NO CE

Date of Notification (1)					Nam	e of Buildir	ng Owner/Operator (. 1		
06/0	04/	14	1		Ne	w Jersey	Turnpike Autho	rity / Job #1	405-2770	heck#			
Agencies Notified T	ype Notif	ication			Stree	et Address				-9	AM1	2: 1	0
] Initial				PC	Box 504	12		10			- 4	
	Amend	200000			City.	State, Zip	Code		0	1200			
☑ DHSS	Amend				1		e, NJ 07095		\$2.5	15 A	,	Lij	í.
DCA (NUAC 5:23.0)] Emerge		ncludir	ig	-	e of Contac			1477				
(NJAC 5:23-8)	justifica Cancell				100000000000000000000000000000000000000		77		Telephone I	Number			
	_ Cancen	lation			-	. Peter Ju				40			
					FA	CILITY	NFORMATION						
Name of Facility Where Aba	atement is	Takin	g Plac	e (3)				Type of Facility	(4)		1000		
Toll Utility Building								School (K-12	2)				
Street Address								Subchapter (i.e., p	8 (Other than I	K-12)	auildin	~~	
NJ Turnpike Intercha	nge 9							homes, etc.)	iivate and con	merciai	Juliain	gs,	
City (5)			- 57.00	- 100	02.			Square Feet	# of Floors		3ldg. A	uge.	
New Brunswick						20			" 01110010		Jug. 1	.gc	
County (6)				- 18	Cou	nty Code /	7)(STATE USE ONLY)	Current Use (Pr	ior if boing do	maliahad)			_
Middlesex					Cou	nty Code (I NOTATE USE UNLT)			molisnea)			
		71.17		(0)			10. 70.	Utility Build	_				
Name of Monitoring Firm Hi			Owner	(8)	ASCM	075500	Name of Abateme						
EnviroVision Consult	ants, Ind	С.			000	79	AbateTech, I	nc.					
Street Address							Street Address						
20-21 Wagaraw Rd	Building	35E					30 Maple Ave	. PO Box 25					
City, State, Zip Code							City, State, Zip Co	ode					
Fair Lawn, New Jerse	y 07410						Lumberton, N	J 08048					
Project Manager for Monitor	ina Firm			Tele	ephone	No	Telephone No.		License No				
Guillermo M. Morales				1 Au 14 man	2.5	5-9145	609-265-2107		00529	J.			
Start Date (10)	/1	Schoo	lulod (ate (11)	Name of OSHA M		00529				
05 /22 /	14/					14_	EMSL Analyti	10.000.000					
Occupancy Status During Al	batement	(Check	c only	one)			Street Address						
☐ Facility Closed/Vacated [ment	-	200 Route 13	0 North					
Abatement Performed O	utside of N	Vormal	Facili	ty Hou	rs - Des	scribe							
Time of Abatement: 7:00	OAM-3:00	PM/_	F	M	AM	301120	City, State, Zip Co						
			00000 TE				Cinnaminson	, NJ 08077					
Scope of Work (Check all the	at apply)						M Full Cont	-itiib. N	-#- D				
≥3 sf or ≥3 if			⊠ Re	enovat	ion		☐ Mini-Encl	ainment with Neg	ative Pressure	е			
≥160 sf or ≥260 If			Remark .	emolitic	177		☐ Glovebag	Procedure					
							☐ Non-Exer	mpted (*) and No	n-Friable Proc	edure			
			(a) (a)	Local						А	batem	ent T	ype
Location of				Norma			Description of			70	720	m	Tim
Asbestos-Containing Mai		M)		ed Sole aintena			stos Containing Mat		Amount	Remova	Repair	nc	Enclosure
IN Facility	D			todial		(i.e	., thermal systems i surfacing, VAT.		(Specify SF or LF)	OV.	H.	sde	OSU
(13)				(12)			other miscellane		SF OI LF)) <u>B</u>		Encapsulate	ē
			Yes	No	N/A							O	
Boiler Room			П			Boiler F	Ribs & Gaskets		192 LF				Г
Annual Artista State					-	-					-	Ц	-
Boiler Room						Boiler I	nsulation		300 SF				
		074000								П	П	П	
			$\overline{\Box}$		+=-			-			+=		-
NI-											Ш	П	
Name of Registered Waste F	lauler			188	JDEP \	00000	Cubic Yards of	Name of Regist					
Freehold Cartage	1				auler II 15939	5000 R T R	Waste 20	G.R.O.W.S.	Landfill				
City, State)	- //-	(P)		10000		Disposal Date	City, State				1000	
Freehold, NJ							6/20/14	Tullytown,	ΡΔ				
								runytown,	- A				
Completed By (Print or Type))	Title			-0010		Signature	0:	2017	Date	1	2	
Jennifer Piraine		0	perat	ions (Coordi	inator	Jary	er frau	9	101	411	4	
SB-41			-				U V	•		W	+		
AY 11		* L	o not	use th	is form	for asbeste	os licensure exempt	ed activities.					

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

)4 /	14		Nam	ie of Buildir :lantic Ca	ng Owner/Operator (pe Community C	(2) Follege / Job i	#1406-4774 Che	ck#	6322		(18)
Agencies Notified T	ype Notif	ication		Stree	et Address					, H	1/2	: :
1 1 2 2 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1	Initial			51	00 Black	Horse Pike		1-223	Ti			
☑ DOLWD □	Amend	ed			State, Zip			-	1			2.0
☑ DHSS	Amend	ment #	_							1 -7	. ,	٠.,
		ency (includi	ng	-	And the second second second	ing, NJ 08330-26	99					
(NJAC 5:23-8)	justifica			Nam	e of Conta	ct		Telephone Num	ber			
	Cancell	lation		Ma	ark Streci	kenbein		£ 4				
N	-			FA	CILITY II	NFORMATION				- 650, 21		
Name of Facility Where Aba				730			Type of Facility					
Atlantic Cape Commu	inity Co	llege - Wo	rthing	ton C	ampus		School (K-1					
Street Address							Subchapter	8 (Other than K-12 private and comme	?) roial k	مالماند		
1535 Bacharach Blvd.	.						homes, etc.)	iciai L	Juliuli	gs,	
City (5)							Square Feet	# of Floors	F	Bldg. A	lae.	-
Atlantic City								511166.6	-	nag. ,	·gc	
County (6)	7.0 % - 1 = 3 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =			Cou	inty Codo /	7)(STATE USE ONLY)	Current Hea /D	alaa if badaa daa ii	1 0			
Atlantic				000	inty Code (I)(STATE USE UNLT)		rior if being demolis	snea)			
	- 11- 5	"."	(0)				College				- V20/2009	
Name of Monitoring Firm Hir	rea by Bu	ilding Owner	(8)	ASCN	l No.	Name of Abateme	***)				
TTI Environmental						AbateTech, I	nc.					
Street Address						Street Address						
1253 North Church St	reet					30 Maple Ave	. PO Box 25					
City, State, Zip Code						City, State, Zip Co	ode					
Moorestown, NJ 0805	7					Lumberton, N						
Project Manager for Monitori	ing Firm		Tel	ephone	No.	Telephone No.		License No.				
Mike Stocku				7.02	5-8800	609-265-2107		00529				
Start Date (10)		Scheduled				Name of OSHA M		00020			425	
06/17/		06				EMSL Analyti						
Occupancy Status During Ab	patement					Street Address						
☐ Facility Closed/Vacated D				ment		Vicesperson I vi vivi	0 M = -41-					
☐ Abatement Performed Ou	itside of N	Jormal Facili	ty Hou	rs - Dec	scribe	200 Route 13						
Time of Abatement:	_AM	PM/	PM		AM	City, State, Zip Co						
Scope of Work (Check all tha	at apply)					Cinnaminson	, NJ U8U//					
_	к арріу)					⊠ Full Cont	ainment with Neg	native Pressure				
≥3 sf or ≥3 lf			enovat			☐ Mini-Encl	osure	ganvo i rocouro				
⊠ ≥160 sf or ≥260 lf		∐ D	emoliti	on		Glovebag						
						☐ Non-Exer	npted (*) and No	n-Friable Procedur	e			
l postion of			s Loca Norma			2 8			At	atem	ent T	ype
Location of Asbestos-Containing Mate	erial (ACN	ecce II reason	ed Sole		Acho	Description of			Z	R	Ш	m
TO BE ABATE		Ma	aintena			stos Containing Mat ., thermal systems in		Amount (Specify	Remova	Repair	ıca	100
IN Facility		Cus	todial	Staff?		surfacing, VAT,	or	SF or LF)	va	- -	Encapsulate	Enclosure
(13)		Yes	(12) No	N/A		other miscellaned	ous)	1			late	Φ
Boiler Room	-	NO.			Pine Inc	sulation, Fittings	Pone Inc	45015	[2]			
			-		1 the Itis	Jaiauon, Fitungs	, rope ins.	150 LF			Ц	Ш
0				П		-			\Box	П		
lame of Registered Waste H	auler		N	JDEP V	Vaste	Cubic Yards of	Name of Regis	tered Landfill	1 -			
AbateTech, Inc.				auler II	No.	Waste		ounty Utilities A	itha	rity.		
City, State				18750		20		Junty Junties At	autiOl	ity		
						Disposal Date	City, State					
Lumberton, NJ						6/20/14	Egg Harbo	r Township, NJ				
completed By (Print or Type)		Title				Signature	0 0	- Dat	e ,	. 1		
Jennifer Piraine		Operat	ions (Coordi	nator	CX M M	rfer li	large 1	ell	-11	4	
B-41						7000	4.,		~ 1	, 11		

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

MAY 11

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(K 391)		1		FICATI	ON OF AS	BESTOS ABATE 0 8:60 and 12:12			774 June 1	£ / /	7 (
Date of Notification (1)		_		1 1 1 2 2 3 3 1 C C C	ne of Buildi 11 Verbyl	ng Owner/Operato a	r (2)	2814 JUN	-9	5 × 1	2		
Agencies Notified	Type Noti	fication			et Address North 5	s th Avenue	ě				-	G	
DEP DOL	Amend	iment #			State, Zip nville, N			6110	IN:	Ä.	1.)		
⊠ DOH □ DCA	justific Cancel		ng	Nam	e of Conta	ict		Telephor	ne Num	her			_
					Verbyla	FORMATION				47			
Name of Facility Where	Abatement is	s Taking Plac	ce (3)		NOICHT IN	TORMATION	Type of Facili	ty (4)					
Residence							School (K-	12) r 8 (Other tha	on V 1	21			
Street Address 220 North 5th Aven	nue						Other (i.e.,	private & co			lding:	S,	
City (5)							homes, etc Square Feet	c.) # of Flo	ors		Ildg	Age	
Manville, NJ 08835							1500 SF	2	0.5	- 1	0	nye	
County (6) Somerset County					unty Code E ONLY)	(7) (STATE	Current Use (Residence	Prior if being	demoli	shed)			
Name of Monitoring Firm	n Hired by Bu	uilding Owner		ASCN	l No.	Name of Abaten	nent Contractor (9)					
(8) <u>NA</u>						DIA Genera	I Construction	n, Inc.					
Street Address						Street Address 1360 Clifton,	Avenue PM	IB Suite 2	18				
City, State, Zip Code						City, State, Zip C	ode	- Cuito E					_
Project Manager for Mor	nitoring Firm		Te	elephone	No.	Telephone No.	77012	License	No.				
			1_			973-389-00		0069	3				_
Start Date (10) 06/14/2014		Scheduled 0 06/16/20		letion Da	ate (11)	Name of OSHA		n Inc					
Occupancy Status Durin	g Abatemen)		Street Address	Construction	n, mc.			7		
Facility Closed/Vacat	ed During En	tire Period of	Aba	tement		1360 Clifton,	Avenue, PM	1B Suite 2	18				
Abatement Performed Other - Describe:	d Outside of I	Normal Facili	ty Ho	urs		City, State, Zip C Clifton, NJ 0						. Delivers	
Scope of Work (Check a	Il that apply)					Oliton, No o	1012						_
>3 sf or >3 lf = 2160 sf or 2260 lf		⊠ Re	enova emo	ition olition		☐ Mini-End Goveba	g Procedure						
			Locat			Non-Ex	rempted (*) and	Non-Friable	Proce	1	bate	ment	
Location	of		ormal Sole	ly ely by		Description of					Ту	oe .	
Asbestos-Containing M TO BE ABAT IN Facility	ED	C	ntena ustod staff?	ial		tos Containing Mate thermal systems in surfacing, VAT,	erial (ACM) nsulation, or	Amoun (Specif SF or LF	y	Removal	Repair	Encapsulate	Enclosure
(13)			(12)	Τ		other miscellaneo	us)			oval	pair	sulate	sure
Basement		Yes	No	X	Pipe/Ell	bow Insulation		110 LF		X			
									all and the				
Name of Registered Was	te Hauler			NJDEP \	Masto	Cubic Yards	Name of Regi	etared I and	511		250		
Service Transport Gr				Hauler ID 20990		of Waste	Minerva La		m				
City, State	Сир			20330		Disposal Date	City, State	anum					_
New Castle, DE						06/16/2014	Waynesbur	g, OH					
Completed By Krutarth Jagad		Title President				Signature		\	ate 6/04/2	014			
		1	-			\ X			J. J. F. Z.	O 1 T			

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

Ch # 2627

Date of Notification (1)		N	lame	of Bu	uilding	Owner / Operato	or (2)		-		2 -41			
	6/4/14		C	Old E	Bridg	e Tov	vnship Board	of E	ducation	1 991#	11151	OA	M 12	: 10	7	
	Type Notifica	ation	10	treet	Adar	ess							1116	•		200
☐ EPA	⊠ Initial						dministration	Bld	g, Count	y Rou	ite 516			100		201-
Ø DOL		nded				& Zip (NJ 0				1	e llo			,KJ		
☑ DOH		gency				ontact	1141				i Llu				l la	
DCA		ellation				Frazz	zitta					101	epric	ne N	umic	er
				FAC	CILIT	YINF	ORMATION								-	
Name of Facility Who	ere Abateme	ent is Taking P	lace (3)		J.L. 1		Type of Facil	lity (4	1)							
Old Bridge HS				'			School (JB-CH	APTER	8				
Street Address									3 (Other th							
4209 Route 516							Other (i.e	e. pr	ivate & co	mmerc	cial build	lings,	hom	es, e	etc.)	
							Square Feet		# of Flo	oors		Bldg	g. Ag	e		
City (5)	10	County (6)	Cou	inty C	Code	(7)	50000)		1				40+		
Matawan		Middlesex					Current Use	(Prio	r if being	demoli	shed)					
							School									
Name of Monitoring I		Building Ow	ner (8)		ASC	CM No	. Name of Aba	teme	ent Contra	actor (9)					
Environmental Co	nnection		528.770				Bristol Env	riron	mental,	Inc.						
Street Address							Street Addres									
120 North Warren							1123 Beave									
City, State & Zip Cod							City, State &									
Trenton, NJ 08010			T=11		N		Bristol, PA							211000000		
Rvan Broadwater	wontoning F	irtri	Teleph 609-3			ber	Telephone No. (215)788-60		er		License 00509	Nun	nber			
Scheduled Start Date	ct Manager for Monitoring Firm n Broadwater duled Start Date (10) Scheduled Co					·	Name of OSH		lonitor		00509					
6/16/14	(10)	ociteduled Col	6/17/		6 (11)	,	Bristol Env		2010	nc.						
Occupancy Status D	uring Abaten	nent (Check o		-			Street Address									
☐ Facility Close	ed/Vacated D	ouring Entire F	eriod o	f Aba	teme	nt	1123 Beave	er St	reet							
		itside of Norm	al Hou	rs – 7	am to	o 3pm	City, State &	Zip (Code							
Describe:							Bristol, PA	190	07							
Facility Occu																
Scope of Work (Ched	ck all that ap	ply)							Eull Co	ntoinm	ont with	Non	atio ra	Dros		
≥3 sf or ≥3 lf			\boxtimes	Ren	ovatio	'n		\boxtimes	Mini-Er		ent with	iveg	auve	ries	Suit	
2 ≥160 sf ≥260	If		Ä		olitio			H			c ocedure	e				
				00	1011110			H			d and N		riable	Pro	cedu	ire
Loc	cation of		ls L	ocatio	on	Γ	Description	n of			Amount					
	s-Containing	ı	Norma				Asbestos-Con			(Specify					7,50
	rial (ACM)			lely b			Material (A		AT 12	S	F or LF))	71	oncess.	町	ш
	E ABATED Facility		Mainte				i.e., thermal sy insulation, surfac						Remova	Repair	Encapsulate	Enclsoure
	(13)		The second second	(12)	nan :		or other miscella						ova	a.	sula	OL.
				No	N/A				/			.			ē	0
Boiler Room		1			П		Boiler Insul	atio	n		20 SF			П	П	П
			TIT		Ħ								ī		Ħ	П
101	AV-1			П	T								Ħ	П	П	П
10-3	700000000000000000000000000000000000000															
Name of Registered \	Waste Haule	r		NJE	DEP V	Vaste	Cubic Yards	Nar	me of Reg	istered	l Landfil	I				
	S. P.P.L.			10000000	uler IC	No.	of Waste			225.00						
Service Transport	inc.			209	990		2 Cu Yd		nerva La	ndfill						
City, State							Disposal Date		, State							
New Castle, DE	or Tune'	ļ		T:41			6/17/14	LIS	bon, Oh	10		75	\	-		
Completed By (Print of Gino Pizzigoni	i ype)			Title	e oject		Signature)		- /	1		ate /4/ 1	A		
OITIO I IZZIGOIII					nage		Line F.	in	zzyon	-17	1	10	n 41	-		
		CONTRACTOR STATE			-		/	00	11	1/						

