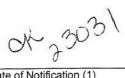
	101.010.01											0.5755.000	_
Date of Notification (1)  6 /	17 /	13			1.0000		g Owner/Operator (2 Princeton Unive						8
							Princeton unive		1.00				
Agencies Notified  EPA	Type Notifica  ☑ Initial	ation				Address	on Building						
☑ DOLWD	☐ Amended	i					an Building						
☑ DHSS	Amendme	ent #				State, Zip (	NJ 08544						
☑ DCA	☐ Emergen		ding			of Contac			Telephone Nur	nhorm			-
(NJAC 5:23-8)	justification					pert Orte			Telephone Not	106	ì		
	- Cancenat						<u> </u>		4		-		
None of Facility Miles	Al1	F 1	/0		FAG	CILITY IN	IFORMATION		7.0				
Name of Facility Where A			ace (3	)				Type of Facility  ☐ School (K-12)					
Street Address	,							Subchapter	8 (Other than K-1		0.0000000		
Nassau St								Other (i.e., p homes, etc.)	rivate and comme	ercial b	uildin	gs,	
City (5)								Square Feet	# of Floors	E	Bldg. A	Age	
Princeton								30,000	3		50+		
County (6)					Cour	ty Code (7	)(STATE USE ONLY)	Current Use (Pr	ior if being demol	lished)			
MERCER													
Name of Monitoring Firm	Hired by Build	ding Owr	er (8)	T	ASCM	No.	Name of Abateme	ent Contractor (9)		-	1000		
Pennoni Assoicate	s, Inc.				0010	)2	BRISTOL EN	VIRONMENTA	L, INC.				
Street Address		-					Street Address		manage at the state of the stat	- 27.000			
515 Grove St., Suit	e 1B						1123 BEAVE	RSTREET					
City, State, Zip Code							City, State, Zip Co	ode		-			
Haddon Heights, N	J 08035						BRISTOL, PA	19007					
Project Manager for Mon	itoring Firm		-	Гele	phone	No.	Telephone No.		License No.				
Alan Lloyd				85	56-547	-0505	215-788-6040		00509				
Start Date (10)	8	Schedule	d Con	ple	tion Da	te (11)	Name of OSHA M	lonitor			-		
7/_3/	13	7_	_ / _	24	_ / _	13_	BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During	5						Street Address						
☐ Facility Closed/Vacate							1123 BEAVER	RSTREET					
Abatement Performed						cribe	City, State, Zip Co BRISTOL, PA						
Scope of Work (Check a	Il that apply)												
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			Reno				<ul><li>Mini-Enc</li><li>Glovebag</li></ul>	Procedure					
							☐ Non-Exe	mpted (*) and No	n-Friable Proced				
	ş	7	Is Lo	ocat ma			<u>12</u> 27 - 842 (122)			Α		nent T	ype
Location Asbestos-Containing		b l	Used :			Ashe	Description o stos Containing Ma		Amount	Re	Repair	E	En
TO BE ABA	ATED		Maint Custoo				., thermal systems i	nsulation,	(Specify	Remova	air	aps	Enclosure
IN Facil (13)	ity			12)	otan:		surfacing, VAT, other miscellane		SF or LF)	<u> 8</u>		Encapsulate	īe
(1.0)		Y	es	No	N/A		other miscellane.	545)				(D)	
1 <sup>st</sup> , 2 <sup>nd</sup> and 3 <sup>rd</sup> floor						Drywall	and joint comp	ound	8,654 SF	$\boxtimes$			
1 <sup>st</sup> floor kitchen						Floor ti	le and mastic		146 SF	$\boxtimes$			
Basement and 3 <sup>rd</sup> Flo	oor		] [2	◁		Pipe an	d Pipe fitting ins	ulation	121 LF	$\boxtimes$			
Basement			] [2	₫		Heat Ex	changer Insulat	ion	14 SF				
Name of Registered Was					JDEP \		Cubic Yards of	Name of Regis					
BRISTOL ENVIRON	IMENTAL, IN	IC.		н	18706		Waste 80	G.R.O.W.S	. NORTH LANI	DFILL			
City, State				1	.5,00		Disposal Date	City, State					
BRISTOL, PA 1900	7						as needed	MORRISVI	LLE, PA 19067	7			
Completed By (Print or T	ype)	Title					Signature	7		Date	T		
Brian Scafiro	en R	Esti	mato	•				1		6	17	(3	
ACD 44								0					



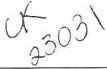
Date of Notification (1)				11 1000000			wner/Operator (2)	)	1000 4775 Chl	+21	1 01			
6 /	17 /	13			Ms. Ca	armella S	Stefanelli	/ Job#	1306-1//5 Cnk	. # > 2	-00			
Agencies Notified  EPA	Type Notificati  ☑ Initial	on			reet Ad	dress Street		20 721						
☑ DOLWD	☐ Amended			1		e, Zip Coo	le							
☑ DHSS	Amendmer			- 1		ston, NJ			sie Te Chalette de Teorie de Marie				G 727	
DCA	☐ Emergency justification		ding	A CONTRACTOR OF THE PARTY OF TH	CONTRACTOR OF THE PARTY OF THE	Contact			Telephone Numb	per				
(NJAC 5:23-8)	☐ Cancellation				Mr. Ja	y Stack,	UC Builders							_
			-		FACIL	ITY INFO	ORMATION							
Name of Facility Where	Abatement is Ta	king P	lace (3	()				Type of Facility (4	1)					
		aiking i	1400 (0	,				School (K-12)		Λ.				
