of Fit	Mrs.			Age					
iling Owner (8)		ASCM No.		of Abatement (Contractor (9)		-							
			Street	Address		-		_						
		_	Wall	ington, NJ 0	705'									
	Tel	sphone No.			1		io.							
		mpletion Date (11) Name of OSHA Monitor Leslaw Natodka												
heck Only One	P)	•		STATE OF THE PARTY					-					
tire Period of Al Normal Facility I	batement Hours		City, S	tate, Zip Code	-	-				_				
			- Walli			-								
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troughout me of Registered Waste Hauler N				istic	9070s		肿							
3	Haule	ID No.	Cubic Yards of Waste		f Replaced L	ndfill								
	2000		Disposal Date		tte									
				hert, PA			areast.							
			06/27/15	Detule	AIGH, FA					Date 05/28/15				
	Schedule 06/26/1 Check Only Onl titre Period of A Normal Facility Is I N Used Mair Gueto	Stion Station	Scheduled Completion Date (1 O6/26/15 Check Onty One) Scheduled Completion Date (1 O6/26/15 Check Onty One) It is Location Is Location Removation Is Location Normal Facility Hours Is Location Normal Fac	Name of Building Owner/Operator 1000 King Georges Post File 1000 King Georges Post File 1000 King Georges Post File 1000 King Georges Post File 1000 King Georges Post File 1000 King Georges Post File 1000 King Georges Post File 1000 King Center Parkw Chip, State, Zip Code Edison, NJ 08837 Name of Contact State, Zip Code Edison, NJ 08837 Name of Contact State, Nam	Street Address 160 Raritan Center Parkway, Unit 20 Ind Chy, State, Zip Code Edison, NJ 08837 Retroy (including station) Istion Seth Adler Taking Place (3) Taking Place (3) Taking Place (3) Tourny Code (7) (STATE USS ONLY) Courny Code (7) (STATE USS ONLY) Taking Owner (8) ASCM No. Name of Abstement Lesco Services Street Address 156 Maple Ava City, State, Zip Code Wallington, NJ 0 Telephone No. Teleph	Name of Building Owner/Operator (2) 1000 King Georges Post Road LLG. Streat Address 160 Rarifatan Centier Parkway, Unit 20 MAY 2 of Chy, State, Zip Code Edison, NJ D8837 Name of Contact Seth Adler FACILITY INFORMATION Talking Place (3) County Code (7) (STATE USS OWLY) County Code (7) (STATE USS OWLY) Talephone No. Streat Address 156 Maple Ave City, State, Zip Code Wallington, NJ 0705' Talephone No. Name of Building Owner/Operator (2) 1000 King Georges Post Rodad LLC. 1000 King Georges Post Rodad King Georges Post Rodad King Georges Post Rodad King Georges Post Rodad King Georges Post Rodad King Georges Post Rodad King Georges Post Rodad King Georges Post Rodad King Georges Post Rodad King Georges Post Rodad King Georges Post Rodad King Georges Post Rodad King Georges Post Rodad King Georges Post Rodad King Georges Post Rodad Rod	Name of Suliding Owner/Operator (2) 1000 King Georges Post Road LLC. Silvest Address 160 Ranitan Center Parkway, Unit 20 Min 2 of 2005 City, State, Zip Gode Edison, NJ 08837 Name of Contact Sisten Address Seth Address Seth Address 150 County Code (7) (STATE USS OWLY) Variethouse City, State, Zip Gode Wallington, NJ 0705 of 1007 Scheduled Dempletion Date (11) ORTENDATE ON County Code (7) Scheduled Dempletion Date (11) ORTENDATE ON County Code (7) Scheduled Dempletion Date (11) ORTENDATE ON County Code (7) Scheduled Dempletion Date (11) ORTENDATE ON County Code (7) Scheduled Dempletion Date (11) ORTENDATE ON County Code (7) Scheduled Dempletion Date (11) ORTENDATE ON Code (7) Scheduled Dempletion