(43310

Date of Notification (1) 06/03/2014				Name	of Building	g Owner/	Operator	(2)	ne"no	124	13	# Y-**	1,4		
Agencies Notified	Type Notificati	on		-	Address	aru or E	uucau		111 111						
⊠ EPA	× Initial				Elm Stre	et		20	14 JU	¥ -5	3 A.	M 12	: 48		
DEP DOL	Amended Amendm	ent #			State, Zip C			i .	4	1	, (C		n)		
X DOH	Emergen justification	cy (includir on)	ng	Name	of Contact	t			Te	lenha	- A1	, ie			
Ĭ DCA	Cancellat	ion		Mike	Morris								3		
Name of Facility Where	Abatement is Ta	king Place	(3)	FAC	CILITY INF	ORMAT	ION	Tree of C - 175	745						
Roosevelt Intermed Street Address 301 Clark Street	liate School				-0			Type of Facility School (K Subchapte Other (i.e.	-12) er 8 (Oth	ner tha	an K-1	2)	ildina	e ho	mer
City (5) Westfield		_						etc.) Square Feet 125000	# 0	f Floo		Т	Bldg.		mes,
County (6) Union				County	Code (7)	m		Current Use (P	2 rior if be	ing de	emolis	- 1	70		
Name of Monitoring Firm	Hired by Buildin	a Owner (8	3)		M No.		Nome	School							
Envirovision Consul	tants, Inc.	3 (.	-,	000				of Abatement Co Construction			tion	Inc			
Street Address 20-21 Wagaraw Roa	ad Bldg. 35E						Street	Address Route 46 Suit			40(1,				
City, State, Zip Code Fair Lawn, NJ 07410)					City, St	ate, Zip Code va, NJ 07512								
Project Manager for Moni Guillermo M. Morale	toring Firm		Telepho 973-6	one No. 36 9145		Telepho	one No. 56 7010		Lice 006	nse N	lo.		-		
Start Date (10) 06/23/2014		led Co /2014	mpletion	Date (11)	Contract of the contract of	Name o	of OSHA Monitor								
Occupancy Status During	Abatement (Che				<u>,</u>		Street A	Construction	& Res	torat	ion,	inc.			
Facility Closed/Vacar Abatement Performe	ted During Entire	Period of	Ahator	ment			265 R	oute 46 Suite	3D						
Other – Describe: O Scope of Work (Check All	ccupied							ate, Zip Code va, NJ 07512							
≥3 sf or ≥3 if × ≥160 sf or ≥260 if	тнаг Арріу)	Distriction of the last of the	Renova Demoli				×	Full Containm Mini-Enclosure Glovebag Pro- Non-Exempte	e cedure					10	
Location of	nf		Locati								· iidoi		Abat	emen /pe	it
Asbestos-Containing N	laterial (ACM)	Use	d Sole	ly by	Asbest	Desc os Conta	cription o	f terial (ACM)	۸۰۰	nount		-	, · ·	T	Т
TO BE ABAT In Facility (13)		Cust	todial 8 (12)	Staff?	(i.e.	thermal s	ystems i	nsulation, or	(Sp	pecify or LF)		Removal	Repair	Encapsulate	Enclosure
B.11 =		Yes	No	N/A								-		ate	9
Boiler Roo		X				Pipe II	nsulatio	on	50	LF		X			
Boiler Roc		X				Boiler	Breec	h	350	SF		X		-	
Boiler Roc	m			In	terior B	oiler M	ortar	75	SF		Х				
ame of Registered Waste	Hauler		T N1	IDED VI											
ako Construction & R		ic.	Ha	IDEP Wa auler ID 1 889	Vo.	Cubic Ya of Waste TBD		Name of F			ndfill	20			
ity, State otowa, NJ						Disposal 06/30/2		City, State Morrisvil				-			
ompleted by oran Kojic		Title Projec	rt Mar	naner			nature	The state of the s	TO, FA	1	Date				
		1.10,00	A MICH	ayer			1	200 MG	X	.	06/0	03/2	014		

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

					(Pu	suant	to NJA	C 8:6	60 and 5:16	5)	3 ° 5.	nar I t			
Date of Notification (1)						Name	of Building	Own	er/Operator (2	2)			7 []		
6 /	05	1	14		-	Hom	ne Prope	rties	, LP - Jacob	2) o Ford Village	2014 1111				
Agencies Notified	Type No	tificat	tion			Street	Address		****		TOTA TOWN -	Alfi	2: 1.	1	
⊠ EPA									outh Ste 63				C - 4	خ	
☐ DOLWD	☐ Amer	nded			1		tate, Zip C	1000000000		f	= 5, 100	7 5 5	c - - 1	0	-
☑ DHSS	Amer						n, NJ 08				à Lice	No.	R)		- 1
DCA	☐ Emer justif			uding	ŀ	A Property of the second	of Contact				Telephone Nur		,	-	-
(NJAC 5:23-8)	☐ Cano						g Marscl				To the last	۵			
							ILITY IN		MATION			. ~			-
Name of Facility Where A	hatemen	tie Tr	akina P	Place /	(3)	IAC	ALLI I IIV	OK	MATION	Type of Facility (4)				-
Jacob Ford Village						Block	3803 Lo	F 1)		School (K-12					
Street Address	Dananış	9 140	. 4, 5,	, ai	14 5 (DIOCK	3000 E0	,		☐ Subchapter 8	(Other than K-1				
1 Washington Ave										Other (i.e., pr	ivate and comm	ercial bu	ilding	s,	
City (5)			*							homes, etc.) Square Feet	# of Floors	Blo	dg. Ag	10	
Morristown										16,670 (all)	2		36. /\s	, .	
County (6)		-	-	10.72736		Coun	ty Code (7	VSTAT	TE USE ONLY)	Current Use (Pri					
Morris						Coun	ty oodo (r	,,,,,,,,	L GOL GIVE I		Apartment Co				
Name of Monitoring Firm	Hired by	Build	ing Ow	mer (8	3)	ASCM	No.	Nan	ne of Abateme	ent Contractor (9)					
Environmental Hea	Ith Inve	stiga	itions,	, Inc		2973	7	S	uperior Aba	atement Inc					
Street Address			-					Stre	et Address			12.00			-
655 West Shore Tra	ail							2	Henderson	Drive					
City, State, Zip Code					1300			City	, State, Zip C	ode					
Sparta, NJ 07871								W	est Caldwe	il, NJ 07006					
Project Manager for Moni	itoring Fir	m			Tele	phone l	No.	Tele	ephone No.		License No.				
Jean Paul Von Doe	hren				(6	09) 70	4-8850	(9	73) 808-161	16	00411				
Start Date (10)		S				tion Dat		110000000	ne of OSHA N						
	14		07	_ /	18	_ / -	14	S	uperior Aba	atement Inc					
Occupancy Status During	Abatem	ent (C	Check c	only o	ne)			Stre	et Address						
☐ Facility Closed/Vacate								2	Henderson	Drive					
Abatement Performed Time of Abatement: 8							cribe		, State, Zip C						
100 m								W	est Caldwe	ell, NJ 07006					
Scope of Work (Check al	I that app	ly)							M Full Con	tainment with Nec	ative Pressure				
≥3 sf or ≥3 lf			D	⊠ Rer	novati	on			☐ Mini-End	NATIONAL PROGRAMMENT OF THE PROG	julive i ressure				
≥160 sf or ≥260 lf] Der	nolitic	n				g Procedure empted (*) and No	n Eriabla Brass	duro.			
				ls	Locat	ion			□ NON-EXE	impled () and No	II-l Hable Floce		atem	ont Ty	/De
Location	of			N	lorma	lly			Description of	of		-			
Asbestos-Containing	Material (ACM)		d Sole				Containing Ma		Amount	Remova	Repair	Encapsulate	Enclosure
TO BE ABA						Staff?	(i.e		rmal systems urfacing, VAT		(Specify SF or LF)	OVa	≝.	sde	uso
(13)	ty		1		(12)		_		ner miscellane		0. 0. 2. /	=		ulati	6
				Yes	No	N/A								Œ	
Crawl Spaces			0				Pipe Ins	sulat	tion		365 LF	\boxtimes			
Crawl Spaces			[Insulati	on D	ebris		355 SF				
			[
			1					=							
Name of Registered Was	te Hauler				1000	JDEP \		0.0000000000000000000000000000000000000	ic Yards of	Name of Regis	stered Landfill				4
Service Transport (H	auler II SW21		Was		Minerva La	andfill				
City, State		-				31121			oosal Date	City, State					
New Castle, DE								7/	18/2014	Waynesbu	rgh, OH				
Completed By (Print or T	ype)		Title	-					Signature		//	Date			
Nick Petrovski	*		Pre	eside	nt						home	6-	5-	14	1
									1/11	0-1110		-		- /	

ASB-41 MAY 11

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

D (11 11 11 11 11)							-	Dirn	17111	1:00			
Date of Notification (1)	2000	200			-	Owner/Operator (2	,		1 1 5	- b			
6 /	05 /	14		Hor	ne Prope	erties, LP - Jacob							
Agencies Notified	Type Notific	ation		Street	Address		701	4 JUN -	-9 Air	12:	و له		
⊠ EPA				100	Wood A	ve South Ste 63							
□ DOLWD	☐ Amende	d			state, Zip C		· · · · · · · · · · · · · · · · · · ·	-	116	A	9	-	
☑ DHSS	Amendm			0.000				2 110	EKJ.	. 1	•)		
☐ DCA	☐ Emerger		ıg		in, NJ 08								
(NJAC 5:23-8)	justificati	100 T 100		100000000	of Contact			Telephon					
	☐ Cancella	tion		Cra	ig Marsc	hke		91712	18 sumper	1			
			3/// 2/	FAC	CILITY IN	FORMATION							
Name of Facility Where A	Abatement is	Taking Plac	e (3)		20		Type of Facility (4	4)					
Jacob Ford Village				12.13	3. 14 (Blo	ck 3801 Lot 1)	School (K-12)	, Ta					
Street Address	Danianig it	0. 1, 0, 0,	,	,,	, IT (DIO	ok ooo i zot ij	☐ Subchapter 8		n K-12)				
							Other (i.e., pri	vate and o	commerci	al bu	ilding	s,	
1 Washington Ave							homes, etc.)	T		T = -			
City (5)							Square Feet	# of Floo	ors		dg. A	ge	
Morristown							49,770 (all)	2			66		
County (6)				Cour	ity Code (7)(STATE USE ONLY)	Current Use (Prio	or if being	demolish	ed)			
Morris							Residential A	Apartmei	nt Comp	olex			
Name of Monitoring Firm	Hired by Buil	ding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)	-					
Environmental Hea			20.50	2973		Superior Aba	10000						
Street Address	iitii iiitooag	, , , , , , , , , , , , , , , , , , , ,				Street Address	itomont mo						
							Dalina						
655 West Shore Tra	311					2 Henderson							
City, State, Zip Code						City, State, Zip Co	ode						
Sparta, NJ 07871						West Caldwe	ell, NJ 07006						
Project Manager for Mon	itoring Firm		Tele	ephone	No.	Telephone No.		License	No.				
Jean Paul Von Doe	hren		(6	609) 70	4-8850	(973) 808-161	16	0041	1				
Start Date (10)		Scheduled	11 11 11			Name of OSHA M							
06 / 18 /	12-10000F	07	950			Superior Aba							
20 10 11						200000000000000000000000000000000000000	itement ine						
Occupancy Status During						Street Address							
☐ Facility Closed/Vacate	1000년 마양스타 (1) 프립스테이어				-500	2 Henderson	Drive						
Abatement Performed					cribe	City, State, Zip Co	ode						
Time of Abatement: 8	:00AM-4:30	PM/	-M	AM		West Caldwe	ell, NJ 07006						
Scope of Work (Check al	I that apply)												
12 <u>-12</u> 20 200 Bessel		<u> </u>				□ Full Conf	tainment with Nega	ative Press	sure				
☐ ≥3 sf or ≥3 lf		= -	lenovat			☐ Mini-End							
⊠ ≥160 sf or ≥260 lf			emoliti	on			g Procedure empted (*) and Non	-Friable P	rocedure				
			is Loca	tion	1		impled () and (40)	i-i ilabic i	roccdure	_		T	
Location	of		Norma			Description of	sf.			Ab	atem		-
Asbestos-Containing		un Us	sed Sol		Asbe	stos Containing Ma		Amo	unt	Re	Repair	Ē	Enclosure
TO BE ABA	ATED `	' N	laintena			., thermal systems		(Spec	cify	Removal	pai	cap	clos
IN Facili	ty	Cu	stodial		100000	surfacing, VAT		SF or	LF)	Val		Encapsulate	Sure
(13)		V	(12) No	N/A	1	other miscellane	eous)					ate	(D
		Yes		IN/A				2000000000			i de la compania del compania del compania de la compania del compania de la compania de la compania del compania de la compania de la compania de la compania del compania		-
Crawl Spaces					Pipe In:	sulation		1795	LF				
Crawl Spaces					Insulati	on Debris		2550	SF	\boxtimes			
			10.		1								1
										Ш	Ш	П	
Name of Registered Was	te Hauler		1	NJDEP V	Waste	Cubic Yards of	Name of Regist	ered Land	fill				-
Service Transport (7,110	lauler II	O No.	Waste	Minerva La		2000				
	_, _ up, 1110			SW21	17	120	The second secon						
City, State						Disposal Date	City, State						
New Castle, DE						7/18/2014	Waynesbur	gh, OH					
Completed By (Print or T	ype)	Title				Signature		, ,	Date	e			
Nick Petrovski	NSA - 8520	Presid	dent			-///	1///	51-	1 /		-	14	
		F400 100 000 000 000 000 000 000 000 000				/////	1~ 1/1/11/11	CHUM	44 (a service of	1 -	-	