Residential Prope Street Address	ity							<ul><li>Subchapter 8</li><li>Other (i.e., pri</li></ul>	(Other than K-12 vate and comme	) rcial b	uildi	ngs,		
23 Newark Avenue								homes, etc.)						
	-			-				Square Feet	# of Floors	В	_	Age		
City (5) Lavallette								980	1		190	50		
				T	County	Code (7)(3	STATE USE ONLY)	Current Use (Pric	or if being demolis	shed)				
County (6) Essex					•			Residential	Property	7555				-1120-
Name of Monitoring Fir	m Hired by Build	ina Ow	ner (8)	A	SCM No	0.		ent Contractor (9)						
Horizon Environn							Asbestos an	d Mold Service	s, Corp.					
Street Address	icitai				- Vec - 10 - 1		Street Address							
PO Box 316							3859 Sylon E	Boulevard						
City, State, Zip Code			-				City, State, Zip C	ode						
Thorofare, NJ 080	186						Hainesport,	NJ 08036						-500
Project Manager for M				Telep	hone N	0.	Telephone No.		License No.					
Steve Flanigan	omtoring r iiii				5-848-0		609-702-0400	י	00862					
Start Date (10)	T S	Schedu	led Co	mpleti	on Date	(11)	Name of OSHA	Monitor						
6_ / _26_					_ / _		EMSL Analy	tical, Inc.						
Occupancy Status Du		1000					Street Address							
☐ Facility Closed/Vac	ated During Enti	re Peri	od of A	baten	nent		200 U.S. Rot	ate 130 North		-				7.92
Abatement Perform	ned Outside of No	ormal F	acility	Hours	- Desc	ribe	City, State, Zip C	ode						
Time of Abatemen	t:AM	PM	/	_PM	P	M.	Cinnaminso	n, NJ 08077						
Scope of Work (Check										r				
	(all that apply)			••	2020		⊠ □ Mini-En		gative Pressure	enc	10:	ur	y	
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			⊠ Rer □ Der	novatio			☐ Gloveb	an Procedure						
∑ ≥160 St of ≥260 ii							⊠ Non-Ex	empted (*) and No	on-Friable Proced		•••		-4 T	
			0.77	Locati						-	T	teme		
	ion of	.		iormal d Sole		Acho	Description stos Containing N	of taterial (ACM)	Amount		Ren	Repair	Enc	Enclosure
Asbestos-Contain	ing Material (ACI ABATED	VI)	Ma	intena	nce/	(i.e	., thermal system	s insulation,	(Specify		Removal	ar.	Encapsulate	uso
	acility		Cust	odial	Staff?		surfacing, VA other miscellar	T, or	SF or LF)		<u>m</u>		ulate	6
(1	3)		Yes	(12) No	N/A		other miscellar	leous)					W	
			res			Siding		$\overline{}$	900 SF	I	Ø			
Exterior						-	Tile and Mastic	:	820 SF		X			
Interior						Floor T			185 SF		$\boxtimes$			
Interior		) (1 See)					ile and MAstic		260 SF		$\boxtimes$			
Interior	Masta Haular				JDEP I		Cubic Yards of	Name of Reg	istered Landfill					
Name of Registered ' Horizon Dispos				0.00	tauler II 22612	D No.	Waste 5	GROWS						
City, State							Disposal Date	City, State						
Trenton, NJ							7/1/13	Morrisvil	le, PA 19067					
Completed By (Print	or Type)	Title	e				Signature	n		Date	1	101	12	
Kimberly A. Tru		100000000000000000000000000000000000000		Coor	dinato	r	axu	l-			10	17	15	

04863

Date of Notification (1)	S				Name o	of Building	Owner/	Operator (2	2)	lea ,		10000	11.55		0
	17 /	13						oard of E		*			U.	ð	0
Agencies Notified	Type Notification	on			Street /	Address									
⊠ EPA					345	Olainfield	d Aven	nue							
□ DOLWD	☐ Amended			Ì	City, St	ate, Zip Co	ode								
□ DHSS	Amendmen				Berk	eley Heig	ghts,N	J 07922							
DCA	☐ Emergency justification		aing	1	Name o	of Contact				Telephone Nur	nber				
(NJAC 5:23-8)	☐ Cancellatio				Anth	ony Ami	iano		)/	-					
						ILITY INF		ATION							
Name of Equility Whose	Abatement is Ta	king DI	ace (	31	TAC	ILIII IIVI	OINWI	THON	Type of Facility (	4)				- 1000	
Name of Facility Where		Killy Fi	ace (	٥)					School (K-12)						
William Woodruff	5011001								☐ Subchapter 8	(Other than K-1	2)				
Street Address									Other (i.e., pr homes, etc.)	ivate and comm	ercial bi	ııldıı	ngs,		
Briarwood Drive W	vest								Square Feet	# of Floors	B	da	Age	_	
City (5)									30,000	1		<sub>49</sub> . 50⊦			
Berkeley Heights								105 01830			100 50 50	-			
County (6)					Count	y Code (7)	(STATE	USE ONLY)		or it being demo	moneu)				
Union									School						
Name of Monitoring Firm	n Hired by Buildin	ng Own	ner (8	3)	ASCM I	No.	December 1917		ent Contractor (9)						
Environmental Tag	ctics, Inc				0045		Nev	v America	n Restoration						
Street Address							Street	Address							
64 Broad Street							421	-423 Strai	ght Street						
City, State, Zip Code	1 1000000000000000000000000000000000000						City, S	State, Zip Ci	ode						
Matawan, NJ 0774	7						Pat	erson, NJ	07501						
Project Manager for Mo				Tele	phone I	No.	Teleph	none No.		License No.		50.0			