Date (11) ORTENDATE ON Code (7) Scheduled Dempletion Date (11) ORTENDATE ON Code (7) Scheduled Dempletion Date (11) ORTENDATE ON Code (7) Scheduled Dempletion Date (11) ORTENDATE ON Code (7) Scheduled Dempletion Date (11) ORTENDATE ON Code (7) Scheduled Dempletion Date (11) ORTENDATE ON Code (7) Scheduled Dempletion Date (11) ORTENDATE ON Code (7) Scheduled Dempletion Date (11) ORTENDATE ON Code (7) Scheduled Dempletion Date (11) ORTENDATE ON Code (7) Scheduled Dempletion Date (11) ORTENDATE ON Code (7) Scheduled Dempletion Date (11) ORTENDATE ON Code (7) Scheduled Dempletion Date (11) ORTENDATE ON Code (7) Scheduled Dempletion Date (11) ORTENDATE ON Code (7) Scheduled Dempletion Date (11) ORTENDATE ON Code (7) Scheduled Dempletion Date (11) ORTENDATE ON Code (7) ORTENDATE O	Name of Bullding Owner/Operator (5) 1000 King Georges Poat Road LLC. 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Streat Address 150 Raritan Center Parkway, Unit 20 MAY 2 Grant Street Contact Seth Adler Entry (including Italian) Taking Place (3) County Code (7) (STATE USE OWLY) County Code (7) (STATE USE OWLY) Telephone No.					

ASELI (R-08-08) Fax 7 862-221-9207 Do not use this form for asl lestos lic insure exempted activities.

1	Normal	ly	Description of			Type Type				
Ma	intenar	hoa/	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)			Reanov	Repai	Encapsu	SON DIES	
Yes	No	N/A				<u>=</u>	-	lake	1 4	
		40	roof flashing	23;	Sf.	*		-	+	
		*	pipe wrap	2	15	*			+	
									t	
	Us: Ms Cus	Used Sple Maintena Custodial 8 (12)	Yes No N/A	Normally Used Solely by Maintenance Custodial Staff? (12) Yes No N/A Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) roof flashing	Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Description of Asbestes Containing Material (ACM) (i.e. thermal systems insulation, Springer,	Normally Used Solely by Maintenance/ Custodial Starr? (12) Yes No N/A Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, (Spricity surfacing, VAT, or other miscellaneous) Foof flashing 232 Isf.	Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, (Se solly surfacing, VAT, or other miscellaneous) Yes No N/A roof flashing 23: Isf. *	Normally Used Solely by Maintenance/ Custodial Starr? (12) Yes No N/A Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) To Of flashing To Of flashing 232 Isf. *	Normally Used Splely by Maintenance/ Custodial Staff? (12) Yes No N/A Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Fig. 17 Type	



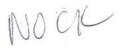
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Date of Notification (f Building King Roa	Owner / Operator (2))										
Agencies Notified	Type Notificati	on		Street A	Address		8.	1	JUN	8 2	Ü	10	- A		
□EPA □DEP				260 Fra	nklin Stre	eet, Suite 620		1	****						
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⊠DOL ⊠DOH	Initial Amen	1975 1988 - Lancier Control			ate & Zip (, MA 021					2.1.2.1.					
	3.2.2.3	dment #_3	3	Name	£ 0 t t				Telephone Number						
DCA	Cance	ellation		Name o	of Contact					elepriori	e Nun	nber			
				FAC	ILITY IN	FORMATION		-							
Name of Facility Who	ere Abatement is	Taking Pl	ace (3)			Type of Facility		-					_		
Spectra Laboratorie	es					School (K	0 2000								
Street Address							er 8 (Other tha								
East Building – 8 K	ing Road					Remode			nercial buildin			c.)			