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

Date of Notification (1)				7	Name	of Building	Ow	ner/Operator (2)		er ton				
6/	05 / _	14	_			-	_		Ford Village						
Agencies Notified	Type Notifica	ation	7.00		Street	Address			ZEM JUN	-9 AM	17: 31	Δ.			
⊠ EPA					100	Wood A	ve S	outh Ste 63		- 1111	, ,	V			
☑ DOLWD	☐ Amended	i				State, Zip C				1 1 1 1 1 1 1	To 5				
☑ DHSS	Amendm	ent#							*	DO LEID IN	الحاليا	-			
☐ DCA	☐ Emergen		ıding		22.5	in, NJ 08	100		G L.	CENSIA					
(NJAC 5:23-8)	justification		70			of Contac				Telephone	Numbe	er			
	☐ Cancellat	tion			2800000	ig Marsc					READS OF	B			
N (= 111) A (FAC	CILITY IN	FOF	RMATION	<u> </u>						
Name of Facility Where A					40 /0	l I - 000		. 41	Type of Facility (
Jacob Ford Village	Bullaing No	5. 15, 1	6, 17	, 18,	19 (B	IOCK 38U	2 LO	τ1)	School (K-12		n K-12)				
Street Address 1 Washington Ave									Other (i.e., pr			ial bu	ilding	js,	
City (5)		V-1/12-2-2-2-1							Square Feet	# of Floo	rc	DI	dg. A	70	
Morristown									38,481 (all)	2	15		39. A	ye	
County (6)			-		Cour	ty Code (7)(STA	TE USE ONLY)	Current Use (Pri	1,000	lemolish			2011	
Morris						,	.,	si.	Residential						
Name of Monitoring Firm	Hired by Build	ding Ow	ner (8	3)	ASCM	No.	Nar	me of Abateme	L ent Contractor (9)	•					
Environmental Hea	Ith Investig	ations,	Inc		2973	37		Superior Aba							
Street Address							Stre	eet Address							
655 West Shore Tra	ail						2	Henderson	Drive						
City, State, Zip Code					3115-110.W	77	City	y, State, Zip Co	ode						
Sparta, NJ 07871							٧	Vest Caldwe	II, NJ 07006						
Project Manager for Moni	U.T.				phone		-500	ephone No.		License				- 1 Tay 1002	
Jean Paul Von Doe					2007-200	4-8850		973) 808-161	****	00411					
Start Date (10)		Schedule						me of OSHA M							
					_ / -	14		Superior Aba	itement Inc						
Occupancy Status During Facility Closed/Vacate					mont		84.5	eet Address	Delive						
☐ Abatement Performed						cribe		Henderson							
Time of Abatement: 8	:00AM-4:30F	PM/	PM		AM		10 25	y, State, Zip Co Vest Caldwe							
Scope of Work (Check all	I that apply)								,						
□ >2 of o=>2 if		N	7 D		2			Full Con	tainment with Neg	ative Press	ure				
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			☐ Ren ☐ Derr					☐ Mini-End	losure g Procedure						
<u></u>				TOTAL				☐ Non-Exe	mpted (*) and No	n-Friable Pr	ocedure	pi			
	-Augo			ocat				1004 000MM				Ab	atem	ent T	уре
Location Asbestos-Containing	Control of the Contro			Sole	ely by	A - L -		Description of		07 4 00000000000		Z,	Z	m	ш
TO BE ABA		"	Mair					Containing Ma ermal systems		Amou (Spec		me	Repair	เล) Cic
IN Facili			Custo		Staff?		S	surfacing, VAT	, or	SF or I		Removal	=	nsc	Enclosure
(13)			/es	(12) No	N/A	1	oth	her miscellane	ous)					Encapsulate	O O
Crawl Spaces			3			Pipe Ins	sula	tion		1,050	LE	\boxtimes	П	П	Ь
Crawl Spaces			A		П	Insulati					37.37	100000			
Orawi Opaces						ilisulati	OII L			1,150	3F				
														Ш	Ш
	ame of Registered Waste Hauler														
	ame of Registered Waste Hauler Service Transport Group, Inc							oic Yards of ste	Name of Regis		ill				
	oroup, inc			1.	auler II SW21		6	0	Minerva La	ınatııl					
City, State							33.3	posal Date	City, State						
New Castle, DE							7	/18/2014	Waynesbu	rgh, OH					
Completed By (Print or Ty	/pe)	Title						Signature	1111		Date		,		
Nick Petrovski		Pres	sider	nt				111	Molle	run	1 6	-	5	-/4	1

ASB-41 MAY 11

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

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

CK# 24545

Date of Notification (1)	5/6/14			Name	of Buildin	g Owner/Operator	Bowers	2814 .111	N . c		e de la composición dela composición de la composición dela composición de la compos	
Agencies Notified	Type Notification	n -		Stree	t Address			2014 JU		Ĥ,	112	: 4
EPA	Initial Amended						866 Rt. 34					-
₩ DOL	Amendment Emergency (-	City, S	State, Zip C		lts Neck, NJ	07722	ICEI	1.1/	i i	\- <i>J</i> ¦.
⊠ DOH	_ justification)		1	Name	of Contac			Telephone Num	her	Alle S		
□ DCA	☐ Cancellation				J	oan Bowers		7			<u>s</u>	_
				FA	CILITY INF	ORMATION						
Name of Facility Where	Abatement is Taki Residen			ty			Type of Facility School (K-1)	2)				
Street Address	866	6 Rt. 3	4		14		Subchapter Other (i.e., p. homes, etc.	8 (Other than K-1) private & commerci	2) al buil	dings		
City (5)		7 111. 0			-		Square Feet	# of Floors	В	dg. A	ge	-
	Colts	Neck,	NJ				2200	2	_ _	8	0	
County (6) Mo	nmouth				nty Code (* ONLY)	7) (STATE	Current Use (P	rior if being demoli Residentia				
Name of Monitoring Firm		Owner	\equiv	ASCM	No.		nent Contractor (9					
(8)	MECS		_			Stev	vens Environi	mental Servic	es, Ir	ıc.		
Street Address	PO Box 341					Street Address	PO I	3ox 322				
City, State, Zip Code	rosswicks, NJ		:			City, State, Zip C		n, NJ 08501				
Project Manager for Mo	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	00313		ephone	No.	Telephone No.	Anchiow	License No.				=
	Laureti				8-4070		59-9688		0049	3		
Start Date (10)		eduled C				Name of OSHA	Monitor	-1				
6/16/14			/27/	14			M	ECS				
Occupancy Status Durin	- T	1000				Street Address	DO I	3ox 341				
☐ Facility Closed/Vacat	107					City, State, Zip C		50X 341				_
Other - Describe:		ar r dome,	Ţiou			City, State, Zip C		ks, NJ 08515				
Scope of Work (Check a	all that apply)							" D				=-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novat molitic			☐ Mini-En Gloveba	ag Procedure	gative Pressure on-Friable Procedu	ıre			
		110000000	ocatio	10000			()		1	bate		
Location	of	Used	mally Solel	No specie		Description of	f			Тур	e	
Asbestos-Containing I	Material (ACM)	Main	tenan	ice/		tos Containing Ma thermal systems i	terial (ACM)	Amount (Specify	R	Re	g g	Ē
TO BE ABA		S	taff?	41	(i.e.,	surfacing, VAT,	, or	SF or LF)	Remova	Repair	caps	Enclosure
(13)			(12)			other miscellane	ous)		<u>a</u>		Encapsulate	иге
		Yes	No	N/A							Ф	
Basme	ent		×		Th	ermal Pipe In	sulation	250 lf	×			
									-			
		1	-						-		- 9	-
Name of Registered Wa	ste Hauler	·	IN	JDEP \	Vaste	Cubic Yards	Name of Regi	stered Landfill				
Stevens E	nvironmental		_ +	tauler ID 182	No. 292	of Waste 3 CU		₹ T.R.R.F., I	nc.			
City, State	Allentown,	NI	-			Disposal Date 6/27/14	City, State	Tullytown,	РΔ			
Completed By	Affentown,					Signature	1/	Date	17		_	
Mahlon E. Ste	10.00		ojec	t Mar	ager	111	14		6/6	/14		

(K 1633)

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

Date of Notification (1)				Name	of Building	g Owner/Operator (2)					
06 /	04 /	14		VB	oys Ram	sey, LLC	21	114 JUN -9 P	·			
Agencies Notified	Type Notific	ation		Street	Address				11/2:	58		
☐ EPA				546	River D	rive	<i>i</i> -	at and an		9		
☑ DOLWD	☐ Amende			City, S	State, Zip C	Code		611355	11. 1	٦,		
☑ DOH	Amendm		_	Gai	field, NJ	07026		145 Misi		4.		
☐ DCA (NJAC 5:23-8)	☐ Emerger justificat	icy (Includi	ng	Name	of Contac	t		Telephone Num	ber			_
(11111111111111111111111111111111111111	☐ Cancella			Ge	orge Kou	ırgelis			9			
					527.0	IFORMATION						
Name of Facility Where A	batement is	Taking Pla	ce (3)				Type of Facility ((4)				
Commercial Buildir			8.6				School (K-12					
Street Address							☐ Subchapter 8	(Other than K-12		221223		
966 State Highway	17						Other (i.e., pr homes, etc.)	ivate and comme	rcial bu	ilding	s,	
City (5)							Square Feet	# of Floors	Blo	dg. Ag	je	
Ramsey												
County (6)		***		Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)			
Bergen												
Name of Monitoring Firm	Hired by Buil	ding Owne	er (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Bio Terra Solutions	S		3.6			The same of the sa	NAGEMENT LI	LC				
Street Address				L		Street Address						-
P.O. Box 1224						27 Outwater	Lane					
City, State, Zip Code						City, State, Zip Co					-	-
Union, NJ						Garfield, NJ						
Project Manager for Moni	toring Firm		Te	lephone	No.	Telephone No.		License No.			65	-
Rick Eustaquio	tornig i min		1	973-494		973-928-4888		1188				
Start Date (10)		Scheduled		80761.25.02.030.50.5		Name of OSHA M		1100		<u> </u>		
6 / 13 /				30 /		The second of the second of the second of	NAGEMENT LI	LC				
Occupancy Status During	Abatement	Check onl	v one)			Street Address						
☑ Facility Closed/Vacate				tement		27 Outwater	Lane					
☐ Abatement Performed					cribe	City, State, Zip Co	10000000000000000000000000000000000000					-
Time of Abatement:	AM	PM/	P	M	AM	Garfield, NJ						
Scope of Work (Check all	that apply)											
≥3 sf or ≥3 If		П	Renova	ation		☐ Full Con	tainment with Neg	ative Pressure				
☐ ≥160 sf or ≥260 lf			Demoli				g Procedure					.
						☐ Non-Exe	mpted (*) and No	n-Friable Procedu	re			
	2		Is Loc						Ab	ateme	ent Ty	уре
Location Asbestos-Containing I		.n u		olely by	Acho	Description of estos Containing Ma		Amount	Z)	ZD .	ш	m
TO BE ABA		"" 1	Mainter	nance/		e., thermal systems		(Specify	Removal	Repair	cap	Co
IN Facilit	У	C	ustodia (12	al Staff?		surfacing, VAT		SF or LF)	<u>s</u>		Encapsulate	Enclosure
(13)		Ye	M 6500			other miscellane	ous)				ate	
Boiler Room				\boxtimes	Pipe In	sulation		20 LF	\boxtimes		×	
			П							П	П	
	***************************************								1]		
										Ш	Ш	Ш
Name of Registered Wast				NJDEP 1		Cubic Yards of Waste	Name of Regis					
ALL PRO MANAGE	MENT LLC			00348		As Needed	IESI Landfi	ili				
City, State						Disposal Date	City, State					
Garfield, NJ						TBD	Bethlehem	, PA				
Completed By (Print or Ty	rpe)	Title	-111-15537			Signature/	1,/		ate	10.40		
Zvonko Veskov	ese/14/1 9 551	Presi	dent			5.	1/101		<u> </u>	4.	-/	4
						1	V Mac	7		1	/	

ASB-41 JAN 13

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

CK# 24543

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

Date of Notification (1)	/5/14			Name	of Buildin	g Owner/Operator	(2) <i>[f]</i> Rice	¹⁴ JUN -9 ₁	M 12			
Agencies Notified	Type Notification			Stree	t Address							
⊠ EPA □ DEP	Initial Amended						649 Rosedale	Ra Sil	-			
⊠ DOL	Amendment #		_	City, S	State, Zip (Code	eton, NJ 085	- 10 CM	1	* 15		
⊠ DOH	Emergency (ii justification)	iciuairi	g	Name	of Contac		31021, 2.1, 3000	Telephone Num	ber			
□ DCA	Cancellation					M. Rice			_	200	*	
				FA	CILITY INF	ORMATION						
Name of Facility Where		•	2000		Para Para		Type of Facility	(4)				
	Resident	ial Pr	oper	ty			School (K-1	2)	01			
Street Address	649 Ro	codal	o Da				Other (i.e., p	8 (Other than K-1 rivate & commerce		dings		
City (5)	043 10	seuai	e ivu				homes, etc. Square Feet	# of Floors	IB	ldg. A	de.	
Ony (o)	Princ	eton,	NJ				2400	2		200	0	
County (6)	lercer				nty Code (7) (STATE	Current Use (Pi	rior if being demol Residentia				
Name of Monitoring Firm		Owner		ASCM	No.	Name of Abatem	l ————————————————————————————————————					=
(8)	(8) MECS Street Address					Stev	ens Environi	nental Servic	es, Ir	ıc.		
Street Address	Street Address PO Box 341					Street Address						
011 011 77 0 1	PO Box 341 City, State, Zip Code							30x 322				
	osswicks, NJ	0851	5			City, State, Zip C		n, NJ 08501				
Project Manager for Mor		0001		phone	No.	Telephone No.	111011011	License No.				_
and the second s	aureti		10000000		8-4070	(609) 25	59-9688		0049	3		
Start Date (10)	Sche			tion Da	ite (11)	Name of OSHA		700				
6/16/14			6/20/	14			M	ECS				
Occupancy Status Durin	H			mont		Street Address	PO F	341 Box 341				
Abatement Performed						City, State, Zip C		70X 341				_
Other - Describe:		1/10/05-25021				01.0, 01.01.0, 2.12 0		ks, NJ 08515				
Scope of Work (Check a	Il that apply)											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitic			☐ Mini-End	ntainment with Ne closure ag Procedure	gative Pressure				
					г	☐ Non-Exe	empted (*) and No	n-Friable Procedu				
. 7		N	Location or ally	/					1	bate Typ		
Location of Asbestos-Containing N			d Solei ntenar		Aches	Description of tos Containing Mat		Amount				
TO BE ABAT	ED	C	ustodia			thermal systems in	nsulation,	(Specify	Remova	Repair	Enca	Encl
IN Facility (13)		,	Staff? (12)			surfacing, VAT, other miscellaned		SF or LF)	lova	air	Encapsulate	Enclosure
		Yes	No	N/A							late	Ф
Baseme	ent		×		Th	ermal Pipe Ins	sulation	60 lf	×			2.
Furnace R	oom		×		Th	ermal Pipe Ins	sulation	20 lf	×			
Garage	2		×		Th	ermal PipeIns	sulation	10 lf	×			
Name of Registered Was		JDEP V		Cubic Yards of Waste	Name of Regis		1945-					
	le Disposal			lauler IC	297	2 CU		T.R.R.F., I	nc.			
City, State	Hamilton, N	II				Disposal Date 6/20/14	City, State	Tullytown,	DΛ			
Completed By	Taillitton, IN					Signature	TY//	Date	IA	e 1511		=
Mahlon E. Ste	1.500.000		rojec	t Man	ager				6/5	/14		

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

NO CK.