Thomas Geiger	•			7:	32-290-	2217	973	-925-1303	3	00805					
Start Date (10)	So	chedule	ed Co	mple	tion Dat	e (11)	Name	of OSHA N	Monitor						
07 / 08					2_/_		Nev	v America	an Restoration						
							Street	Address			-				
Occupancy Status Durin					ment		10.000		ight Street						
☐ Abatement Performe						cribe	1000	State, Zip C	-				_	_	
Time of Abatement:								erson, NJ							
							Pat	erson, No	0/301			-			
Scope of Work (Check	all that apply)							⊠ Full Con	tainment with Neg	gative Pressure					
≥3 sf or ≥3 lf		$\boxtimes$		novat				☐ Mini-End	closure						
≥160 sf or ≥260 lf			] Der	moliti	on			∐ Gloveba	g Procedure empted (*) and No	n-Friable Proce	dure				
			- Io	Loca	tion	· ·			stripted ( ) dire : 10			hate	eme	nt Ty	vpe
Location	a of			lorma			Г	Description	of		-	T	- T		
Asbestos-Containing					ely by		stos Co	ntaining Ma	aterial (ACM)	Amount	Removal	1	Repair	nca	Enclosure
TO BE A	BATED				ance/ Staff?	(i.e			insulation,	(Specify SF or LF)	OVS	1	₹	psu	nso
IN Fac			Ousi	(12)				facing, VAT r miscellan		01 01 21 /	=			Encapsulate	ര്
(13	,	,	Yes	No	N/A		OLITO							w	
Lower Hallway						TSI (Pip	pe Inst	ulation)		900 LF		] [		$\boxtimes$	
	Lower Hallway									960 SF		1 [	5	$\boxtimes$	
Lower Hanvay												] [	7		
		-					-1					] [	T		
Name of Registered W	aste Hauler	1			NJDEP	Waste	Cubic	Yards of	Name of Regi	stered Landfill	1				
New American Re					Hauler I	D No.	Waste 20	е	G.R.O.W.5	3					
City, State					3039	5		sal Date	City, State			-			
Paterson, NJ							ТВ	D	Morrisville	e, PA					
Completed By (Print or	Type)	Title					1	Signature	121		Date		- 4-		
Igor Jezdimirovic	750 30 3		e Pr	esid	ent			<del></del>	MI		06/	17	1/2	101	3
igor sezummovio	8	7.0	• • •	-510							- 1		,		1655



OB	Date of Notification (1)		-12550	27 27		Name o	of Building	Own	er/Operator (2	2)		77-7					0
Boll	06/	17 / _	13	_		Grou	ıp 1 Real	ty, l	nc								
DPA   DOLWD   City   Size   Ziz   Code   Houston, TX 77024   Name of Facility Where Abatement is Taking Place (3)   City, State   Ziz   Size   Address   Ziz   State   Ziz	Agencies Notified	Type Notificati	ion			Street A	Address								530147-		
DISS						800	Gessner	Roa	d, Suite 500	)							
DISS		☐ Amended															
DAC   NAME of Facility Where Abatement is Taking Place (3)			-						24								- 1
Cancellation				luding		_ intesser		A-5-45			Т	elephone Nu	mber				$\neg$
Name of Facility Where Abatement is Taking Place (3)   Type of Facility (4)   Crossroad Inn   Type of Facility (4)   Street Address   2840 Route 73 North   Surprise Abatement (1c), private and commercial buildings, homes, etc.   Subchapter 8 (Other than K-12)	(NJAC 5:23-8)										نظم				ı.		
Name of Facility Where Abatement is Taking Place (3)   Type of Facility (4)   Crossroad Inn   Type of Facility (4)   Street Address   2840 Route 73 North   Surprise Abatement (1c), private and commercial buildings, homes, etc.   Subchapter 8 (Other than K-12)		_				_			MATION						1		
Street Address   Stre	Name of Facility Where A	hatement is Ta	kina	Place	(3)					Type of Fac	ility (4)						
Subchapter 8 (Other than Kr.12)   Subc		ibatomont io 10	9		(0)												
2840 Route 73 North			2000							☐ Subchar	oter 8 (0						
Square Feet		h										ate and comm	nercial	buil	dings	5,	
18,000					_	-						# of Floors		Bld	g. Ag	е	
County (G)   Burlington	The state of the s									1153		1		5	0+		
Name of Monitoring Firm Hired by Building Owner (8)		-	EC-1040			Count	v Code (7)	(STAT	E USE ONLY)		e (Prior	if being demo	olished	<del>1</del> )	-		
Name of Monitoring Firm Hired by Building Owner (8)   ASCM No. 00117   Superior Abatement Inc							, (, ,		,		•						
Health & Safety Services, Inc		Hired by Buildi	na O	wner (	8)	ASCM N	Jo.	Nan	ne of Abateme	ent Contracto	or (9)		175		Power B		
Street Address 318 12th Street City, State, Zip Code Hammonton NJ 08037  Project Manager for Monitoring Firm Jim Proctor O6 / 27 / 13			ng O	wilet (	,												
2 Henderson Drive	The state of the s	¥1003, 1110		-		0011			<u> </u>								
City, State, Zip Code	AND THE RESERVE OF THE ASSESSMENT OF THE PARTY OF THE PAR							0000000		Drive							
Hammonton NJ 08037					272												-
Project Manager for Monitoring Firm   Telephone No. (609) 704-8850 (973) 808-1616   Date (10)	Control of the Contro	137							등하 보다면 하는 사람들이 되었는 보다.		6						
Start Date (10)					Tole	nhone N	do.			, 110 0.00		License No.					