01/ (5)						Square Feet	# of F			ldg. Age					
City (5)						200,000 Current Use (P			2		70	_			
Rockleigh						Medical Labor		erric	sned)						
County (6)		Cou	unty Code	(7)											
Bergen		the second district to	E ONLY_	1226				_							
Name of Monitoring I Arcadis U.S., Inc.	Firm Hired by Bu	ilding Own	er (8)		ASCM N	o. Name of Abate Synatech, Inc.		tor))						
Street Address						Street Address							-0.00		
35 Columbia Road	la .					829 Radio Roa City, State & Z		_			_		-		
City, State & Zip Coo Branchburg, NJ 08						Little Egg Har		7							
Project Manager for Alex Hernandez				ephone N 3-526-100		Telephone Nur 609-296-6916			License Nu	mber 0081	7				
Scheduled Start Date June 4, 2		Scheduled		on Date (1	1)	Name of OSH/ Synatech, Inc									
Occupancy Status D			nly one)			Street Address									
	Performed Outsi					City, State & Z									
	cribe: Abateme				ion Area	Little Egg Har	-	7							
	upied During Ab		ocupicu (2011311 401	ion Arou	Little Lag Fiel	201, 110 11000								
Scope of Work (Che	ck all that apply)														
									th Negative Pre	ssure					
≥3 sf or ≥ 50 lf				Renovatio			Mini-Enclosure								
≥160 sf or ≥26	50 If		Ш	Demolition	1		Glovebag Prod								
								d(*) a	nd Non-Friable						
Asbestos-Con	ocation of aining Material (ACM))		Normally Use e or Custodia		Descriptio Asbestos-Cor	ntaining	n	nount (Specify SF or		ateme	ent 13	/pe		
	SE ABATED N Facility					Material (A (i.e., thermal:	systems			20		П			
	(13)		Yes	No	N/A	insulation, surfa or other miscel				Remova	- z	ncap	E.		
						(-,,,,,,,,,,	,			wal	Repair	Encapsulate	Enclosure		
											7	te	6		
									0.702	-	-		-		
1st Fl. Former Lab ar					X	Cove Base	TOTAL MANUAL PROPERTY.	_	2,700 LF	X					
2 nd Fl. Rear Stairwell				-	X	Floor Tile an Pin Ma		-	130 SF 15 SF	X					
2 nd Fl. MER 6					^	FIII IVIA	Suc	-	15 51	^					
Name of Registered	Waste Hauler		NJDEP \		Cubic Ya	ards of Waste	Name of Reg	iste	d Landfill						
Synatech, Inc.			Hauler II #27429)	40		Grows Land	fill							
City, State			TE1723		Disposal	Date	City, Sta e								
Little Egg Harbor, N	J 08087				June 30	, 2015	Morrisvi le, F								
Completed By		Title	5725 N P		Signatur	0 . 101.			e June 4, 2015		394				
Diane Aloia		Executiv	e Admini	strator	LW	lane alon		N B	y 13, 2015						

NO CK

Date of Notification (1			of Building King Roa			-									
Agencies Notified	May 13, 2015 Type Notificat			_	Address					- din-	0 4		2	-	
EPA DEP	ON HOLI	D		260 Fra	anklin Stre	et, Suite	620				8 %	A to		11	
DOL	☐ Initial			City St	tate & Zip (ode.			}						-
£0	Amer				n, MA 021										
⊠DOH	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	dment #_2	2		.,							10.			
LIDCA	Cano	ellation		Name	of Contact					9 6 11 5	Telep	none	Nun	nber	
				FAC	CILITY IN	IFORM.	ATION				I				
Name of Facility Whe	re Abatement i	s Taking Pl	ace (3)				e of Facili	ity (4)							
Spectra Laboratories	S						School (K-12)							
Street Address							Subchap	oter 8 (Oth	er than K	12)					
East Building – 8 Kir	ng Road					\boxtimes		i.e., priva	te & con	nercial buil			e, et	c.)	
						Squ	are Feet		# of Floor		Bldg. A	ge			
City (5)						_	200,00			2			70		
Rockleigh			Current Use (Prior if beir g d Medical Laboratories							shed)					
County (6) Bergen			inty Code												
Name of Monitoring F	irm Hired by Bu				ASCM N			tement Co	or tractor () .					