Date of Notification (1)	6-4-	14					Operator	(2)	6.5		70 70 V			- 20	
Annaire Netterd				<u> </u>	Unive	rsity			2.	<u> 14 JUH -</u>	<u>.9 F</u>		[[]:	13	
Agencies Notified	Type Notificatio	n		Street A 201 M	_{aaress} ullica H	ill Rd			1						
DEP DOL	Amended Amendme	nt #			ite, Zip C		3			& 110	ĒN:	1		9	
DOH DCA	Emergenc justification Cancellation			Name of	Contact					Telephone N			5		
DCA II	Cancelland	וזנ			LITY INF	OPMAT	ION				-				
Name of Facility Where All Willson Hall	patement is Tak	ing Place (3)	PAGE	L111 1141	OKMATI			Facility (4)						
Street Address								Sub		Other than K-		iildi	nns	bom	29
201 Mullica Hill RD								etc.)		TOIGI DO				
City (5) Glassboro , NJ								Square F 1500		# of Floors 1		816 65	dg. A	.ge	
County (6) Gloucester				County (Code (7) USE ONLY	0		Current	Use (Prior if	being demol	ished)				
Name of Monitoring Firm H	lired by Buildin	g Owner (8))	ASCM	No.			of Abaten	nent Contrac	ctor (9)					
Street Address				1				Address							
									ton Ave						
City, State, Zip Code							ate, Zip (nco .NJ	ode . 08075							
Project Manager for Monito	oject Manager for Monitoring Firm							one No.	1	License 01070					
Start Date (10) 5 -29-14	rt Date (10) Schedu							of OSHA							
Occupancy Status During	Abstamant (Ch	1						Address						- piper	
Facility Closed/Vacate Abatement Performed Other – Describe:	ed During Entire	e Period of	Abater					ate, Zip (Code						
Scope of Work (Check All	That Apply)						L								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	,	-	Renova Demoli				×	Mini-E Glovel	nclosure pag Procedu	with Negative are and Non-Fri				•	
		T						NOII-E	xempled ()	and Non-Fin	aule F			emen	t .
			S Local Norma			_						*		ре	•
Asbestos-Containing N TO BE ABAT In Facility (13)	laterial (ACM) ED	Use Ma Cus	ed Sole aintena todial (12)	ely by ance/ Staff?		stos Con thermal surfa	scription taining M systems cing, VAT miscelland	aterial (A insulation F, or		Amount (Specify SF or LF)	Kemoval)	Repair	Encapsulate	Enclosure
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concert h	all			X		(ACI	M) floor	tile		2250sqft	x	+			-
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Name of Registered Waste	Hauler		1	NJDEP W	/aste	Cubic	Yards	I N	ame of Reg	istered Land	fill				
Ani & Joe LLc				Hauler ID 28386	No.	of Wa 40cy	ste		Vm Of Pa						
City, State				911 9E-294		The second second second	sal Date		ity, State						
Delanco NJ						TBD			ullytown I						
Completed by		Title VP				5	Signature	٩	RH.	-	Date	6	-4	1/9	7





Date of Notification (1)	4		Name	of Building an Unive	Owner/	Operator	(2)						
Agencies Notified Type Notified			Street	Address Mullica H				2534	Jill	<u>. j. p</u>		: : 3	90
DEP Amen	dment #_		City, S	tate, Zip C	ode	8		-	8 1 E		ile i	J.	
DOH justific		1	Name of Tony	of Contact Kula				Te	lephone	Numbe			
Name of Facility Where Abatement is Robinson Hall	Taking Place (3)	FAC	ILITY INF	ORMAT	ION	Type of Facility	y (4)					
Street Address 201 Mullica Hill RD				7			School (K Subchapt Other (i.e etc.)	er 8 (Oth	ner than I & comm	K-12) ercial b	uilding	s, hor	mes,
City (5) Glassboro , NJ							Square Feet 1500	# c	of Floors		Bldg 65	Age	
County (6) Gloucester	2		County (STATE	Code (7) USE ONLY	,	_	Current Use (P	rior if be	ing demo	olished)			
Name of Monitoring Firm Hired by Bui	ding Owner (8)		ASCI	M No.			of Abatement C Joe LLc	ontractor	(9)				
Street Address							Address Burlington A	ve				-2.00	V-0-0-1-1-0-1
City, State, Zip Code						City, S Delar	tate, Zip Code nco .NJ . 080	75				-	
Project Manager for Monitoring Firm		T	Telepho	one No.			one No. 324-0971		License 01070	5			
Start Date (10) 5 -29-14	Schedule 7 30-14		pletion	Date (11)		Name o	of OSHA Monito	r					
Occupancy Status During Abatement (Facility Closed/Vacated During End Abatement Performed Outside of Other – Describe:	ntire Period of A	hatem	ent				Address ate, Zip Code						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Distance .	enovati emolitio				×	Full Containn Mini-Enclosur Glovebag Pro Non-Exempte	re ocedure				re .	
Location of		Locatio				4944500		0 011			Aba	emen ype	it
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Rm 201			х	transit	e walls	and co	ounter tops	225	0sqft	x	-		-
Name of Registered Waste Hauler		NU	DEP Wa	acto T	Cubi- V	onel-							
Ani & Joe LLc		Hai	uler ID I 386	0.00	of Wast 40cy		Name of Wm Of		ed Landi	nti			
City, State Delanco NJ					Disposa TBD	l Date	City, Stat						
Completed by Joseph T Hill	Title VP				Sig	nature	J.H			Pate	6-	4-1	14

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

Date of Notification	(1) 5/14/14		110	Vame Vlacy			ng Ov	vner / Operator	(2)					CONTRACT	20 AU	250.20	
Agencies Notified	Type Notifica	ition	5	Stree	t Ad	dress				21	114 J	UN:	9 Pi	110:	- 7		
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⊠ DOH		gency				Contac		202		1127-2	-	- 1 1	Tel	epho	ne N	ımbe	er
DCA		ellation	1.0			mauro	T. T.						(Optio	-		1
				FA	CIL	ITY II	NFO	RMATION		-							-
Name of Facility W		ent is Taking Pl	ace (3					Type of Facili									
Macys Store #71 Street Address	-016							School (F		(O4h 4h -	- 1/ 4	2)					ſ
	vo 9 Wolnud	A.10								Other than ate & com		25	Idinas	hom	PC P	to)	
South Orange A	ve & vvaiiiui	. Ave.						Square Feet	, pire	# of Floo		iai bai		g. Age		.,	
City (5)		County (6)	Co	unty	Coc	de (7)	alle outer							7.000 Miles			
Livingston		Essex						Current Use (Prior	if being de	molis	shed)	***				
								School									
Name of Monitoring Pennoni Assoca		y Building Owr	er (8)		A	SCM	No.	Name of Abar Bristol Env)					
Street Address	ites, iiie.							Street Address		nontai, iii							
515 Grove St.								1123 Beave		eet							
City, State & Zip Co								City, State &				5					
Haddon Heights			-					Bristol, PA									
Project Manager fo Alan Lloyd	r Monitoring F	ırm	856-			ımber		Telephone Nu (215)788-60		r	- 1	0050	se Nur	nber			
Scheduled Start Da	ate (10)	Scheduled Cor						Name of OSH		onitor		0000					
5/28/14		2011044104 001	6/7/		, ,	,		Bristol Envi			c.					TOUR HEALTH	
Occupancy Status	During Abater	ment (Check or	nly one	e)				Street Addres	270								
		During Entire P				ment		1123 Beave			- 1777		uccio il lico				
	10 PM to 7 Af	utside of Norma M	ai Hoi	urs –				City, State & 3 Bristol, PA									
	cupied During										M105355	_					
Scope of Work (Ch	eck all that ap	ply)							\boxtimes	Full Cont	ainm	ent wi	th Nec	ative	Pres	sure	
☐ ≥3 sf or ≥3	If		\boxtimes	Rei	nov	ation			Ħ	Mini-Enc							
≥160 sf ≥26	SO If			Dei	mol	ition				Glove Ba	g Pro	ocedu	res				
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	ocation of			Loca				Description		_		Amoui Speci		Aba	teme	ent T	ype
	tos-Containin terial (ACM)	9		nally olely		ea		Asbestos-Con Material (A)		g		F or L			14	Ш	
<u>TO</u>	BE ABATED		Main	tenar	nce	10000		(i.e., thermal s	ystem				60	Ren	Re	ncap	ncl
i	n Facility	14	Custo			ff?		sulation, surfac						Remova	Repair	Encapsulate	Enclosure
	(13)		Yes	(12) No		I/A	U	or other miscell	aneou	15)				_	7.0	ate	G.
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Name of Registere	u vvaste naut	GI .		0.000		er ID N		of Waste	ITTALL	ic of region	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	a carr	41111				
Service Transpo	rt Inc.				2	0990		30	Strategies W	erva Lan	dfill						
City, State	Marian Autoritan							Disposal Date		, State	<u> </u>						
New Castle, Dela				- I				6/3/14	Wa	ynesburg	, OF	1		D-1-			
Completed By (Prin				0.39675	tle roje	not	S	Signature	2.		/ .	0		Date	13/	1,d	1
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Of =	4.	a 15	1//
14 3	# 0	210	17

Date of Notification (1) 5/14/14						Owner / Operato			20.10				
Agencies Notified Type Notific	ation		Macy		nc. idress		75 [4 1	된 -9	- No. 113:	-4			
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	rgency				Contact	+3202				phor	a Ni	ımbo	-
	ellation	10			mauro					500	IE IN	HIDE	31
- DON - Gain									(000)	11/05		2	
65 W 100 At 1				CIL	ITY INF	ORMATION							
Name of Facility Where Abatem	ent is Taking P	lace (3	3)			Type of Facili							
Macys Store #71-016						School (I		LC 46\					
Street Address					10	The same of the sa	ter 8 (Other than	The state of the s				1 1900	
South Orange Ave & Walnu	t Ave.						e. private & comm					ic.)	
C'4. (F)	County (6)	ICO	unts (do (7)	Square Feet	# of Floors	5	Blag	. Age	•		
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Livingston	Essex						(Prior if being den	nolisnea)					
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Name of Monitoring Firm Hired b	y Building Owr	ner (8)		P	ASCM No.		tement Contracto						
Pennoni Assocaites, Inc.				Ц,		Street Addres	ironmental, Inc	•					
Street Address						1123 Beave							
515 Grove St. City, State & Zip Code						City, State &						_	
Haddon Heights, NJ 08035						Bristol, PA							
Project Manager for Monitoring F	irm	Teler	hone	Nı.	umber	Telephone No		Licen	se Num	her			
Alan Lloyd		856-				(215)788-60		0050					
Scheduled Start Date (10)	Scheduled Cor			ite ((11)	Name of OSI							
5/28/14		6/3/				Bristol Env	ironmental Inc						
Occupancy Status During Abate	ment (Check or	nly one	≘)			Street Addres							
Facility Closed/Vacated	(3.7)				ment	1123 Beave							
		al Ho	urs –			City, State &							
Describe: 10 PM to 7 A						Bristol, PA	19007						
Facility Occupied During													
Scope of Work (Check all that a	oply)						Full Conta	inment w	ith Nea	ativo	Drae	CLIFA	
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≥160 sf ≥260 lf		H			ition		Glove Bag		res				
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Location of		Is	Locat	tion		Description		Amou		_		ent T	
Asbestos-Containin	g		nally			Asbestos-Con		(Speci					-
Material (ACM)	1		olely			Material (A		SF or L	-F)	70		Ē	т
TO BE ABATED		Main				(i.e., thermal s				en	Re	cap	ncle
in Facility		Custo		Sta	ff?	insulation, surfac				Removal	Repair	Encapsulate	Enclosure
(13)		Yes	(12) No	TN	I/A	or other miscell	arieous)		1	=	1000	ate	6
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1 Floor Sportswear		H	8	+	$\dashv \vdash$	VAT & Ma	Stic	5,200	or .	+	H	뭐	Η
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Name of Registered Waste Haul	ei		1000000		er ID No.	Cubic Yards of Waste	Name of Regist	cied Lan	AOH				
Service Transport Inc.			1.10		0990	30	Minerva Land	fill					
City, State						Disposal Date	City, State						
New Castle, Delaware						6/3/14	Waynesburg,	ОН					
Completed By (Print or Type)			Tit			Signature	0.	1	0	ate	/	1	
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Date of Notification (1)				e of Building Ov CK SHARP & Do								
6 / 2 /14			Stree	t Address				777.5	00020420			
Agencies Notified Type Notif	ication		126 8	E. LINCOLN AVE	ENUE,	P.O. BQX-2	000, RY28-	414	(10:	* G		
EPA Initia	Notification nded Notification		City,	State, Zip Code WAY, NEW JER			γ υ υ · · · · · · · · · · · · · · · · ·	2	-			
X DOH On H				e of Contact			Telephone		er			
DCA EME	RGENCYN	representation of the contract	and the second	LATRONICA			2	30				
Name of Facility Where Abatement is	Taking Dia		FACILITY IN	FORMATION	Trene	of Facility	(4)		-			
Name of Facility Where Adatement is	Taking Pia	ce (s)			Туре	School (K-						
MERCK SHARP & DOHME CORPORA	NOITA				X	Subchapte	r 8 (Other th orivate & cor			hom	as at	c)
Street Address				-	1	uare Feet	# of Flo		Jiuga.		. Age	
126 EAST LINCOLN AVENUE - BUILD	ING 806					9,975	2				5	
City (5) Cou	nty (6)		18	ity Code (7) E USE ONLY)	Curre	ent Use (Pri	or if being d	emolis	hed)			
Name of Monitoring Firm Hired by Bu	ilding Own		1 (0.74)	ASCM No.	Nam	e of Abater ENVIRONI				- N		
ENVIRONMETAL HEALTH INVESTIG	ATIONS, IN	<u>.</u>		17		t Address	WENTAL CO	JKFO	KATIC	JIN		
655 WEST SHORE TRAIL						SPOOK RO	CK ROAD					
City, State, Zip Code	NEW JERS	SEY 07871				State, Zip C		901				
Project Manager for Monitoring Firm	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		e Number			phone Numb		_	se Nu	mber		
WILLIAM S. KERBEL, CIH		973-729-5	5649		845-3	369-7500		1101				
Expected State Date (10)	Sche	d. Compl	etion Date (1	11)	Nam	e of OSHA I	Monitor					
5 / 19 /14 Month Day Year	Mo	6 /	Day 2	/14 Year	AME	RISCI LABO	DRATORIE	SINC		#11	1480	
Occupancy Status During Abatement (C						t Address						
X Facility Closed/Vacated Duri					117	EAST 30TH	STREET					
Abatement Performed Outsi X Other - Describe: MON	de of Norma IDAY-FRIDA			be:	City	State, Zip C	nde					-
Other - Describe.	יטואו ו-ו אטוי	TI /AIVI-O.	00 1 IVI		City,		V YORK, NE	EW YO	DRK 1	0016		
Scope of Work (Check all that apply)				Full Conta	inment	with Negati						
X Demolition	Reno	vation		Mini-Enclo	04000							
>3SF OR LF				Glovebag X Non-Friab								
X >160 SF OR 260 LF	1 1-	Location	1	Description of As					٨٤	oatem	ont Tu	mo
Location of Asbestos-containing	1000	mally used	1	Containing Materia			Amour	nt				
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TO BE ABATED		nt/Custodia	l ir	nsulation, surfaci	ng, VA	T,	SF or L	.F)	30	F	PS	00
in Facility (13)		taff (12)	4	or other miscella	neous))			4		ULE	URE
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Name of Desistand Mosts Hautes	NID	-D Mosts	Cubia Vard	la of \N/anta	Mom	o of Pogieto	rod Landfill			L		-
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.		EP Waste er ID No.	Cubic Yard	s of Waste 120	LYCO	e of Registe DMING CO	INTY RES	OURC	Е МА	NAGE	MEN	TSF
825 HIGHWAY 33		15939		120		ALEXANDE						
City, State			Disposal D		City	State				1	,	1282
FREEHOLD, NEW JERSEY			5/27/14-6/1	5/14	MOK	TGOMERY	, PA 17752		/	1	/,	\mathcal{L}
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTO	OF OR	DATIONS	Signature	XX			Date	01	1	1/4	7
DEINSAMMIN SANCITEZ	PHILECIO	VOI OFE	IVATIONS		11/				/	- /	- 1	/

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP. Street Address /14 Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-4140 **EPA** Initial Notification City, State, Zip Code RAHWAY, NEW JERSEY 07065 DEP Amended Notification Cancellation DOL DOH On Hold Name of Contact Telephone Number **EMERGENCY NOTIFICATION** MIKE LATRONICA DCA **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 126 EAST LINCOLN AVENUE - BUILDING 806 9.975 35 City (5) County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) RAHWAY UNION VACANT Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. 17 PAR ENVIRONMENTAL CORPORATION Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number WILLIAM S. KERBEL, CIH 973-729-5649 845-369-7500 1101 Sched. Completion Date (11) Expected State Date (10) Name of OSHA Monitor 5 / 19 114 10 / 30 /14 AMERISCI LABORATORIES INC #11480 Month Year Year Day Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM City, State, Zip Code NEW YORK, NEW YORK 10016 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Mini-Enclos. Renovation >3SF OR LF Glovebag Procedure >160 SF OR Non-Friable Procedure 260 LF Is Location Description of Asbestos-Abatement Type Location of normally used Containing Material (ACM) Asbestos-containing Amount ENCAPSULE ENCLOSURE REPAIR REMOVAL Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT. SF or LF) Staff (12) or other miscellaneous) in Facility (13) Yes No N/A ROOF **BUILT UP ROOFING & FLASHING** 6,000 SF

Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill FREEHOLD CARTAGE, INC. LYCOMING COUNTY RESOURCE MANAGEMENT SEL Hauler ID No. 120 825 HIGHWAY 33 15939 447 ALEXANDER DRIVE/ROUTE 15 City, State Disposal Date City, State FREEHOLD, NEW JERSEY 5/27/14-6/15/14 MONTOOMERY, PA 17752 Completed by (Print or Type) Signature Date BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS

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

Name of Building Owner/Operator (2)