Start Date (10)		itoring r iiiii			129101		or recommendation			16	18	11-1-1-1-1-10-10-10-10-10-10-10-10-10-10					
Superior Abatement Inc		Te	chodi	ilod C				2000	네트 = 1000년 [대]						- 1.5.5		-
Occupancy Status During Abatement (Check only one)    Facility Closed/Vacated During Entire Period of Abatement	[15:16] W. W. W	8			- 33		3 0										
Seculity Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours - Describe   City, State, Zip Code   West Caldwell, NJ 07006   City, State   Zip Code   City, State   Zip Code   Zip Caldwell, NJ 07006   City, State   Zip Code   Zip Caldwell, NJ 07006   City, State   Zip Caldwell, NJ 07006   Zip Caldwell, NJ 07006   City, State   Zip Caldwell, NJ 07006   City Caldwell, NJ 07006   City Caldwell, NJ															-		
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _AMPM/PMAM						mont		40000		Drive							
Time of Abatement: AM— PM— PM— AM    Scope of Work (Check all that apply)   State   September   Septe							cribe							_	_		
Scope of Work (Check all that apply)    Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Mini-Enclosure   Scope of Work (Check all that possible Procedure   Scope of Work (Check all that Procedure   Scope of Work   Scope of Non-Friable Procedure   Abatement Type   Asbestos Containing Material (ACM)							J.1.00	- 5			6						
≥3 sf or ≥3 lf	100 C C C C C C C C C C C C C C C C C C							41	rest Caluwe					-			
≥3 sf or ≥3 lf   Demolition   Mini-Enclosure   Glovebag Procedure   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Exempted	Scope of Work (Check at	i triat apply)								tainment with	n Nega	tive Pressure					
Some Description of Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A   Roof Flashing   Normally (13)   Roof Flashing   Normally (12) Yes No N/A   Roof Flashing   Normally (13)   Roof Flashing   Normally (14)   Room No's. 1, 2, 3   Description of Asbestos Containing Material (ACM) Amount (Specify	≥3 sf or ≥3 lf								Mini-End	closure							
Location of Asbestos-Containing Material (ACM)   Used Solely by Maintenance/ Custodial Staff? (12)   Yes   No   N/A	≥160 sf or ≥260 lf			M De	moliti	on			☐ Gloveba	empted (*) ar	nd Non-	Friable Proce	dure				
Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Roof Area (4 buildings)  Wechanical Room No. 1  Utility Room No's. 1, 2, 3  Name of Registered Waste Hauler Service Transport Group, Inc  City, State New Castle, DE  Completed By (Print or Type)  Vadiantenance/ Custodial Staff? (12) Yes No N/A  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF)  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF)  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF)  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF)  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF)  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF)  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF)  For LF  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfaci				ls	Loca	tion								Aba	teme	ent T	уре
Custodial Staff? (12)   Yes   No   N/A   N/A   SF or LF)   Second Flashing   Secon	Location	of												Z	Z,	Ш	ш
Custodial Staff? (12)   Yes   No   N/A   N/A   SF or LF)   Second Flashing   Secon			)											em	ера	nca	ng.