Arcadis U.S., Inc.							atech, In								
35 Columbia Road						1000000	et Addres								
City, State & Zip Code	9					-	, State & 2								
Branchburg, NJ 088	76							rbor, NJ	(8087						
Project Manager for M Alex Hernandez			lephone N 8-526-100		100000000000000000000000000000000000000	phone Nu- -296-6916			License	Number 00	817	,			
Scheduled Start Date June 1, 20		Scheduled		on Date (1											
Occupancy Status Du	Control of the last of the las		ly one)			Stre	et Addres	is							
	erformed Outsi						, State & 2			·					
	cribe: Abateme				ion Area			rbor, NJ	(8087						
	pied During Ab														
Scope of Work (Check	k all that apply)							Eull Cont	o nmont	th Negative I	7				
23 sf or > 50 lf			\boxtimes	Renovatio	n		X	Mini-Encl		in Negative i	riessure	Š			
≥160 sf or ≥260) If			Demolition			H		o sure Procedu						
<u> </u>	- II						X	Non-Exe		nd Non-Friat	olo Droop	dur	•		
Loc	ation of		Is Location	Normally Use	ed Solely by		Descript		ii pieu()	nu Non-Friat			teme	nt Ty	vne
TO BE	ining Material (ACM ABATED)	Maintenand	e or Custodia	I Staff? (12)		Asbestos-Co Material ((ACM)	1	nount (Specify SI		-	tomo	111.	, pc
	Facility (13)		Yes	No	N/A	ir	(i.e., thermal sulation, surf					Re		En	L
		- 1	162	NO	N/A		or other misc		- 1			Removal	Repair	caps	Encl
												<u>-</u>	pair	Encapsulate	Enclosure
1st Fl. Former Lab and	Office Areas				X	(Cove Base	e Mastic		2,700 LF)	X	\neg		
2 nd Fl. Rear Stairwell					X	FI	oor Tile a	nd Mastic		130 SF)	X			
2 nd Fl. MER 6					X		Pin Ma	astic		15 SF	,	X			
Name of Registered V	Vaste Hauler	- 1	NJDEP V		Cubic Ya	rds of Wa	ste	Name of	Register	d Landfill					
Synatech, Inc.		- 1	Hauler ID #27429)	40			Grows	undfill						
City, State			#414Z		Disposal	Date		City, Sta						A-611-1	
Little Egg Harbor, No	J 08087				June 30,			Morrisv							
Completed By		Title			Signature	. /	1		Da	June 2, 20	015				
Diane Aloia		Executive	Admini	strator	Nu	ne U	lora		Ma	13, 2015					

NO CY

Date of Notification (1) June 1, 2015 May 13, 2015	5			of Building (King Road	Owner / Operator (2	2)		4 1	1		
Agencies Notified	Type Notificat	ion			Address anklin Stree	et, Suite 620		JUN 8	2015			
DEP									7.		- 1	
DOL	Initial			City, St	tate & Zip C	ode		1 1 1 1 1 1 1 1 1		1412	1	
⊠DOH	Amen	ded dment #_2	2	Bostor	n, MA 0211	0		The second second second second				
DCA	Parameter States	ellation		Name	of Contact			T	Telephon	e Nun	nber	
	_											
	1			FAC	CILITY IN	FORMATION						
Name of Facility Whe Spectra Laboratories		s Taking Pl	ace (3)			Type of Facilit						
Street Address						Subchap	ter 8 (Other than I	-12)				
East Building - 8 Kir	ng Road					Other (i.	e., private & cor	mercial buildin	gs, hom	ne, et	c.)	