Date of Motification	(-)			Helitana araba	wher, operator	127					
5-6-14			Patty 0	ioro	iino						
Agencies Notified	Type Notif	ication	Street Addre								
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[]DEP	Noti	fication	City, State	, Zip	Code	2014	77 - 9 - PY	11.4	n		
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[]DCA	[]EMERGI	ENCY	Patty 0	Sior	dino	1	Ą	1	1.		
• 1• 30000000000	[]Cance:	llation	_				* **	-			
			FACI	LITY I	NFORMATION					3450	
Name of Facility Who		nt is Tak:	ing Place (3)			Type of Facil	ity (4)				
Same as above	•					[]School					
Street Addres							ter 8 (Othe i.e., priva				
						1 To To To 12	uildings, h				
						Square Feet	# of Floo	rs B	ldg.	Age	
City (5		County	(6) Essex		ty Code (7)	1500	2		72		
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Street Address					Street Addres	_					
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City, State, Zip Co	de				City, State,		40				
						r, NJ 070	42				
Project Manager for	Monitoring		elephone Numb	er	Telephone Num		1	icens		ber	****
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		Is			Abatement Type				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Location Normally Used Solely By Maintenance/ Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R E M O V A	R E P A I R	E N C A P S U L	ENCLOSUR
	Yes No N/A							(4)	E
Basement			X	Pipe Insulation	50 lf	X			
			+			+			
Name of Registered Waste Hauler	NJ	DEP I	Waste	Cubic Yards Name of Regi	stered Landf:	.11	<u> </u>		-

AZTECH MANAGEMENT,	Hauler ID No.	of Waste 1.5	G.R.O.W.S.
City, State Montclair, NJ 07042		Disposal Date 6-9-14	City, State Morrisville, PA 19067

Completed By (Print or Type)	Title	Signature	Date
Constantine Vivian	President	PV. vien	5-22-14

MO#21901425816 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)				Nor	no of Duildi	na O								
06/04		14			some Mi	ng Owner/Operato	or (2)							
	e Notification	on			et Address									
□ EPA 🛛	nitial													
	Amended			_	Barnard Pl									
	kmendment	#		City	, State, Zip	Code								
☐ DCA ☐ E	mergency	(includi	ing		abeth, NJ									
4. A 104_00	ustification)			Nan	ne of Conta	ct			Telephone	- Numb	er			
	Cancellation	1		Win	some Mit	chell				1101110	01			
Name of Facility Where Abater	ment is Tak	ina Dla	00 (3)		ACILITY	NFORMATION								
Private home	Herit IS Tak	my ria	ce (3)				104.00	ype of Facili	5 C W		07056			
Street Address								School (K-	12)					
							1	Subchapte	r 8 (Other than	K-1 2)	22.	1 1277271		
32 Barnard Place							2	homes, et	private and co	ommero	ial t	uildir	igs,	
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Elizabeth, NJ 07208								Angle Leef	# 01 F100	rs	1	3idg.	Age	
County (6)				Cor	inty Code (7)	(STATE USE ONLY								
Union				000	anty code (7)	(STATE USE ONLY	7) (Jurrent Use (Prior if being d	emolish	ned)			
Name of Monitoring Firm Hired	by Ruilding		- (0)											
in the d	by Building	Owne	r (8)	ASC	Л No.	Name of Abate	ment	Contractor (9)				-	
Ct. All						Gr Tech LLC								
Street Address			7.5			Street Address				-				
								2						
City, State, Zip Code						576 Valley Rd					65			
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Project Manager for Monitoring	Firm		1-			Wayne, NJ 074	470							
, and age, ion Monitoring	8 41 81 2		iel	ephone	No.	Telephone No.			License N	10.			-	
21. 15.						973-638-1777			01127					
Start Date (10)	Sch				ate (11)	Name of OSHA		itor	01127	-				
06 /13 /14	_	06	/ 1	4 /	_14									
Occupancy Status During Abate	ment (Che	ck only	anal			Envirovision C	Consi	ultants,Inc						
▼ Facility Closed/Vacated Duri	na Entire B	eriod o	f Alanta			Street Address								
Abatement Performed Outsid	te of Norm	el Facili	ty Unit	ment		20-21 Wagaray	w Ro	ad, Bldg .#	34A					
Time of Abatement:	M-	PM/	PM	rs - De	SCRIDE	City, State, Zip (Code					_	_	
					-VIAI	Fair Lawn, NJ	074	10						
Scope of Work (Check all that a	oply)								nation with ne	native r	race	SUFO		
▼ >3 sf or >3 If		N 5				☐ Full Co	ntain	ment with Ne	gative Pressu	gauve p	1165	sure		
>3 sf or >3 If ≥ 160 sf or ≥260 If			enovati emolitic			MINI-En	nclos	ure						
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		TT	s Locat	ion	T	LI NOTIFEX	embi	ieu () and N	on-Friable Pro	cedure		ī		tega nega
Location of			Norma								Ab	atem	ent T	ype
Asbestos-Containing Materia	I (ACM)	Us	ed Sole	ely by	Asha	Description stos Containing M	of	-1/4010	14.		ת	מ	т	Tm
TO BE ABATED		Ma	aintena	ince/	(i.e	., thermal systems	ingi	al (ACIVI)	Amount	5.0	Removal	Repair	nca	Enclosure
IN Facility (13)		Cus	todial	Staff?		surfacing, VAT	T. or	idion,	(Specify SIF or LF		VOL	air	sde	ISO
(13)			(12)	_	-	other miscelland	eous)	Oil Oi Ei	<i>'</i>	<u>a</u>		Encapsulate	ē
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Tech LLC			0	03378	5									
lity, State				033/8	13	TBD	_	R.R.F. Inc						Euro
over NI 07470						Disposal Date	C	ity, State						
ayne, NJ 07470				- 22 - 25		TBD	Tu	ıllytown, P.	A					
ompleted By (Print or Type)	Title	9				Signature	1	J 1 1 1	A	Date			_	
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Emergency

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

Jun 4 2014 07:44am P001/001

Date of Notification (1) 6-3-14 Normo of Building Chiney/Operator (2) Bill Spengen	ممر	Ω.		
Apencies Notified Type Notification Street Address 154 Monmouth Blvc	1	. 13 13 - 4		
DEP Amended Amended Amended Amended Amended Amended	77	5	7	
DOH justification) Carrealistion Dengency (including justification) Name of Contag Telephone Number To Dengency Telephone Number To Dengency Telephone Number Telephone Number Telephone Number Telephone Number	Y	· 4	90	
FACILITY INFORMATION)	-10.00			
Name of Facility Where Absternant is Taking Place (3) Sinkle family (Storm Danase) Subchapter 8 (Other than K-12)				
Street Address 154 Monmouth Blud Square Feet # of Floors		gs. ho		
Oceanport No 07757 2	6	20	<i>t</i>	
County (5) County (6) County Code (7) ISTATE USE ONLY SINGLE FEMILY County Code (7) SINGLE FEMILY County Code (7) ISTATE USE ONLY SINGLE FEMILY County Code (7)	I) ILL)C	Mi	IS	
Name of Monitoring Firm Highed by Building Owner (8) ASCM No. Name of Absterner Contractor (9) FC Technology	25	Ì	חנ	
Street Address Ro. Box 337 R.O. Box 337				
City, Strate, Zip Code New Equat NJ 08533 City, State, Zip Code New Equat NJ	08	15	33	3
Project Manager for Monthly of itm Telephone No. Telephone No. License No. 609 758-3365 609 758-3365	3	94	1	
Start Date (10) Scheduled Completion Date (11) Name of OSI-IA Monitor EPC Technologies	In	vC	-	
Occupancy Status During Ahatement (Check Only One) Street Address		The same		
Abstement Performed Cutside of Normal Facility House Je. City, State, Zip Code	85			\exists
Scope of Work (Chack All That Apply)	ليسال	-		\dashv
23 of or 26 if 2180 of or 250 if Renovation Renovation Dominition Dominition Dominition Dominition	٠.		5	
Non-Exempted (*) and Non-Friable		edure Abaten	ent.	
is Location Normally Discription of	•	Typ		
Location of Used Solety by Supposed Confesioner Material (ACM) Amount			m	
	27	B	ROS I	
(24			5 1
In Facility Custodial Stat? surfacing, VAT, or SF or LF)	ANOLLER	apaid	E	層
In Facility (13) Custodial Stat? statesing, VAT, or SF or LF) cther miscellaneous)	Removal	Repair	Encapaulate	Enclosura
In Facility (13) Custodial Stall? (12) Custodial Stall? (13) Yes No N/A		apair	poulate	BNIB
Custodial Stati? In Facility (13) Custodial Stati? (12) Custodial Stati? (12) Custodial Stati? (12) Custodial Stati? Custodial Stati. Cust	x	epair .	psolate	BNUS
Custodial Stati? In Facility (13) Custodial Stati? (12) Custodial Stati? Custodial Stati.	x	epair	paulale	BNBC
Custodial Stati? In Facility (13) Yes No N/A Kitchen X Lindeum Floor 200 St Windows on House X Window Caulk 20 windows	x	epair	paulata	BUIBC
Custodial Stall? In Facility (13) Yes No N/A Kitchen X Lindeum Floor 200 St Windows on House X Window Caulk 20 windows	x	epair	paulate	B-1080
Name of Registered Waste Harder No.	X			
Name of Registered Waste Hander Name of Registered Waste Hander Rectangles No.	X X			

Garage		Pipe encapsu	lation	10 sf	X
Name of Registered Waste Hauler AZTECH MANAGEMENT, INC	NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Regi	istered Landfill	
City, State Montclair, NJ 07042	- II - 22	Disposal Date	City, State Morrisvi	lle, PA 19	067
Completed By (Print or Type) Titl		Signature	<u> </u>	Dat	

Completed By (Print or Type)

Constantine Vivian

President

(Villum

Date

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

| Name of Building Owner/Operator (2)

Date of Notification (1)			Nan	ne of Buil	lding	Owner/Operator	(2)						
6-3-14			I	ori El	.ls	vorth							
Agencies Notified Type	Notifi	cation	Sti	reet Addre	ess		2						
[]EPA [X]	Initia		4	7 Ridg	jew	ood Ave.	89						
[]DEP	Notif:	ication	Cit	y, State,	, Zir	Code		2017	g = j 19				
[X]DOL []	Amended Notif:	d ication	G	len Ri	dge	∍,NJ,07028		int.	U. [[N II): 3	
[X]DOH			Nan	me of Cont	tact		Telephor	ne Number					4
[]DCA	EMERGEI Cancel	NCY lation	I	ori El	lls	vorth	(-	9]	100			S.	77 2
				FACI	LITY	INFORMATION				<u> </u>	-	-2.50	===
Name of Facility Where Ab	atemen	t is Tak	ing	Place (3)			Type of Facil	ity (4)					
Same as above				0.			[]School					20	
Street Addres							[]Subchap [X]Other (cial b		rate &	CO	mmer		
							Square Feet	# of Flo	ors	Blo	ig. I	ge	
City (5		County	(6)	Essex	4888	ounty Code (7)	3400	2		8	9		
					()	TATE USE ORDIT	Current Use (Prior if h	eing o	lem	olis	hed))
Name of Monitoring Firm h	ired b	v Buildi	nσ	ASCM No.		Name of Abatem	ent Contracto	r (9)					
Owner (8)		1	9				ANAGEMENT						
N/A Street Address	-					Street Address				_			
,							topher St	•					
City, State, Zip Code						City, State, Z	ip Code			77.5	S-111		- 10
						Montclai	r, NJ 070	42					
Project Manager for Monit	oring			hone Numb	er	Telephone Numb		***	Licen			er	
		II.	I/A			(973)744	-8800		003	37:	L		
Scheduled Start Date (10)	Sc			ion Date	(11)	Name of OSHA M	Monitor						
6-13-14		6-16		54607		N/A							
Month Day Year Occupancy Status During A [X]Facility Closed/Va	bateme			ly one)	12	Street Address	•						
of Abatement []Abatement Performe	ed Outs	side of 1	Norma	al Facilit	tv	City, State, Z	in Code						
Hours - Describe:	OffHou	urs Desc	riptx	2	-	Dicy, beace, 2	ip code						
[]other - Describe:			cy De	escript»									
Scope of Work (Check all	tnat a	ррту)				[]Full (Containment wi	th Negativ	re Pres	ssu	re		
[X]>3 sf or >3 lf []>160 sf or >26			7 7	enovation emolition		[]Mini-E	Enclosure Dag Procedure						
				10000000000000000000000000000000000000	-		riable Procedu	re					
Location of			Loca	stion		Description	n of		P	bat	temer	it I	E
Asbestos-Containi	ng		Us	ed ed		Asbestos-Cont	aining	Amoun	-	RE	R	NC	N C
Material (ACM) TO BE ABATED				ely fain-		Material (i.e., thermal		(Specif	У	M	P	A P	L O
In Facility				nce/ odial	i	nsulation, surfa		LF)		V	AI	S	S
(13)		Yes	Staff	(12) lo N/A		or other miscel	laneous)			A L	R	T U	U R
Basement		163			Pip	e Insulation	on	135 1:	E X			•	E
					-								
													_
Name of Registered Waste AZTECH MANAGEMEN		NC	West Committee	P Waste er ID No.		ubic Yards f Waste 1.5	Name of Regi G.R.O.W.		dfill				
City, State			D	isposal Date	City, State								
Montclair, NJ 070	42		14 15			6-17-14	Morrisvi	lle, PA	190	06	7		
Completed By (Print or Tyr	ne) m	itle				Signature	1		h- :				
Constantine Vivia		Presid	lent			n\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ic		Dat 6-:	:e 3-1	4		
	[(S==\V.)(\delta)	~		16/10	1000			e 187	200 		

Date of Notification (1)	! Name of R	ulding Owner/Opera	the Par				
6-4-14		Amen	con Des	colition	20	27	
Agencies Notified Type Notification EPA Zinzal	Street Add		1 / /	3	1 (14)	7	
DOL Amended Amendment 8	City, State,				-		
☐ DOH ☐ Entergency (Inclining	- Eq	eg Harbo	Tuys	NJ	18	239	1
☐ DCA ☐ Cancellation	Name of Co	mach 15		Telsphone	Pili mana		2
		INT CREMATION		<u>_</u>			- 1
Name of Facility Where Abstract is Taking Page (3) Les icen 7			Type of Facility	(4)			
Street Address			School RE-12	2)			
300 28+2 5+			Subdrapter (OSter (i.e., pr fromas, etc.)	inete 2 eteni	(K-12) තමන්ත් විශ්	daings,	
City (5) Brichitus 11			Square Feet	# of Flows	1 1 1	Kdg. Age	
County (6)	County Corte	(T) (STATE	Dunient Use (Prin	12	Í	70	
Name of Monitoring Firm Hired by Building Owner A	USE CALLY)			ens	1023(CG)		
(8)	ROM No	Name of Abstan	ent Contractor (9)	10			
Street Address		Street Admires			A		
City, State, Zip Code		- Management	Busting	for ,	Are		
		City, State, Zo Co	inco h	1501	1001	_	
Project Mexiciger for Monitoring Firm Teleph	rone No.	Telephone No		License No.			_
Start Date (10) Schedulet Completion	n Date (111)	SE SOY Name of OSHA M	0771	010	70		_ [
6-14-17 16-30-	14	rensu odsa un	Self.				
Company Status During Abatament (Check only one) [] Facility Closed/Veceted During Esde Pedial of Abatame		Street Address					\dashv
Abstancent Performed Custife of Normal Facility House Cliner - Describe:		Olly, State, Zip Cod	le				=
Scope of Work (Check all that apply)							
- - 4		☐ Full Contail	innent with Negetiv	e Pressure			7
			ans Tocarre				
ls Lors Em	7	Non-Brand	isi (") and Non-Fri	abia Procesiu	Ge		
Noneting Control of Used Solely by	g g	D	d P			lement ype	
Asbestos-Containing Material (ACM) Maintenance/ TO SE ABATED Customer	Asbesto	Description of S Containing Materia		Vancount .		1 1	-
Steff? (13) (12)	24	ernal systems insui surfacing, VAT, or ther miscelineous)	l è	Specify ForLF)	Removal	Toap	
YE NO NA		ara morestant)	et in age		oval	Encapsulate	Enclosura
OUTSICK	1/4	Mr Chie	cles in	20. 3. 6		"	4
To Cale	1	CPI JS NIM	1/2/10	120 SF			4
	and a					-	4
of Dorlo at 190 at 19						-	-
me of Registered Weste Hauter Am July LLC 0055	Weste C	waste N	ame of Remister A	and E	600	120	1
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Velanco NJ			Tully	HUM	PA	2	-
modelnei Dr.				/	, ,		
replaced By THU THE VP		Signature	AL	Date	4-1	14	Ī