Yes   No   N/A							(i.e						- 1	ova	₹'	nsq	Sur
Roof Area (4 buildings)		i.y				100000000000000000000000000000000000000						100		-		late	Ф
Mechanical Room No. 1  Utility Room No's. 1, 2, 3  Indicated By (Print or Type)  WAT  Indicated By (Print or Type)  VAT  Indicated By (VAT  In	\$1000 M			Yes	No	N/A							-				
Utility Room No's. 1, 2, 3	Roof Area (4 building	gs)			☐ ☐ Roof Flashing 1,800 L							1,800 LF					
Name of Registered Waste Hauler Service Transport Group, Inc  City, State New Castle, DE  Completed By (Print or Type)  NJDEP Waste Hauler ID No. SW2117  Cubic Yards of Waste Waste Hauler ID No. SW2117  Cubic Yards of Waste Minerva Landfill  City, State  Figure Postering Cubic Yards of Waste Waste All Postering City State  Minerva Landfill  City, State  Waynesburgh, OH  Completed By (Print or Type)  Title	Mechanical Room No	o. 1										100 SF		$\boxtimes$			
Name of Registered Waste Hauler  Service Transport Group, Inc  City, State  New Castle, DE  Completed By (Print or Type)  NJDEP Waste Hauler ID No. SW2117  NJDEP Waste Hauler ID No. Waste 20  Disposal Date 6/30/13  Signature Date	Utility Room No's. 1,	2, 3					Flue Ce	mer	nt			6 SF		$\boxtimes$			
Service Transport Group, Inc  City, State New Castle, DE  Completed By (Print or Type)  Hauler ID No. SW2117  Disposal Date Gity, State  6/30/13  Waste 20  City, State  Waynesburgh, OH  Signature  Date																	
City, State New Castle, DE  Completed By (Print or Type)  New Castle, DE  Completed By (Print or Type)  Title  Sw2117  20  City, State Disposal Date 6/30/13  Waynesburgh, OH  Date	Name of Registered Was							1000000									
City, State  New Castle, DE  Completed By (Print or Type)  Title  Disposal Date  6/30/13  Waynesburgh, OH  Date	Service Transport	Group, Inc						100000000000000000000000000000000000000		Miner	va Lar	ndfill					
New Castle, DE 6/30/13 Waynesburgh, OH  Completed By (Print or Type) Title Signature Date	City, State	A 10				24471	11			City, Stat	е						55
Completed By (Print or Type) Title Signature Date	A CONTRACTOR OF STREET									Wayn	esburg	gh, OH					
		'vne)	Title	9					Signature	//	//		Date				
	Nick Petrovski	7 F = 7			ent				11/1	4/1	2h	eni	6	_	17	-/	3



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



Date of Notification (1)									perator (2)	District				
6/17/2013						Matawa	n-Aberae	en Kegi	onal School	DISTRICT	4.20			
Agencies Notified		Not	tification	Туре		Street A				- Pr			_	
( <b>X</b> ) EPA		LX	Initial No	otification			ite, Zip Co	nde			1	*		
(X) DOL				d Notificati	on		en, NJ 07							
(X)DOH			Cancelle				Contact			Phone				
()DCA		1 \ '	,	T10.00		Anthon			-					
( ) 50/1						Anthon	y vitolo	***						
N	L = 1 = = = = 1 ! =	Takkas	- Diago (	2)	FACILITY IN			1)						
Name of Facility Where A Former Cliffwood Ele	mentary S	chool	J Place (3	o) Is Storage	- Building		Facility (4 nool (K-12							
Street Address	illeritary o	CITOO	i useu e	is Otol ag	Dunanng		chapter 8		an K-12)					
422 Cliffwood Avenue					20 30				mmercial bldg	s., home	es, etc.			
City (5)	County (6)			County C (State Us		Sq. Feet	20,000	SF	No. of Floors	: 2				
Cliffwood	Monmout	h		(State Us	e Offiy)	100000000 10000	8202							
OWOOD						Bldg. Ag	e <u>85 y</u>	/rs	<del></del>	<u>.</u>				
						Current	Use (prior	r if being	demolished)	Storage	Buildin	ig (prio	r use S	chool)
Name of Monitoring Firm	Hired by Bld	a Owr	ner (8)	ASCM No	).				Name of Cor	ntractor (	(9)			
McCabe Environment				00118					Superior A			<b>.</b>		
		,								SC 915 (EST, 170), 9, 190				
Street Address						Street A	5. 1 (T. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.							
464 Valley Brook Ave	•						lerson D		e A					
City, State, Zip Code							te, Zip Co							
Lyndhurst, NJ 07071						vvest C	aldwell,	, NJ 070	100					
Project Manager for Monit	toring Firm	Tel	ephone N	Number	- Version -	Telepho	ne Numb	er		License	Numbe	er		
John Chiaviello		(73	32) 390-	5858		(973) 8	08-1616		1	00411				
		1		5 1 11	D-1- (44)	Nesses		A!4						
Scheduled Start Date (10) 7/01/2013	)		nequied ( 6/2013	Completion	Date (11)		f OSHA N <b>or Abate</b>		nc.					
Occupancy Status During	Abatement	A	MANAGEMENT OF THE	e)		Street A		J	no.					
() Facility Closed/Vacated	d During Ent	ire Per	riod of Ab	atement		2 Hend	lerson D	rive, St	e. A					
<ul><li>( ) Abatement Performed</li><li>(X) Other – Describe: Vac</li></ul>		lormal	Facility F	tours -		City Sta	ite, Zip Co	odo						
(A) Other Describe. Vac	ant Diag.						aldwell,		06					
Source of Work (Check al	I that apply)													
(X) Demolition () Re	novation													
(X) Large Proj. (>160 SF	or >260 LF	ACM)	()SMP	roi. (>25<1	60 SF or >10 <2	60 LF ACI	M) ()	Minor Pr	oj. (<25 SF oi	<10 LF	ACM)			
(X ) Full Containment with	h Negative F	ressur	re (X)	Mini-Enclo	sure (X) Gloveb	ag Proced	dure (X)					oof Ren	noval.	