						Square Feet	# of Floo		ldg. Age		,	
City (5)						200,00	0	2	5 0	70		
Rockleigh						Current Use (I	Prior if being demo	ished)				
						Medical Labo	oratories					
County (6) Bergen			inty Code									
Name of Monitoring F Arcadis U.S., Inc.	irm Hired by Bu	uilding Own	er (8)		ASCM No	. Name of Abat Synatech, Inc	ement Contractor	9)				
Street Address						Street Addres						
35 Columbia Road						829 Radio Ro						
City, State & Zip Code Branchburg, NJ 088				75	*	City, State & Z	rbor, NJ D8087					
Project Manager for M	Monitorina Firm		Te	lephone N		Telephone Nu		License Nu	ımber			
Alex Hernandez			1000	8-526-100		609-296-6916			0081	7		
Scheduled Start Date June 1, 20		Scheduled		on Date (1 29, 2015		Name of OSH Synatech, Inc						
Occupancy Status Du Facility Vaca	ring Abatemen ted During Enti			ent		Street Addres 829 Radio Ro						
Abatement P	erformed Outs	ide of Norm	al Hours	;		City, State & 2	Zip Code					
Other - Desc	cribe: Abateme	ent in Unoc	cupied (Construct	tion Area	Little Egg Ha	rbor, NJ D8087					
	pied During Ab	atement										
Scope of Work (Chec	k all that apply)		-									
								ith Negative Pre	ssure			
≥3 sf or ≥ 50 lf				Renovatio		\boxtimes	Mini-Enclosure					
≥160 sf or ≥26	O If			Demolitio	n	니	Glovebag Proced					
							Non-Exe npted(*	and Non-Friable				
	cation of ining Material (ACM	n		Normally Us	ed Solely by al Staff? (12)	Descripti Asbestos-Co		mount (Specify SF or		ateme	nt Ty	pe
TO B	E ABATED	·		ı I		Material ((i.e., thermal	ACM)	under (opecity of or	-			
IN	Facility (13)	1.7	Yes	No	N/A	insulation, surf or other misca	acing, VAT		Removal	Repair	Encapsulate	Enclosure
1st Fl. Former Lab and	d Office Areas				Х	Cove Base	e Mastic	2,700 LF	X	\dashv		
2 nd Fl. Rear Stairwell					Х	Floor Tile ar	nd Mastic	130 SF	X			
2 nd Fl. MER 6					Х	Pin Ma	astic	15 SF	Х			
Name of Registered \	Waste Hauler		NJDEP \ Hauler II			rds of Waste	Name of Register	ed Landfill				
Synatech, Inc.			#27429		40		Grows I.andfill		T.			
City, State	1 00007				Disposal I		City, State					
Little Egg Harbor, N. Completed By	J 0008/	Title			June 30, Signáture		Morrisv IIe, PA	te June 1, 2015	5		-270	
Diane Aloia		Executive	e Admini	strator		ane Clot		y 13, 2015				



				ls:	D. Ildiaa O	was / Operator (2)		- JUN	-			
Date of Notification (1	May 27, 201 May 13, 2015	5			r Building Or King Road I	wner / Operator (2) _LC	96 J 2004					
Agencies Notified	Type Notificat	ion		Street A	ddress							
□EPA □DEP	ON HOLI	D		260 Fra	nklin Street	, Suite 620						
DOL	☐ Initial			City, Sta	ate & Zip Co	de						
⊠DOH	Amer				, MA 02110							
DCA	1 347-52 S	ellation		Name o	f Contact			Tel	ephone	Num	ber	\neg
							I.					