Date of Notification (13-11-10	1/	Name of E	Sulting Owner/Ope	seint (2)	1	-
Agencies Mothled			_			ua jijia	DW 10. 15
	Type Nest	20V2-2-2-2-X	Street Ad	9.51	PRUCE .	C+	
DOL	Amend	and (engineed people	City, State,	Zo Coda Ceve	ell NS	8 OSE	2/2/2
□ DOH □ DCA		2001)	Name of O	oniact.	700	Telaphone Nu	
				42		- Capitale Mil	THE STREET
Name of Facility When	a Abatament is	Taking Pene G	FACELITY	RE-CREATION			
Street Address	Run				Type of Facility School (K-1)		
Street Address	3. Spin	evce :	5+		Subchauter	8 (Cliner than K- uivale & commen c)	12)
City (5)	well				Inomas, etc.) Square Feat	S of Floors	
County (a)	10091				I		Eldg. Age
(6/02	steil		USE ONLY)	a(r) (STATE	Current Use (Pri	or if being demos	an2d)
Neme of Moreoring Firm (8)	Hired by Built	ling Curner	ASCM No.	Name of Aber	ment Contactor (9)		
Street Address				Street Address	Sue Ll	<u></u>	
City, State, Zip Code				121	2 Bunli	of ton ff.) EQ
				City, State, Zip (0000/000	DAIT	DEDT
Project Manager for Moni	toning Firm	Tel	aphone No.	Telephone No.	110001	License No.	
Start Date (10)	. I Sc	healized Comple	dina Deta (22)	Name of OSHA		210	70
6-14-14		10-30	74		Se	12	
Occupantly Status During I Facility Closed/Vacated	During Entire	Parint of Ahasa	ment	Street Address			
Abstanced Performed (Other - Describe:	Outside of Non	nel FeeDly Hour	5	City, State, Zip Co	nie		
Scope of Work (Check all t	hat anniv)						
<u>7≥</u> 3 sf or ≥3 li		Removation	-	☐Fd Cont	innant višn Negati	re Pressure	
]≥160 sf or ≥260 ff		Oemosion			Promise		
		Is Location Normally			कृष्टियों (?) बाजों (Kan-Fr	iable Procedure	Abatement
Location of Asbestos-Containing Met	riel (ACI) (A	Used Solely I		Description of	The same of the sa	Contract	Тура
TO SE ABATED IN FEDRY	(c tolla)	Custorial Staff?		is Containing Materi hermal systems ins	rieko, (Amount Specify	
(13)		(12)		surfacing, VAT, or other miscellaneous	s	ForLF)	Enclosure Encapsulate Repair
Destruce	21	Yes No 1	NA	0 /	2 //	-	ate
7025 Mucel	7K		FA	KERLOA K	WYER 10	04+ V	+
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		THE PERSONNEL PROPERTY.					
ne of Registered Waste Ha	ader			Aubic Yards	Vanne of Registered	ande /	,
State Dila				0	WM	at la	
Delanco	N)	, u	isposal Daia C	ay, Sales	Myton	n Pa
pisted By 44//	The	VP		Signature		Date	1-/11
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	° Do	and use this form	n for anhantan E		er 200		



Energener

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

Checkt 4132

Date of Notification (1)			T	Name of	Building (Owner/O	perator	(2)	Che	01 -			-	-		
6/4/14					& Susar	Hart I	Privat									
2	Notification Initial		1000	Street Ad 24 Wes	ddress st Shrev	wsbury			2814 JUN	-9	Palo		ť			
DEP DOL	Amended Amendment				te, Zip Co gg Hart		0808	7		- 1		hŪ				
DOH DCA □	Emergency (i justification) Cancellation	ncluding		Name of Frank	Contact					Tele	phone I	Numb	er			
Name of Facility Where Abate	nont la Takina	Dless (2)		FACII	LITY INFO	ORMATIC	ON		-4 F106 · //							
Frank & Susan Hart Pri		riace (3)						Tamore	of Facility (4 School (K-12							
Street Address 24 West Shrewsbury				****				×	Subchapter of Other (i.e. projetc.)				build	lings,	home	es,
City (5) Little Egg Harbor NJ 08	087		fa .						re Feet	# of	Floors			dg. A 5=	ge	
County (6) Ocean		2000 100 100		County C	Code (7) USE ONLY	,		Curre	nt Use (Prio	r if bei	ng demo	olishe	d)			
Name of Monitoring Firm Hired N/A	by Building C	wner (8)		ASCM	l No.			of Aba	tement Cont	tractor	(9)					
Street Address								Addres							35000350	
City, State, Zip Code							City, S	State, Z	ip Code n NJ 0809	91						
Project Manager for Monitoring	Firm		П	Telephor	ne No.		Telepl	hone No.	0.		License					
Start Date (10) 6/5/14		Schedule	d Con	pletion (Date (11)			of OSH	HA Monitor		00721					_
Occupancy Status During Aba	tement (Check	STATE NAME.	e)					Addres	20	-		-				
Facility Closed/Vacated D	uring Entire F	eriod of A	batem	ent					ip Code							
Other – Describe:	add or realing	ar r domity	110010			_	Oity, c	state, Z	ip Code							
Scope of Work (Check All Tha	Apply)											2000				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Transport	enova emolit				2	Mir	l Containme ni-Enclosure ovebag Proc n-Exempted	edure					e	
	0 6		Locati											Abate	ement	t
Location of	-1 (A OND)		lormal d Sole				scription					+		1 9	ре	
Asbestos-Containing Mate TO BE ABATED In Facility (13)		Mai	ntenar odial S (12) No	nce/ Staff?				is insula AT, or		(5	mount Specify For LF)		Removal	Repair	Encapsulate	Enclosure
Exterior Siding	,	res	INO	N/A X		Evto	rior Si	dina		10	00 SF	-				
Exterior olding	,	+-+		<u> </u>		LAIG	1101 31	unig		10	00 31	-				
							-			_		\dashv	-			
		+									-	-	-			
Name of Registered Waste Ha	uler	11	N	JDEP W	/aste	Cubic	Yards		Name of F	Registe	red Lan	dfill				-
United Containers				auler ID 2459	No.	of Was			G.R.O.V							
City, State Elm NJ						Dispos 6/6/14	sal Date 4)	City, State Morrisvi		1906	7				
Completed by Anthony T Perna		Title Signature Date President 6/4/14														

Date of Notification (1) 6-4-2014	Na Bo	ame o	of Building (Owner / Operator ainside Borough	(2) Hall					
Agencies Notified Type Notification EPA	St	reet A	Address oute 22			2314 JUN -	9 PH	10:	iţ	
☐ DEP ☐ Initial	Ci	ity, St	ate & Zip C		\ii				. 147	
☑ DOL ☐ Amended (2 nd) ☑ DOH ☐ Emergency			of Contact	17092	*		elepho	ne Ni	imbe	er
☐ DCA ☐ Cancellation	M	r. Mik	e Disko			1		-		
		FA	CILITY INF	ORMATION						
Name of Facility Where Abatement is Taking	Place (3)			Type of Facilit			-			
Mountainside Library Street Address				School (F	<-12) ter 8 (Other th	an K 12)				
1 Constitution Plaza						nmercial building	s, hom	es, e	tc.)	
				Square Feet	# of Flo	ors	ldg. Age	9		
City (5) County (6)	Cou	nty C	ode (7)	25,000		3		1950		
Mountainside, NJ 07092				Restaurant	Prior if being o	lemolished)				
Name of Monitoring Firm Hired by Building C	owner (8)		ASCM No.		tement Contra		1000000			
Health & Safety Services, LLC Street Address			117	Street Addres	nagement Gro	up, LLC		(4) 7-4-1		
318 12 th Street					n Ave, Ste 202					
City, State & Zip Code				City, State & 2						
Hammonton, NJ 08037 Project Manager for Monitoring Firm	Telenh	one l	Number	Trenton, NJ 0 Telephone Nu		License N	umber			
Mr. Jim Proctor	609-70			609-914-4279			0118	5	8	
Scheduled Start Date (10) Scheduled (10) O6-17-2014	Completion 07-4-20		€ (11)	Name of OSI- J&S Environn	lA Monitor nental Laborat	ories Inc				
Occupancy Status During Abatement (Chec				Street Addres	30-200					
Facility Closed/Vacated During Entir Abatement Performed Outside of No.				2333 Route 2 am City, State & 2						
Describe:	illiai rioui.	3 4.00	Jpin-12.008	Union, NJ 070						
Facility Occupied During Abatement										
Scope of Work (Check all that apply)					☐ Full Co	ntainment with N	legative	Pres	sure	
≥3 sf or ≥3 lf	\boxtimes		ovation		Mini-En	closure				
≥160 sf ≥260 If		Dem	olition			Bag Procedures	Crioble	Dro		
Location of	ls l	ocatio	on	Description		empted and Nor Amount		ateme		
Asbestos-Containing	Norma	ally U	sed	Asbestos-Con	taining	(Specify				7
Material (ACM) TO BE ABATED	So Mainte	lely b		Material (A		SF or LF)	Rem	ת	Enca	Encl
in Facility	Custo			(i.e., thermal sy insulation, surface			ome	Repair	aps	clsc
(13)		(12)		or other miscell			noval	¥i.	psulat	soure
	Yes		N/A			1	57		_	
Mechanical Room Mechanical Room	-HH	\boxtimes	H	Fittings Vibration C		110 Each 6 SF		H	H	H
Wedianical Room			 	VIDIALION	1001	0.01		H	H	
		뮈					님	H	H	H
Name of Registered Waste Hauler		NJE	DEP Waste	Cubic Yards	Name of Reg	istered Landfill				14
Resource Management Group, LLC			uler ID No. 5218	of Waste TBD	Grows Landf	ill				
City, State				Disposal Date	City, State					
Voorhees, NJ				TBD	Morrisville, P	A				
Completed By (Print or Type) Mr. Brian Haney		Title	e sident	Signature	W	NU 4_	Date 06/04	/201	4	

Date of Notification (1) 06/03/2014				Owner/Op ERCIAL			NG	Pa ₁							
Agencies Notified	Type Notification	1		Street Ac	idress RTIN S	т			no:						
EPA DEP DOL	Initial Amended Amendmer		F	City, Stat	te, Zip Co		003		7811	1. 15.10.1		iij: ;			
☑ DOH DCA	iustification Cancellatio)	- 1	Name of	Contact BEVILA	COUA				Tele	nhonė Ni	-ber	H.		
<u> </u>	L Carlochado						. N.1					10	-		
Name of Facility Where PRIVATE	Abatement is Taki	ng Place (3)		PAGIL	LITTINE	ORMATIO	IN .	_	of Facility (500		<u> </u>			
Street Address 20 MARTIN ST.		-						×	Subchapter Other (i.e. p etc.)	8 (Othe			dings,	home	es,
City (5) BLOOMFIELD N.J.	07003								re Feet	# of	Floors 2	В	ldg. A		
County (6)				County C	Code (7))		Curre	ent Use (Prid	or if beir	ng demolis	hed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	l No.				atement Con			TION	HC	-	
Street Address							Street	Addre	ss		.011100	11011			
City, State, Zip Code							City, S	State, Z	RDEN PL Zip Code				-		
							HAC	KEN	SACK N.J	1. 0760	01			tae ao an	
Project Manager for Mor N/A	nitoring Firm			Telephor	ne No.			none N 708-4			License f 01135	No.			
Start Date (10) 06/04/2014		Schedule 06/05/2		npletion [Date (11)				HA Monitor IRONMEN	NTAL :	SERVIC	ES.			
Occupancy Status Durin	.75		65-1					Addre	ss JTE 22 W	EST					
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire ned Outside of No	Period of A mal Facility	baten Hours	nent		H	City, S	State, Z	ip Code J, 07083			<u> </u>			
Scope of Work (Check A	All That Analy)						UNIC	JIN IN	,J, 07063)		- 37			
	di That Apply)	- I		-			>	ส -				_			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit				É	Mi	ill Containme ni-Enclosure ovebag Prod	e cedure					
								_ No	n-Exempted	d (*) and	d Non-Fria	ble Pro	2107		
Location	n of	N	Locati ormal	ly		Desc	cription	of					Abate Ty	pe	t I
Asbestos-Containing TO BE AB In Faci	Material (ACM) ATED lity	Mai	d Sole ntena odial S (12)	nce/		tos Conta thermal s surfaci other mi	ining N system ng, VA	Materia s insul NT, or	ation,	(S	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A		Other III	Social	icous				/al	=	ilate	ıre
BASEM	ENT		X			FLOOR	TILE	E VA	Г	15	0 SF.	х			
						-	- 5 <u>1</u>					-			
										5	12.4 (*			-	
Name of Registered Wa		-		JDEP W		Cubic Y of Wast			100000000000000000000000000000000000000		red Landfi				
SHARON QUALITY	CONSTRUCT	TION		033967		TBD				00.5	NTERPR	ISE II	VC.		
City, State HACKENSACK N.J.						Disposa TBD) 	City, Stat WAYNI		RG OHI	0			
Completed by CARLOS ESQUIVE	L	Title SAFE	TY	MANAG	SER	Sig	gnatur 6		n Pa	1	A / D -	ate 6/03/2	2014		
ASB-41 (R-06-08)	3.							1	this form for	asbest	tos licensu	re exer	npted	activ	ities.

Date of Notification (1) 05/28/2014		Name of Building Owner/Operator (2) SCOTT JOHSON													
Agencies Notified Typ	e Notification			Street Add		RAN	IKLIN TE	PKE	291	A JU	Y-9 F	M !0:	50		
EPA NOL NO DEP	Initial Amended Amendment		0	City, State	e, Zip Cod (US NJ.	e	is.	62				. 1) į.	9	
DOH DCA	Emergency justification) Cancellation		100	Name of C	Contact JOHN	SON	1			Tele	ephone Nu	mber			
				FACIL	ITY INFO	RMA	TION							7100.0	
Name of Facility Where Abate PRIVATE Street Address	ement is Takir	ng Place (3)							of Facility (4 School (K-12 Subchapter	2) 8 (Othe	er than K-1	12)			
101 NORTH FRANKLII	N TPKE								Other (i.e. pi	889 35 22					s,
City (5) HOHOKUS NJ.									re Feet 200	# 01	Floors 2	DI	dg. Ag 92		
County (6)				County Co	ode (7) SE ONLY)			Curre	ent Use (Prio		ng demolis	shed)			
Name of Monitoring Firm Hire	ed by Building	Owner (8)		ASCM	No.				tement Con			TION	LLC		
Street Address				L			Street 22 V		ss RDEN PL						
City, State, Zip Code					_		City, S	tate, Z	ip Code SACK N.J)1 .				
Project Manager for Monitoria	ng Firm		1	Telephon	e No.		Teleph	H-00/01051556-60	0.	3	License 01135	No.			
Start Date (10)		Scheduled		pletion D)ate (11)		Name	of OS	HA Monitor ALYTICA	LINC	L	- 135, 14 1,			
06/06/2014 Occupancy Status During Ab	atement (Che	06/07/20 eck Only One)				-	Street	Addre	ss	***					
Facility Closed/Vacated Abatement Performed C	During Entire	Period of Ab	atem	ent					VEST. 389 Lip Code	ST.					6 (3
Other – Describe:	outside of Nor	man aciity i	iouis			_			RK N.Y. 1	0038	1				
Scope of Work (Check All Th	at Apply)							_							8
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	97		nova molit				2	Mi Gl	III Containme ni-Enclosure ovebag Prod on-Exempted	e cedure				a	si Koj
		ls L	ocati	on				_ INC	on-Exemple	u () ai	ia Non-File		Abate		t
Location of Asbestos-Containing Ma TO BE ABATE In Facility (13)		Used Main Custo	rmal Sole tena	ly ly by nce/		tos C therr su	Description ontaining I nal system refacing, VA er miscella	Materia s insu AT, or	lation,	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
•		Yes	No	N/A										6	-
BASEMEN	Т		X			PIPE	E INSUL	ATIO	N	1	50 LF.	X			
Name of Registered Waste I	Hauler			JDEP W		1000	bic Yards				ered Land				1
SHARON QUALITY CO	ONSTRUC [*]	TION LLC.		lauler ID 033967		1	Waste IBD				NTERP	RISEI	NC.	#10#1 1 ***	
City, State HACKENSACK N.J.				A)			sposal Date FBD	Э	City, Star WAYN		JRG, O	HIO		15	
Completed by CARLOS ESQUIVEL		Title SAFE	TY I	MANAG	SER		Signatur	re Esyl	umfu	uf,		Date 05/28/	2014		
ASR 41 (P.06.08)					88		*Dor	not use	this form fo	r asbe	stos licens	ure exer	npted	activ	rities.