Location of Asbestos-Con	taining Is	Locati	ion Norm	ally Used	Description of	ACM (i.e.	thermal	Amoun	t (Specify SF	or LF)	Abater	nent Ty	pe	
Material (ACM) in Facility				Custodial	systems insula	tion, surfa	cing,							
		aff? (1		NO	VAT, or other r	niscell.)		i i			Rem.	Rep.	Encap	Enclose
East Addition Basement		IA	YES	NO	Glue Dots			1	450 SF		х		T .	T
Hallway	`							1			(27/30)			
Rooms 205, 206			Х		Cloth Under T		3		1,200 SF		Х			
Throughout			X		Pipe Insulatio				850 LF		Х			
Throughout		by a comment	Х		Pipe Elbow/Jo	oint Insula	ation		135 EA		Х			
Throughout			Х		VAT/Mastic				12,850 SF		Х			
North Addition			Х		Plaster				5,000 SF		Х			
East Addition			X		Waterproofing	on Four	ndation		2,400 SF		Х			
Boiler Room			Х		Boiler Materia				150 SF	CHAIL CAN	Х			
Classrooms and Hallwa	vs		Х		Cork Board M	astic			350 SF		Х			
Original Bldg. & East	,-		Х		Door Caulk				6 EA		Х			
Addition											0.500			
Original Bldg, East and	North		Х		Roofing Mate	rials			7,500SF		Х			
Additions	les	LALI	DED Was	te Hauler I	D.#	Cubic V	ards of W	lacto		Name	of Reg.	l andfill		
Name of Reg. Waste Hau Service Transport Grou		999950	0EP was <b>/2117</b>	ste Hauler i	U#	300	alus Ol VV	aste			va Lan			
01. 01.1							Dies 5	oto		City, St	ate			
City, State New Castle, DE							Disp. D 7/26/20				ate sburgh (	OH 446	88	
HOW Castle, DL	200 - 23 - 10 - 10 - 10 - 0 - 0 - 0	12000					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Jour Sit	-11 410		
Completed by (Print or Ty	rpe)	Titl				Signatur	9	//	///	Date	2042			
Nick Petrovski		Pre	esident			1	1/1	11/1	han	06/17/2	2013			
		1				116	1/1/	4110	2002	2/14//00	00/400	FOTO	0/40	2/00

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7

Date of Notification (	1)				Name of	Building O	wnor / One	rator (2)		2.	and water his	
06 / 07	/ 13				1928 1930(1937)	ds/Mondele		rator (2)		877		
$\left  \frac{-60}{2} \right  = \frac{67}{2}$	/				Street Ac				-			
Agencies Notified	Type of N	lotifica	tion			ite 208 Nort	L.		2010		O App	Gas
									4411	11/1		
☑ EPA		Initia				te, Zip Cod				50115	0 21.	
☐ DEP		Amer		name of the second		New Jersey	, 07410				477	2. A
☑ DOH			ndment		Name of				Telepho	ne Numb	per	×6
☑ DOL				w/ justification	Mike O'R	ourke		4				
		Canc	ellation						7	4 W 14 5	a. 1977.	
				F	ACILITY IN	VFORMATI	NC			2.6		4
Name of Facility Whe	ere Abaten	nent is	Taking	Place (3)		Type of F	acility (4)					
Kraft Foods/Mondelez												
							School (K	(-12)				
Street Address						1 🗆		er 8 (Other	than K-12	2)		
2211 Route 208								., private &				
								mes, etc.)				
City (5)	County (6	1		County Code	(7)	Square F		# Of Floor	c	Buildin	a A aa	
Fairlawn	Bergen	'/		County Code	(1)	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	0,000		3	Dullulli	y Age	
i ailiawii	Deigen						COLUMN TO SOCIAL SECTION AND ASSESSMENT OF THE SECTION ASSESSMENT OF T		Designation of the second	+	40	
								being dem	iolished)		40 +	+
							AREHOUSE	<u> </u>				
Name of Monitoring I	Firm Hired	by Blo	dg. Owr	ner (8)	ASCM NO	)\						
AET						LVI Enviro	nmental Se	rvices Inc.				
Street Address						Street Ad	dress					
907 Doolittle Drive												
City, State, Zip Code						462 Getty	Avenue					
Bridgewater, NJ 0880							, Zip Code					
		i		ITalauhana No		City, State	s, Zip Code	,				
Project Mngr. For Mo	nitoring F	ırm		Telephone Nu	mber	000 11	07044					
Eric Houseknecth				908-218-1108		Clifton, NJ						
Sheduled Start Date (				oletetion Date (1	, .	Telephon	e Number		License I	Number		
07 // 08	/13	l _	07	//	13							
// /	9 		/	/		973-77	72-3660			(	00117	
Occupancy Status Du						Name of 0	SHA Moni	tor				
Facility Clo	osed/Vaca	ted Du	ring En	tire Period of		LVI Enviro	nmental Se	rvices Inc.				