	1			FAC	ILITY INF	ORMATION						
Name of Facility Whe Spectra Laboratorie	ere Abatement i	s Taking	Place (3)			Type of Facility School (K						
Street Address							er 8 (Other than K-					
East Building - 8 Ki	ng Road					nercial buildings	, hom	e, etc	;.)	\dashv		
City (5)						Square Feet 200,000	# of Floors	2	,	70		
Rockleigh							rior if being demol	hed)				İ
						Medical Labor	ratories					\dashv
County (6)		100	County Code USE ONLY	(7)								
Bergen Name of Monitoring I	Firm Hired by B				ASCM No.	Name of Abate	ment Con ractor (F				
Arcadis U.S., Inc.						Synatech, Inc.			_			-
Street Address						Street Address 829 Radio Roa						- 1
35 Columbia Road City, State & Zip Cod	le					City, State & Z	ip Code					
Branchburg, NJ 08	876						bor, NJ 03087	License Num	hor			\dashv
Project Manager for Alex Hernandez	Monitoring Firm		22570000	phone N -526-100		Telephone Nur 609-296-6916		License Num	0081	7		
Scheduled Start Date		Schedul	ed Completio			Name of OSH						
May 27, 2		at (Chaol		29, 2015		Synatech, Inc.						\neg
	ated During En	tire Perio	d of Abateme	ent		829 Radio Ros	ad					
	Performed Outs				9 8	City, State & Z	15					
	scribe: Abatem supied During A			onstruct	ion Area	Little Egg Har	bor, NJ 08087					
Scope of Work (Che	ck all that apply	()										
	* · · · · · · · · · · · · · · · · · · ·						Full Conta nment	th Negative Press	ure			
≥3 sf or ≥ 50 lf	F			Renovatio			Mini-Enclosure					
≥160 sf or ≥2	60 If			Demolitio	n	-	Glovebag Procedu					
							Non-Exer ipted(*)	nd Non-Friable P		re ateme	nt Tu	/DO
	ocation of taining Material (AC	M)	Is Location Maintenance	Normally Us or Custodia	ed Solely by al Staff? (12)	Description Asbestos-Co	ntaining	nount (Specify SF or LF) ^0	ateme	iii. i y	he
	BE ABATED N Facility			- 1		Material (/ (i.e., thermal	systems		Z		ш	
	(13)		Yes	No	N/A	insulation, surfa or other misce			Removal	2	псар	Enc
									'al	Repair	Encapsulate	osur
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1st Fl. Former Lab a	nd Office Areas		\dashv		X	Cove Base	Mastic	2,700 LF	Х			
2 nd Fl. Rear Stairwe					Х	Floor Tile ar	nd Mastic	130 SF	X			1
2 nd Fl. MER 6					Х	Pin Ma	stic	15 SF	X			
Name of Registered Waste Hauler NJDEP				Vaste	Cubic Yar	ds of Waste	Name of Registe	ed Landfill				
Hauler ID					1.0		Grown Landell					
Synatech, Inc. #27429					Disposal	Date	City, Sta e					
City, State Little Egg Harbor,	NJ 08087				June 30,		Morrisville, PA					
Completed By		Title			Signature	- 1/0-		te May 27, 2015				
Diane Aloia		Exect	utive Admini	strator	1 al	ane allie	IN IN	y 13, 2015				



								-		10.0			
Date of Notification (1) May 26, 2015 May 13, 2015				f Building Ow King Road L	ner / Operator (2) LC	+ 1		JUN S	201	5	-4- 11	
Agencies Notified	Type Notification	on		Street A	Address								
J							- 3					4	
□EPA □DEP				260 Fra	nklin Street,	Suite 620				, 100 , 100	, , , i		
A CONTRACTOR OF THE PROPERTY O	☐ Initial			City. Sta	ate & Zip Cod	e		- VI	Andrew Committee	N. M. C.	A Pec		
⊠DOL	Amend	ded		9 (2027)	, MA 02110								
⊠ DOH	Amen	dment # 1		Doston	, 02110		24.1		Telephone Number				
DDCA	Cance			Name o	of Contact				Tel	anhone	Alterna	har	
									1,	1 000	-DZUU		
				FAC	ILITY INFO	ORMATION							
Name of Facility Who	ere Abatement is	Takino Place	e (3)			Type of Facility	(4)	_					
Spectra Laboratorie			- (-/			School (K-	12)						
Street Address	N					Subchapte	r 8 (Othe tha	n K	2)				
	na Poad					Other (i.e	., private & c	on r	nercial buildings	, hom	e, etc	:.)	