Date of Notification (1)					lame of Bu David Bu		wner/Op	perator (2)		2014	JUN -9	PM	<u>In.</u>	-	
Agencies Notified	Type Notifi	ication		1 -	Street Addr		ve			-4					. 7	
EPA DEP DOL	Initial Amer		#		City, State, Edgewa						1			ļ.,		
DOH	Emer justifi		including		Name of Co						Tele	phone Nun	nber •		5077069	
DCA	Cano	Ellation				Y INFO	RMATIC	ON								
Name of Facility Where A Private Residence Street Address	Abatement i	s Taking	g Place (3)						S S	f Facility (4 chool (K-12 ubchapter 8	2) B (Othe	er than K-12 & commercia	2) al buildi	nas h	ome	·s
10 Glenwood Ave										tc.)						76 200
City (5)					-				Square	e Feet	# of	Floors	Blo	ig. Ag	e	
Edgewater			El .	- 10	County Co	de (7)			Currer	nt Use (Prio	r if bei	ng demolish	ned)		-	
County (6)					(STATE US											
Bergen Name of Monitoring Firm	Hirad by F	Ruilding (Owner (8)		TASCM	No.		Name	of Abat	ement Con	tractor	(9)				
N/A	Timed by E	Juliuli 19	O W 1.0. (0)							tracting L	LC					
Street Address									Addres 7th St							
City, State, Zip Code										p Code NJ 0708	37					
Project Manager for Mo	nitoring Firn	n		Т	Telephone	No.			one No 216-9			License N 01206	lo.			
			Cabadula	d Cor	npletion Da	ate (11)		V 60		A Monitor						
Start Date (10) 05-31-14			06-01-		ripiedon D	ate (11)		\$25000000000000000000000000000000000000		tracting L	LC					
Occupancy Status Durin	ng Abateme	nt (Che				-		Street	Addres	SS						
					nent			522	7th S	treet	3.44A-06					
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside	of Norr	mal Facility	Hours	S		_	150		ip Code y NJ 070	87					
Scope of Work (Check	All That App	oly)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Management .	Renova Demoli					Mir	Containment-Enclosure	е	h Negative	Pressu	re		
									No	n-Exempte	d (*) ar	nd Non-Fria	ble Pro			
			(0.00	Locat										Abate Ty	pe pe	t
Locatio Asbestos-Containin <u>TO BE Al</u> In Fac (13	g Material (BATED cility	ACM)	Use Ma	d Sole	ely by ance/ Staff?	Asbes (i.e.	tos Con therma surfa	escription staining I I system acing, VA miscella	Materia s insula T, or	ation,	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A			ا ما د د د د	tion			8 LF	x	-		+
Ist flo	oor			Х	-			insula	-		-		-		-	+
Gara	ige			Х	+		pipe	insula	ation			3 LF	1:			\perp
Name of Registered W	aeta Haular				NJDEP W	aste	Cubic	Yards		Name of	Regis	tered Landf	ill			
Name of Registered W				1	Hauler ID I 35240		of Wa					esource	Recov	ery	Faci	lity
Delfa Contracting							Dispo	osal Date	e	City, Sta	ite					
City, State										Tullinke	NAM F	Δ				
1000 to			Title	26 37 380			06-0)3-14 Signatu		Tullyto	own, F		Date			

APPROVAL GRANTED AS PER TOM VOORHEES 6/2/14

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

(K1)710

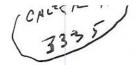
Date of Notification (1) June 2, 2014	tification (1) Name of Building Owner/Operator (2) Daniel Renzi Property															
Agencies Notified	Type Notification			street Ad 1 Kimb	dress erly Co	urt				2014	19H	9 P×	[]	: 3		
EPA DEP DOL	Initial Amended Amendment #_		-	City, State Millstor	e, Zip Co ne Towr	de nship, N	J 085	510		Š			•		*3	
DOH DCA	Emergency (including justification) Cancellation	cluding	200	lame of Jim Re						Tele	phone N	Number				
_	_			FACIL	ITY INFO	RMATIC	ON			1			-100			
Name of Facility Where Fire destroyed bar		Place (3)						Тур	se of Facility (4 School (K-1)	2)						
Street Address 41 Charleston Spri	ings Road							V	Subchapter Other (i.e. p etc.)	rivate 8	k comme					es,
City (5) Millstone Township)							Squ 20	uare Feet 0	# of n/a	Floors l		Bld 18	g. Ag 75	ge	
County (6) Monmouth				County C STATE U	ode (7) SE ONLY)	-			rrent Use (Pric rmer farm b			olished)				
Name of Monitoring Firm	n Hired by Building Ov	vner (8)		ASCM	No.				batement Con g Touch As			ement	Со	rp.,	Inc.	
Street Address							Street 580		ress adway							
City, State, Zip Code		M-2018 INT							Zip Code anch, NJ 0	7740						
Project Manager for Mon	nitoring Firm	-	Т	elephon	e No.		Teleph 732.		No. 2.8372		License 0004					
Start Date (10)	and the same of th	Scheduled JUNE 6		sandan senem	Date (11)		Name N/A		SHA Monitor			-Sire				
Occupancy Status Durin		23	-	•			Street	Add	ress		_		15.0			-
Facility Closed/Vac	cated During Entire Pe	riod of Ab	ateme	ent	- Company		City, S	State,	Zip Code		+					
Scope of Work (Check A	All That Apply)		-					-		Control Control	_					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novat molitic					- !	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e edure	Ĭ			dure	1	
	- iiiii	14.1					1000			() 4			- 1	25	ment	t
Locatio	- of	*************	ocatio			Dea	cription	- of						Ту	oe	
Asbestos-Containing TO BE AE In Fac (13)	g Material (ACM) BATED ility	Custo	tenan dial S (12)	taff?		tos Conta thermal	aining M system sing, VA	Mater is ins AT, o	r	(5	mount Specify or LF)	Nei II OVA	-	Repair	Encapsulate	Enclosure
		Yes	No	N/A				.,		10	00.05		1			
Provision of Standby				X	con	taminat			moval	10	00 SF	Х				
non friable asbeste	non friable asbestos siding debris					to ·	1" dep	oth					+			
		-										-	+		-	211
Name of Registered Wa	este Hauler		N	JDEP W	aste	Cubic '	Yards		Name of	Registe	ered I an	dfill	_			
Sakoutis Brothers [Ha	auler ID 1243		of Was	ste		GROW							
City, State Colts Neck, NJ				71.238		6/6	al Date		City, Stat Morris	ville, N	11					
Completed by Joseph P. Miller		Title Presid	lent			S	ignatur	e expl	Mel	i		Date 6/2/1	4			
							1	1								

NOTIFICATION OF ASBESTOS ABATEMENT

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

ch# 24459

					CVC	~ ~	44	21.
Date of Notification (1) June 4, 2014		Name of Building		ator (2) d Grabis				-
	ation al Notification anded Notification	Street Address		Oak Rd.		**	- 7	
[x] DOL Amer	ndment # rgency (including	City, State, Zip C		leasant, NJ 0874	2 - 2		- 200	
	ication) cellation	Name of Contact Richa	rd Grabis		Telephone Number			
	FA	CILITY INFORM	ATION					
Name of Facility Where Abatement is Takin, Residence				Type of Facility (4)	School (k-12) Subchapter 8 (oth	or than l	12)	
Street Address 207 Johnson Rd.				[x]	Other (i.e., priva homes, etc.)			aildings,
City	County (6)	County Code (7) (STATE USE ONI	.Y)	Square feet 700 sf	# of Floors	Bldg.	Age 62	
Toms River Twp.	Ocean			Current Use (Prior i Reside	nce)		
Name of Monitoring Firm Hired by Building N/A	g Owner (8)	ASCM No.			r (9) an Contracting,	Inc.		
Street Address	81		Street Add	1889 R	oute 9, Unit 61			
City, State, Zip Code					River, New Jers		5-1271	
Project Manager for Monitoring Firm	Telephone Numb	er	Telephone 732-349		License N 00624	lumber		
Scheduled Start Date (10) 06/05/2014	Scheduled Compl 06/06/2014	letion Date (11)	Name of (OSHA Monitor E.M.S.	L. Analytical			
Occupancy Status During Abatement (Check [X] Facility Closed/Vacate	conly one) ed During Entire Period of A	Abatement	Street Add		telton Road			
Abatement Performed Other – Describe	Outside of Normal Facility	Hours	City, State	e, Zip Code Piscata	way, New Jerse	y 0885	1	
Scope of Work (Check all that apply)			[]		t with Negative Pre	ssure		
[] >3 sf or ≥3 lf	5 5	vation	[]	Mini-Enclosure Glovebag Proces				
[X] ≥160 sf or ≥260 lf	[X] Demo	olition	[x]	Non-Exempted (*) and Non-Friable l			
	Is Location		Description	of			nent Type	1 .
Location of Asbestos-Containing Material (ACM)	Normally used Solely by	As	bestos-Cont Material (A)	aining	Amount (Specify SF	E	R E N C	E N C
TO BE ABATED	Maintenance/Custodia	al (i.e	e, thermal s	ystems	or LF)	M .	A A	L
in facility (13)	Staff (12)	ins	ulation, sur VAT, or			- Day 101	R S	O S
	37 39		ner miscellar	neous)		A	U	U R
	YES NO N/A					L	E	E
Exterior	X	Asbestos sidi	ng		900 sf	X		+
		+		<u> </u>				
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Haul	er ID No. Cubic Y	ards of Waste	Name of Registr	ered Landfill			
City, State Toms River, New Jersey	Disp	oosal Date 09/2014	City, Star		a			
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	Lest			Date 6/4/20)14	
TO SECURITION OF THE PARTY OF T		rm for asbestos lice	nsure exemp	oted activities.				لــــــا



8.9	(Ful			5.00 2110 1211-1				7	
Date of Notification (1)		Name o	Building	Owner/Operator	HAND EX	COUDTIN	(J-		
Agencies Notified Type Notifica	ibon	And the second	Address						
DEA Sinitial				BOX 19					=
DD Amended Amended	ent #	City, St	ale, Zip C	ode Mari	OURT HO	USE	9. *	*	
☐ Emergen	cy (including		of Contact			elephone Number			=
DOH justificati			51 Contact				5	370	_
						-			
		FACI		ORMATION	Type of Facility-(4)			-
ame of Facility Where Abatement is T	aking Place (3)				C School (K-12)				
RESIDENCE					Substanter 8	Other than K-12) ate & commercial b	uldina	S	
reel Address 2 9 MOOK	E ROAD				homes, etc.)				
					Square Feet	# of Floors	Bldg	age ot	
iry (5) CMCH					1000	r if being demolishe			=
ounty (6)		Count	ry Code (7) (STATE		ANT	•,		
CAPE MAY		STATE OF STREET	ONLY	7113:-	ment Convagor (9)	, , ,			
ame of Monitoring Firm Hired by Buik	ding Owner	ASCM	No.	Name of Abater	100 IN	٠,			
N/A							0702 84 100	-T-11.035	
treet Address				369	S. SPRUC	E AVE.			
							1	,	
ity, State, Zip Code				MAI	OLE SHAD	E, ND,00	503		_
Firm	I. Te	lephone l	No .	Telephone No.	20 0//22	License No	4		
roject Manager for Monitoring Firm				836-1	79-0472	1 001			-
Sian Date (10)	Scheduled Comp	sed noisek	le (11)	Name of OSHA	MONTOS / F MY	M			
6/15/14	5/22	114			MALEM				
Designa Status During Abatement	(Check only one)		Sueel Address	Spruce	= 1 UE 1			
The sale Company acated During Ent	re Penoo of Aba	(Cilical)		-					
Abatement Performed Outside of N	tormal Facility Ho	ours		(A) 10	Code SHADO	=, N, 3, 0	805	52	
Other - Describe:						700 F 1000 1000 1000 1000 1000 1000 1000			
Scope of Work (Check all that apply)				□ Full C	ontainment with Ne Enclosure	gative Pressure			
>3 s1 or >3 II	Renov			The state of the s	D	- Fashie Procedur	e		
≥160 s1 or ≥260 II	₩ Dema	1100F1		Nor-	Exempled (') and No	X-Frable Floods	^	calem	
	Is Loc				¥			TIP	e
	Norm Used Sc	olely by		Description esios Containing A	of Material (ACM)	Amount			21
Aspesios Containing Material (ACN		nance/	Asbe (i.e	a inermal system	as insulation.	(Specity SF & LF)	Removal	Repor	Encupsulate
TO BE ABATED	Sta	H?		surfacing, V/	Al, or		Gval	25	, ula
(13)	(13	2)	-	00.0.	VE3/				3
	Yes	NO NIA				200045	X		
		x	T -	TRANSIT	-さ	2000	+-	1	
SIDING	=		-				-	-	-
			+==					-	-
								<u> </u>	
		LINE	Waste	Cubic Yards	Name of Re	gistered Landfill	1	,	
Name of Registered Waste Hauler		Hauler	10 No.	of Waste	C,M	, C, M, U	, /3		_
KLEMCO INC	<u> </u>	17	904	Deposal Dat	ie City, State	- A	1	-,	
C.n. State		052			Woo	DBINE, A			
MAPLE SHADE,				Signatu		Date	13	-/.	14
Completed By	Tibe	NER	2	<u>X</u>	osiph St	-6	1		
JOSEPH KLEMM				(1)				
AS8-41	· Do not us	e this for	m for ast	estos licensure	exempled activities				

NOTIFICATION OF ASBESTOS ABATEMENT

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

			- Dillion - Control					
Date of Notification (1) June 3, 2014		Name of Building			244	126		
	ion Notification	Street Address		ay Avenue	744 1388-9 Pi	10:48)	
[x] DOL Amer	ndment # gency (including	City, State, Zip C		River, NJ 08753				
[x] DOH justifi	ication) ellation	Name of Contact Joe S	Silvey	1	Telephone Number	· 53		
		FACILITY INFOR	MATION					
Name of Facility Where Abatement is Taking Residence				Type of Facility (4)	School (k-12)		12)	
Street Address 128 Lake Superior	Drive			[x]	Subchapter 8 (oth Other (i.e., privat homes, etc.)			ldings,
City	County (6)	County Code (7) (STATE USE ON	LY)	Square feet 1500 sf	# of Floors	Bldg. A	.ge 60	
Little Egg Harbor	Ocean			Current Use (Prior it Residen	nce			
Name of Monitoring Firm Hired by Building (N/A	Owner (8)	ASCM No.	Name of A	Abatement Contractor Guardi	(9) an Contracting,	Inc.		
Street Address	*****		Street Add	iress	Loute 9, Unit 61			
City, State, Zip Code			City, State	e, Zip Code	River, New Jerse	ev 08755	5-1271	
Project Manager for Monitoring Firm	Telephone Nur	nber	Telephone	Number	License N 00624			
Scheduled Start Date (10) 6/4/14	Scheduled Con 6/6/14	npletion Date (11)		OSHA Monitor	L. Analytical			
Occupancy Status During Abatement (Check			Street Add	dress				
	d During Entire Period of			1056 S	telton Road			
Abatement Performed (Outside of Normal Facili	ty Hours	City, State	e, Zip Code Piscata	way, New Jerse	y 08854		
Scope of Work (Check all that apply)			[]	Full Containment	with Negative Pres	sure		
# # 00 00 Wells			[]	Mini-Enclosure				
[] >3 sf or ≥3 lf	L 3	enovation	[]	Glovebag Proced		2 020		
[X] ≥160 sf or ≥260 lf	[x] D	emolition	[x]	Non-Exempted (*	*) and Non-Friable I	rocedure.		
						Abatem	ent Type	
	Is Location		Description			RR	E	E
Location of	Normally used	A	sbestos-Con Material (A		Amount (Specify SF	EE	E N	N
Asbestos-Containing Material (ACM) TO BE ABATED	Solely by Maintenance/Custo	dial (i	.e., thermal s		or LF)	M P		C
in facility	Staff		sulation, sur		0.2.	OI	200	o
(13)	(12)		VAT, or	r		VF	Sec. 10. 270	S
** %			ther miscella	neous)		A	L	U R
	YES NO N	I/A				L	Ē	E
Exterior	X	Asbestos sid	ling		1400 sf	X		
				-,				
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste H 2022	교사이어의 때 씨인생생생이 그 [4] - [2]생생생인 - [Yards of Waste	Name of Register T.R.R.F.	ered Landfill			
City, State	I	Disposal Date	City, Sta	te	/			
Toms River, New Jersey		5/9/14 Signature /	Tullyto	own, Pennsylvania	a/	Data		
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	ichal	140/	1	Date 6/3/20	14	