Abatement						Street Ad	dress					
Abatement	t Performe	d Outs	ide of I	Normal Facility								1
Hours - De						462 Getty	Avenue					
☑ Other - Des			M 3.3	DIM			, Zip Code					
Other - De.	scribe	1.007	uvi - 5.5	21- IVI		Clifton, NJ						4
Coope of Work (Chas	L All TheA	Amalus				Cinton, No	07011					
Scope of Work (Chec	K All Inat	Apply										
			_	22 20	_	2002			22			
☐ Demolition		1	1	Renovation	<u></u> ☑			th Negative	Pressure	{		
≥3sf or ≥31						Mini - End						
≥160 sf or	≥260 If						Procedure					
						Non-Exem	ipted (*) an	d Non-Fria	ble Proce	dure		
Location of			ls		Descript	ion of			Abateme	nt Type		
Asbestos Conta	ining	Loc	ation	As		ontaining			R		E	E
	370	Nor	mally	10.00	Material			Amount	E	R	N	N
TO BE ABATE	ΞD	41.000	sed	l a.	e., therma			(Specify	М	E	С	С
in Facility		8.00	olely			facing, VA	1	SF or LF)	000000	P	A	Ĺ
(13)		0.0000000000000000000000000000000000000	Main-			ellaneous)	,	0. 0. 2. /	v	A	P	ō
(10)			ance/	011	Julei IIIISC	enaneous)			37	lî -	s	s
			todial				)		A	R		Ü
			ff (12)						L	, r	U	
											<u> </u>	R
			NO N/A									
Boiler Room - PHASE	2	V		TSI				200 SF	7			
Name of Registered V	Vaste Hau	ler		NJDEP Waste	Cubic	Name of R	egistered	Landfill				
NEWARK CARTING	raoto riaa				Yards	I.E.S.I.	ogiotorou i	Larrann				
TENNING ON THIS					of Waste	1						
City State				4509		Cib. Ct-1						
City, State					Disposal	City. State		05				1
NEWARK, NJ					Date	REIHLEH	EM, PA 181	US				
											-	
Completed by (Print of	or Type)			Title			Signature	(	A		Date	1
						-	1	in S	1	)		
Steve Stiles				Project Manage	er		) X 0	VILZ	1		1 06	5/19/13

#### STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

Date of Notificat						Building Ov		rator (2)				
06 / 07					Street Ad	dross	<u> </u>		2012			
Agencies Notifie	d Type of N	otifica	ation			te 208 North	1		9.0	JUN 20		
✓ EP		Initia				e, Zip Code					AM -	
DE DE		Ame				New Jersey			- 1	17-25	"/ <	30
☑ DO	Н		ndment #		Name of 0				Telephor	ne Numbe	er.	
				/ justification	Mike O'Ro	ourke					Y. F.	
		Cano	ellation		A CULITY IN	FORMATIO	SM			-	101	
	sa contra du con	y		100	ACILITY IN	FORMATIO	N		49 To 10 To			
Name of Facility Kraft Foods/Mond		nent is	Taking	Place (3)		Type of Fa	57/23/37	. 40)				
Street Address							School (K	12) er 8 (Other	than K 12	Α.		
2211 Route 208								, private &				
LETTINGUIG 200						<u> </u>		mes, etc.)				
City (5)	County (6	5)		County Code	(7)	Square Fe	eet	# Of Floor	s	Building	Age	
Fairlawn	Bergen						0,000	3			77.2	
						-	100	being dem	olished)		40 +	
	<del> </del>			(0)	Liconino		AREHOUSE					
Name of Monitor	ring Firm Hired	by Bi	dg. Own	er (8)	ASCM NO	1						
AET						I VI Enviro	nmental Se	rvices Inc				
Street Address						Street Add		TIOGS IIIO.	16-			
907 Doolittle Drive	е					Journal Add						
City, State, Zip C						462 Getty	Avenue					
Bridgewater, NJ							, Zip Code					
Project Mngr. Fo		irm		Telephone Nu	mber	1	•					
Eric Houseknecth				908-218-1108		Clifton, NJ	07011					
Sheduled Start [	Date (10)	Sche	d. Comp	letetion Date (1		Telephone	e Number		License I	Number	Hilary Comments (1997)	
06 / 24	13	-	07	05/	13						3447	
//	/		/	/			72-3660			00	0117	
Occupancy State	us During Abat ty Closed/Vaca						SHA Moni nmental Se					
☐ Facilit	7	itea Di	uring Em	ire Period Oi		Street Add		IVICES IIIC.				
☐ Abate	ment Performe		side of N	lormal Facility		Street Aut	u1633					
	- Describe:					462 Getty						
☑ Other	- Describe:	7:00	AM - 3:30	PM			, Zip Code					
Scope of Work (	Chack All That	Annly	()			Clifton, NJ	0/011					
Scope of Work (	Oneck All That	Apply	,									
☐ Demo	lition		7	Renovation	V	Full Conta	ainment wit	th Negative	Pressure	03		
☐ ≥3sf c	30 - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					Mini - Enc						
	of or ≥260 If						Procedure			17 <b>-</b> 0. 15-15-0		
						Non-Exem	ipted (*) an	id Non-Fria	ble Proce	dure		
Locatio	on of		Is		Descript	ion of			Abateme	nt Type		
Asbestos C		Lo	cation	As	sbestos - C				R		E	E
	-		rmally		Material			Amount	E	R	N	N
TO BE A			Jsed		e., therma			(Specify	М	E	c	C
in Fac			olely			facing, VAT		SF or LF)	0	P	A	L
(13	6)	· ·	Main-	or	other misc	ellaneous)			V	A	P S	o s
		(1000)	nance/						A	R	Ü	Ü
		1000	stodial aff (12)								ĬĽ	R
	<del></del>		NO N/A									1
Boiler Room - PH	ASE 2	<b>V</b>		TSI				200 SF	V			
		T										
	***************************************											
Name of Registe		ler		NJDEP Waste	1.55		Registered	Landfill				
NEWARK CARTI	NG			Hauler ID No.	Yards	I.E.S.I.						