East Building – 8 Ki	ny Road					Square Feet	# of FI			J. Age			
0:4 - (5)						200,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2		70		
City (5)						Current Use (Pr	ior if being de						
Rockleigh						Medical Labora			100 m				
County (6)	-	Count	ty Code	(7)									
Bergen			ONLY_										
Name of Monitoring I	Firm Hired by Bu	ilding Owner	(8)		ASCM No.	Name of Abater		or ()					
Arcadis U.S., Inc.						Synatech, Inc.							
Street Address						Street Address 829 Radio Roa	d						
35 Columbia Road						City, State & Zip		-					
City, State & Zip Coo						Little Egg Hark		7					
Branchburg, NJ 08			ITel	ephone N	Jumher	Telephone Num			License Num	ber			
Project Manager for Alex Hernandez	Project Manager for Monitoring Firm Alex Hernandez					609-296-6916				00817	7		
	Scheduled Start Date (10) Scheduled Com					Name of OSHA				- 575.00-576-			
May 27, 2	015		June	29, 2015		Synatech, Inc.							
Occupancy Status D	uring Abatemen	t (Check only	one)			Street Address	,						
Facility Vac	ated During Enti	re Period of A	Abateme			829 Radio Roa					-2-1		
	Performed Outs					City, State & Zi							
Other - Des	scribe: Abateme	ent in Unocc	upied (Construc	tion Area	Little Egg Harl	bor, NJ (1808	7					
I Kanadi	upied During Ab												
Scope of Work (Che	-							_					
Scope of Work (one	on an ular apply,					П	Full Containme	ent	th Negative Press	sure			
П	£			Renovation	on		/lini-Enclosure						
≥3 sf or ≥ 50 l													
≥160 sf or ≥2	60 lf			Demolitio	011		Glovebag Pro			roord.	50		
							Non-Exempte	d(*)	nd Non-Friable Pi			nt Trins	
	ocation of				sed Solely by ial Staff? (12)	Descriptio Asbestos-Cor			mount (Specify SF or LF	AD AD	ateme	ent Type	
	ntaining Material (ACN BE ABATED	",	nan kerianc	. Ur Güsidü		Material (A	CM)	-	ment (openit of of El				
	IN Facility	Yes No N/A			(i.e., thermal s insulation, surfa				Ren		E E		
	(13)	1	Yes	No	N/A	or other miscel				Removal	Repair	aps	
										<u>m</u>	pair	Enclosure Encapsulate	
		- 1											
				-		Cove Base	Mastic		2,700 LF	X	\vdash	-	
1st Fl. Former Lab a			-12111		X	Floor Tile an			130 SF	X			
	nd Fl. Rear Stairwell				X				15 SF	X			
2 nd Fl. MER 6	2 nd Fl. MER 6				X	Pin Ma	Sill	- 2	13.01	+^			
Name of Registered	NJDEP	Waste	Cubic Yarr	ds of Waste	Name o Reg	giste 1	ed Landfill						
I Name of Registered	Hauler I		- 22.5 , 2.0										
Synatech, Inc.			#27429		40		Grows _and	lfill			MOFFEE		
City, State					Disposal D		City, State						
Little Egg Harbor,	NJ 08087				June 30, 2	2015	Morrisville,	PA					
Completed By		Title			Signature				te May 26, 2015				
Diane Aloia		Executive	Admin	istrator	All	The Will		11	ay 13, 2015				

~ Y	/						BESTOS ABATEI							
NOCT				(Pt			8:60 and 12:120	")				NT.		
Date of Notification (1) May 13	3, 2015			Name of MCP 8 I	f Building C King Road	wner / Operator (2) LLC	į.	1	7,111	139 II		ď.	
Agencies Notified		lotification			Street A	ddress				dun				1
□EPA □DEP					260 Fra	nklin Stree	t, Suite 620			UON.	0 2	015		71
⊠DOL		Initial			City, Sta	ate & Zip C	ode	Ė	7	Wile .				