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

NOTIFICATION OF ASBESTOS ABATEMENT

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

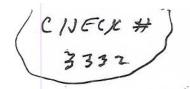
Ch# 211425

					Cica	LH	46								
Date of Notification (1) June 3, 2014		Name of Building Owner/Operator (2) Seminole Construction													
Agencies Notified Type of Notifica [X] EPA [] Initia [] DEP [] Amer	Street Address 128 Bartlett Avenue JUN - 9 PK In: 47														
[x] DOL Amer	City, State, ZipCo	West Creek, NJ 08092													
I A I DOII	ication) ellation		Corliss	/	_Telephone Number										
		ACILITY INFORM	MATION												
Name of Facility Where Abatement is Taking Residence	g Place (3)			School (k-12) Subchapter 8 (other than k-12)											
Street Address 4 Division Avenue				Other (i.e., private & commercial buildings, homes, etc.)											
City	County (6)	County Code (7) (STATE USE ONI	.Y)	Square feet 1800 sf	# of Floors Bldg. Age 2 55										
Surf City	Ocean			Current Use (Prior if Resider	ice)									
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCM No.	Name of	Abatement Contractor Guardia	(9) an Contracting,	Inc.									
Street Address			Street Ac		oute 9, Unit 61										
City, State, Zip Code			City, State, Zip Code						ersey 08755-1271						
Project Manager for Monitoring Firm	Telephone Numb	per	III	ephone Number License Number 2-349-9932 00624											
Scheduled Start Date (10) 06/04/2014	Scheduled Comp 06/05/2014	letion Date (11)		OSHA Monitor	HA Monitor E.M.S.L. Analytical										
	only one) ad During Entire Period of Outside of Normal Facility		50-50-50-50-50-50-50-50-50-50-50-50-50-5												
Other - Describe		500 F 112	City, Sta		way, New Jerse	y 0885	54								
Scope of Work (Check all that apply)			[]		with Negative Pre	ssure									
[] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf		ovation solition	[] Glovebag Procedure [x] Non-Exempted (*) and Non-Friable Procedure												
						Abate	ment ?	Гуре							
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodi Staff (12) YES NO N/A	al (i.d	Description bestos-Cor Material (A c., thermal sulation, sur VAT, oner miscella	ntaining ACM) systems rfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R						
Exterior	X	Asbestos sidi	ng	7	2500 sf	X		Е	Е						
					Market State Control of the Control										
Name of Registered Waste Hauler	NJDEP Waste Hau		ards of Wast		red Landfill				1						
Guardian Contracting, Inc. City, State		posal Date	City, St												
Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	06/2014 Signature	Tulyt	own, Pennsylymia	<u> </u>	Date\ 6/3/2									
A THE PARTY OF THE		orm for asbestos lice	nsure exem	pted activities.											

NOTIFICATION OF ASBESTOS ABATEMENT

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

- Clet 24424 ate of Notification (1) Name of Building Owner/Operator (2) 6/3/2014 Messercola Enterprises 2814 JUN -9 PM 11: 47 gencies Notified Type of Notification Street Address PO Box 790 x] EPA Initial Notification] DEP Amended Notification City, State, Zip Code Amendment # Matawan, NJ 07747 x] DOL [x] Emergency (including justification) Name of Contact Telephone Number x] DOH Cancellation Fernando] DCA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (k-12) Subchapter 8 (other than k12) Street Address [x]Other (i.e., private & commercial buildings, 250 Edison Dr. homes, etc.) County Code (7) Square feet # of Floors Bldg. Age County (6) (STATE USE ONLY) 41 1550 sf Barnegat Current Use (Prior if being demolished) Ocean Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Guardian Contracting, Inc. Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271 Project Manager for Monitoring Firm Telephone Number License Number Telephone Number 732-349-9932 00624 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 06/04/2014 06/05/2014 E.M.S.L. Analytical Occupancy Status Duing Abatement (Check only one) Street Address 1056 Stelton Road Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe Piscataway, New Jersey 08854 Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure >3 sf or ≥3 lf Glovebag Procedure Renovation [x]≥160 sf or ≥260 lf [x] Demolition [x]Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Description of E Location of Normally used Asbestos-Containing Amount N E E N Asbestos-Containing Material (ACM) Solely by Material (ACM) (Specify SF C C P M Maintenance/Custodial (i.e., thermal systems or LF) TO BE ABATED A A L 0 0 P insulation, surfacing, Staff in facility V R S S VAT, or (13)(12)U U other miscellaneous) A R YES NO N/A E 1100sf X Exterior X Asbestos siding Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Guardian Contracting, Inc. 20223 T.R.R.F. City, State Disposal Date City, State Toms River, New Jersey 06/06/2014 Tullytown, Hennsylvania Date Completed by (Print or Type) Title Signature 6/3/2014 Nicholas Fernicola Project Manager *Do not use this form for asbestos licensure exempted activities.



Date of Notification (1) /2 /14		Name of Building Owner/Operation (27) W P P NELANDS CONSTRUCE NO. 1									
Agencies Notified Type Notificat		Street Address									
		30	TO THE RESERVE OF THE	TH STATE	17.						
☐ Amended		City, State, Zip Code									
DOL Amendmen		SED	TYLE C	ITY NIJ.							
□ DOH □ justificatio	n) T	Name of Cont			Telephone Num	per					
☐ DCA ☐ Cancellatio	^ _	11001	+ EDUDIT	D1		- D					
		FACILITY I	NFORMATION								
Name of Facility Where Abatement is Ta	king Place (3)			Type of Facility	(4)						
RESIDENC	· G			School (K-12) 3 (Other than K-12	21					
Street-Address 2 508 13 TA	WE,			Other (i.e., pr	rivate & commerci	al building:					
City (5) AVALON				Square Feet	# of Floors	Bldg./					
74 V A C 810		Carabi Cada	(7) (STATE	Current les /Dri	or if being demotis	shed)					
County (6) CAPE MAY		USE ONLY)	(1) (STATE	V A	2/10/2						
Name of Monitoring Firm Hired by Buildin	g Owner AS	SCM No.	1 11	ment Contractor (9)							
(8)			Sveet Address	EMCO IN	, ,						
Street Address			3695, SPRULE DUE.								
City, State, Zip Code			City, State, Zip	CODE PLE SHAT	E NJ	0805					
Project Manager for Monitoring Firm	,.Teleph	ione No.	. Telephone No.		License No.						
				9-0472							
Sian Date (10) Scr	reduled Completio	n Date (11)	Name of OSHA	MODITOR KL	EMM						
Occupancy Status During Abatement (C)			Street Address	6 4	s 1 _						
Facility Closed/Vacated During Entire	Period of Abateme	ent	369		vit 100.						
Abatement Performed Outside of Nom	nal Facility Hours		City, State, Zip Code MAPLE SHODE, N. J. O &								
Other - Describe:			M	APLE SI	DDE, N.	3,00					
Scope of Work (Check all that apply)) Full Co	ontainment with Neg	sative Pressure						
	Renovation		Mini-Enclosure								
≥3 s1 or ≥3 II ≥160 s1 or ≥260 II	Demotition		Glove	pag Procedure xempted (*) and No	n-Friable Procedu	re					
	is Location		11,2.2	1		Abal-					
	Normally.		Description (
Location of	Used Solely b	Asbe	stos Containing Ma	aterial (ACM)	Amount						
Asbestos-Containing Material (ACM) TO BE ABATED	Custodial ·	(i.e	undacing, VAT	insulation.	(Specify SF or LF)	Remov					
IN Facility	Staff? (12)		other miscellane	eous)		Removal					
(13)		\dashv				-					
,		AIN AIN	-01.16		20000	X					
SIDING	_	$\times \underline{-} \underline{7}$	RANSITE			+					
						+					
						+					
				Name of Regis	and andfill						
Name of Registered Waste Hauler		EP Waste	Cubic Yards of Waste	Name of Regis	, c, M.U. A	1.					
KLEMO INC.	rgu	1904	Disposal Date	City, State	7 (77 1.0 1.7						
City. State MAREE SIA	DG, NI	J			7 BING	<u>, () · </u>					
/	de / O		Signature	- 1/0	Date 6	2/16					
JOSEPH-KLEMM -	V/P		- Jam	a rem	-						

7272 (K 57108

Date of Notification (1)				Name of Building Owner/Operator (2)										
	4 / 1	14		WASHINGTON TOWNSHIP SCHOOL DISTRICTOR JUN -9 PHILES										
Agencies Notified	Type Notificatio	n		Street A	ddress							1		
⊠ EPA				30 CI	HURCH F	ROAD		÷ , ,						
□ DOLWD	☐ Amended		1	City, Sta	ate, Zip Co	de	1: 1:1:	110	1-5	¥ 12	1			
☑ DHSS	Amendment			SEW	ELL NJ (08080								
DCA	☐ Emergency justification)			Name o	f Contact			Telephone Numb	elephone Number					
(NJAC 5:23-8)	☐ Cancellation								4					
				FACI	LITY INF	ORMATION								
Name of Facility Where A	batement is Tak	ing Place	(3)				Type of Facility	(4)						
WASHINGTON TOV					School (K-12									
Street Address							Subchapter Other (i.e.	8 (Other than K-12) rivate and commer) rcial buil	dinas				
529 HURFVILLE-CR	OSS KEYS R	OAD					homes, etc.					_		
City (5)	T I						Square Feet	# of Floors	Bldg. Age		9	- 1		
SEWELL							>50,000	2	5	0				
County (6)			-	Count	y Code (7)	STATE USE ONLY)	Current Use (Pr	rior if being demolis	shed)					
GLOUSTER							SCHOOL							
Name of Monitoring Firm			(8)	ASCM N			nent Contractor (9)						
HORIZON ENVIROR	MENTAL GR	P., INC		00073	3	DELTA/BJD	S, INC							
Street Address	8					Street Address								
P.O. Box 316						1	TRIAL BLVD				_			
City, State, Zip Code	Y I		-			City, State, Zip		_						
WEST DEPTFORD,						Telephone No.	TON, PA 1896	License No.						
Project Manager for Mon	itoring Firm		1000000	ephone N		94-9-25 WILLIAM	00793							
David Flanigan		56 848		215 322-290 Name of OSHA		00733				\dashv				
Start Date (10) Scheduled Comp 6						CRITERION								
					17	With Charles English Andreades	LADO				_	-		
Occupancy Status Durin						Street Address	RESS DRIVE							
 ☑ Facility Closed/Vacat ☑ Abatement Performed 					cribe							-		
Time of Abatement:	7:00AMI	PM/ <u>11:00</u>	PM	AM	I	City, State, Zip BENSALEN								
Scope of Work (Check a	Il that apply)			-	1	M Full C	ontainment with No	egative Pressure						
						☐ Mini-E	nclosure	egauve i roosuro						
≥3 st or ≥3 tr ≥160 st or ≥260 tr						☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure								
						□ INOII-E	xempled () and it	Abatement Type						
		1 '	s Loca Norm			Description	of		-					
Location Asbestos-Containing		Us		lely by	Asbe	stos Containing		Amount	Removal	Repair	nc	Enclosure		
TO BE AB		I M		ance/	(i.e	., thermal systen	s insulation,	(Specify	δ	air	aps	SO		
IN Faci	lity	Cu	stodia (12	I Staff?		surfacing, Va other miscella		SF or LF)	20		Encapsulate	ll.e		
(13)		Yes	T	-	1	Other miscella	neous)				6			
NEW BOILER ROOM	A	10			1 BOIL	ER, BREECHI	NG AND							
NEW BOILER ROOM	- 1			븝		R INSULATION								
NEW BOILER ROOM				1=	FLOOR	TILE AND MA	ASTIC	900 SF						
ORIGINAL BOILER				+-	BREEC		A.A. (1907)							
	Committee of the commit		12	NJDEP		Cubic Yards of								
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC					D No.	Waste	MINERVA LANDFILL							
City, State					0	Disposal Date								
58 PYLES LANE,	20				WAYNE	SBURG, OH 446	88							
Completed By (Print or	Type)	Title			- Windows	Signature			Date	j.	ATT DUCTO	at the same		
DAMIAN LAVELLI		PROJ	ECT	MGR.		Di	metand	Karelle	6/2	4/	14			

(K 5 1109

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Date of Notification (1)	Date of Notification (1) Name of Building Owner/Operator (2)													
	06 / 5 / 14 NEWARK PUBLIC SCHOOLS 2814 HIM -9 PM 11: 20													
Agencies Notified	Type Not	ification			Street Address									
⊠ EPA					2 CEDAR STREET									
□ DOLWD	☐ Amen			Ì										
☑ DHSS		dment #_			City, State, Zip Code NEWARK NJ 07102									
DCA	☐ Emerg	gency (ind cation)	cluding	+		of Contact		Telephone Number						
(NJAC 5:23-8)	☐ Cance				1401110	or cornact	,	eo						
FACILITY INFORMATION														
	10				FAC	ILITY IN	FORMATION							
Name of Facility Where A								Type of Facility (
COMMON SCHOOLS-NORTH STAR ACADEMY					<u> </u>			School (K-12) □ Subchapter 8 (Other than K-12)						
Street Address								ivate and commerci	al bui	ilding	s,			
557 15 TH STREET								homes, etc.)						
City (5)		122						Square Feet	# of Floors	loors Bldg. Age				
NEWARK								>50,000	2	1	50			
County (6)				-2/200	Coun	ty Code (7	(STATE USE ONLY)	Current Use (Pri	or if being demolish	ed)				
ESSEX							No. of	SCHOOL						
Name of Monitoring Firm	Hired by E	Building C	wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
Accredited Environ	mental T	echnol	oaies.	Inc	0021		DELTA/BJDS	, INC						
Street Address							Street Address							
220 CHURCH ROAL	D						1345 INDUST	RIAL BLVD						
City, State, Zip Code							City, State, Zip Co	ode						
BRIDGEWATER, N.	J 08807						3.77	TON, PA 18966						
Project Manager for Mon		n		Tele	phone I	No.	Telephone No.	License No.					-	
						-1108	215 322-2900	Communication of the Communica						
							Name of OSHA M		1 00.00					
Start Date (10) Scheduled Complete 6 20 14 8					P		CRITERION I							
								LADO						
Occupancy Status During	To 18 1	5%	7.7	1.50			Street Address							
□ Facility Closed/Vacated During Entire Period of Abat						0.000	3370 PROGR							
☐ Abatement Performed Time of Abatement: 7					's - Des AN		City, State, Zip Co	ode						
		now	- 5	AT	^"		BENSALEM	PA 19020						
Scope of Work (Check a	Il that apply	y)					П = " 0 -							
≥3 sf or ≥3 lf	1		⊠ Re	novati	on		☐ Full Con	tainment with Nec	gative Pressure					
⊠ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Demolition							⊠ Gloveba	g Procedure						
						,	⊠ Non-Exe	empted (*) and No	n-Friable Procedure					
				Locat						Ab	atem	ent T	уре	
Location		. (2)		lorma	ely by		Description of			R	R	щ	m	
Asbestos-Containing TO BE ABA		ACIVI)		intena							Repair	Encapsulate	Enclosure	
IN Facil			Cus		Staff?	\"	surfacing, VAT	, or	SF or LF)	Removal	7)SL	Sur	
(13)				(12)	_	-	other miscellane	eous)				ate		
			Yes	No	N/A					_				
CRAWL SPACE				\boxtimes		PIPE FI	ITTINGS (CUT A	ND WRAP)	180LF					
STORM WATER CRA	AWL SPA	CE		×		(31)SE	CTIONS OF 16SI	F FL TILE	496	×				
			-		-	(-,/				-	-	-	-	
Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill														
SERVICE TRANSPORT GROUP INC Hauler ID No. Waste MINERVA LANDFILL														
City, State					2099		Disposal Date	City, State			-			
58 PYLES LANE, N	IEW CAS	TLE. DE	1972	0					BURG, OH 44688				2	
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Completed By (Print or 1		Titl	51 p				Signature	_ /	, Dai	, I			j.	
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ASR-41										- 1			3	