	IH	Amende	d		Boston	, MA 0211	D .							
⊠doh □dca		Amendn Cancella			Name o	f Contact			_		Telepl	hone	Numbe	er
					FAC	ILITY IN	FORMATION				-			
Name of Facility Who	ere Abate	ement is T	akino Pla	ace (3)			Type of Facility (4	4)						
Spectra Laboratorio	s			(-/			School (K-1	2)						
Street Address								8 (Other than					4-1	
East Building - 8 K	ing Road	d						, private 8 co		rcial build			, etc.)	
					8		Square Feet	# of Floo	rs		Bldg. A		70	
City (5)							200,000 Current Use (Prio	or if being (lem	olist	id)	1		10	_
Rockleigh							Medical Laborat							
County (6)				inty Code										
Bergen Name of Monitoring	Firm Hire	ed by Build				ASCM No	. Name of Abatem	nent Contractor	(9)		-30			
Arcadis U.S., Inc.		ou by built	ang e m	J. (J)			Synatech, Inc.							
Street Address							Street Address 829 Radio Road	ı						
35 Columbia Road City, State & Zip Coo	10						City, State & Zip				20			
Branchburg, NJ 08	876						Little Egg Harbo	or, NJ 08(87	_	1				
Project Manager for Monitoring Firm					ephone N		Telephone Numb	ber		License	Numbe 0	r 0817		
Alex Hernandez Scheduled Start Dat	- (10)	100	hadulad		3-526-100 on Date (1		Name of OSHA	Monitor						
May 26, 2	2015			June	26, 2015		Synatech, Inc.							
Occupancy Status D	ouring Ab	oatement (ring Entire	Check or Period o	ily one) f Abateme	ent		Street Address 829 Radio Road	i		e				
Abatement						27	City, State & Zip	Code						
Other - De	scribe: /	Abatemen	t in Uno	ccupied C	Construct	tion Area	Little Egg Harb	or, NJ 08187						
Facility Occ			ement											
Scope of Work (Che	ck all the	at apply)				- 1	Пе	ull Contain nen	t sarit	Negative	Pressur	A		
П. с. с	ne .			∇	Renovation	nn.		lini-Enclost re	r aver	recganeo	1 100001	_		
≥3 sf or ≥ 50 ≥160 sf or ≥2				-	Demolitio			lovebag Proce	dure					
△ ≥100 SI OI ≥2	.00 11							on-Exempted(1 Non-Fria	ble Prod	edure	9	
	ocation of			Is Location	Normally Us	ed Solely by	Description Asbestos-Cont	of	T					t Type
Asbestos-Co	ntaining Ma BE ABATE			Maintenand	e or Custodi	al Staff? (12)	Material (AC	CM)	Am	unt (Specify S	F OI LF)	_		
	IN Facility (13)			Von	No	N/A	(i.e., thermal sy insulation, surfact	ing, VAT				Removal		Ence
	(10)			Yes	NO	N/A	or other miscella	aneous)			1	oval	Repair	Enclosure Encapsulate
													=	ure
									1			4	_	_
1st and 2nd Floors						X	Floor Tile M		\perp	3,000 S		X	- 1	
1st and 2nd Floors						Х	Floor Tile and		+	1,200 S		X		
1st and 2nd Floors						X	Cove Base I	Mastic	+	300 LF		X		
Name of Registered Waste Hauler NJDEP						Cubic Ya	ards of Waste	Name of Regis	tere	Landfill				
Synatech, Inc. Hauler ID #27429					D	40		Grows Landfi			0.50			
Synatech, Inc.				IMAI TAZ		Disposa	Date	City, State						
Little Egg Harbor,	NJ 080	87				June 29	, 2015	Morrisville, P.						
Completed By			Title		:_44_	Signatur	· Wane a	lor-	Dat	13, 2015				
Diane Aloia			Executiv	e Admin	istrator	Wurl Ullia Ma								