City Chr.t.				4509	of Waste	City State						
City, State NEWARK, NJ					Disposal Date	City. State	e EM, PA 181	105				
INEVVAINT, INJ					Date		LIVI, 1 A 10	, 00				
Completed by (P	rint or Type)			Title			Signature		(1	0	Date	
O				Davis 115			Ho	ich.	\ <del>-/</del>		00	6/07/13
Steve Stiles				Project Manage	er		1110	W/L	, -		1 00	ווווווו

			T NI	ome of F	a vildina	Owner/C	perator (2	2)	10					1
Date of Notification (1)	117/13		1	P	NEL	AND	& Col	USTRUCTI	on	Øu.			_	
	Type Notification		SI	reet Ad								Va .		1
Agencies Notified	[X] Initial				00	7	7 TH	ST,			-		_	4
☑ DEP	Amended		C	ty, State	, Zip Co	ode	^		000 117					
D DOL	Amendment #_			5	FD -	LYLE	CIT	Y, N.J.	03293				=	1
MAN.	Emergency (inc justification)	cluding	- N	ame of 0	The second second				Telephone Nu	mher				1
□ DOH	Cancellation		1.	Eal	Durk	EDI	10-11-10							
U						ORMATK					ं			
		- 10		FACILI	I I Intro	OTOMATIN.		Type of Facility (	4)					7
Name of Facility Where	Abatement is Taking	Place (3)						- School (K-12)						1
RE	FSIDENCE		==					Subchapter 8  Other (i.e., pri	Other than K	-12)	uilding	25.		
Street Address	711 h w		750	AL	E.			homes, etc.)	Vale a comme	i Oldi Di				4
	711 KU 55+1	41005	7 0 50					Square Feet	# of Floors		Bldg.	Age		
City (5)	CEAN CI	-4												4
U	CEMINE		-	County (	Code (7	) (STAT	Ē	Current Use (Pric	or if being dem	olished	1)			
County (6)	۸,,,			USE ON	ILY)	* *		VAC	ANT		_		=	-
LAPE			- 1	CM No.	<del></del> ī	Name o	Abateme	ent Contractor (9)						
Name of Monitoring Fir	m Hired by Building C	wner	1~	/OH 110.		0.5541070.7		MCOIN	C,					-
(8)	V/A		_ـــــــــــــــــــــــــــــــــــــ		==	Street	ddrass							
Street Address	1.0					00000	369	S,S PRUCE	- DUE.				_	=
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City, State, Zip Code						Ony, Ou	MOP	LE SHAT		5,0	907	2	_	_
0			_	No	=	Telepho			License No	).	,,			
Project Manager for M	lonitoring Firm	11	elepr	one No.	. 1	8.5	6-77	9-0472	000	44	7_			_
				7	(11)		of OSHA M	Agaitor						
Start Date (10)	Sched	Juled Com	pletic	n Date (	(11)	140110	505	EPH KL	EMM				_	=
Start Date (10) /15	1 _ 7	, ,	1	3		Street	Address		1				•	
Occupancy Status Du	ring Abatement (Che	ck only on	e)			50001	369	S, Spr	· ut A u	<u> </u>				=
TT - The Olegand A/ac	ated Muring Entire Pe	HOU OI NO	0.0	ent		City St		ode		-	- ^	L .		
Abatement Perform	ned Outside of Norma	Facility F	iours			City, Si	MA	ODE SI	IDDEIN	<u>٠, ١</u>	. 0	80	د	2
Other - Describe:														
Scope of Work (Chec	k all that apply)						Full Cor	ntainment with Ne	gative Pressur	re				
		Reno					Mini-En	Description						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Dem	olition			-	Non-Ex	empted (*) and No	on-Friable Pro	cedure		aten	sen!	_
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		Is Loc	nally				scription of			}		-1	_	_
Locatio	on of	Used S	iolely	by	Aches	tos Cont	aining Ma	terial (ACM)	Amount	- 1	_		Enc	ŗ
Ashestos-Containe	ng Matenal (ACM)	Mainte	enano todial	e/	(i.e.	therma	systems	insulation.	(Specify SF or LF)	1	Removal	Repair	Encapsulate	Liviosor
TO BE A	BATED	77833	aff?			surfa	ding, VAT	, or ous)	0, 5,	8	Q	£.	ula	9
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		+						7.11 / 0	gistered Landf	ill				
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Name of Registered			H	auter ID	No.	of Wa			1/0/11/11		==	==		=
KLEMC			حل	and make the		Dispo	sal Date	City, State		- 1	. T			
City. State	EE SIAN	D C .	N	, 3				1_Wo	OFBING		11)	==	=	=
MAP			<u> </u>			1 -	Signature	1/ 0	D	ate /	12	13		
Completed By	Tit	be \/	1/1	0			Joen	on Column	m			=		_
JOSEPH	KLEMY -		11				9							

CK 3310

Date of Notification (1) 6/17/13					of Building			r (2)		2	170 n	Tes.				
Agencies Notified	Type Notification			Street A	Address				-				U U		7	
EPA DEP DOL	Initial Amended Amendmen	t#		City, Sta	anyard F ate, Zip Co bury Hei	de	JJ 080	 97			Ge L	D.	112	12 .		C)
DOH DCA	Emergency justification) Cancellation			Name o	f Contact Hester	3			•	Te	lephone	Num	ber			
Name of Facility VAR	AL			FAC	ILITY INFO	ORMAT	ION							_		
Name of Facility Where Gateway Regional	Abatement is Takir High School	ng Place (	3)					process.	of Facility (4							
Street Address 775 Tanyard Rd								I s	chool (K-12 ubchapter l ther (i.e. pr	8 (Oth	er than	K-12	) ıl buil	dinas	hom	100
City (5)								_ е	tc.)							165,
Woodbury Heights	NJ 08097							Square 1000-		2	f Floors			81dg. <i>i</i> 85+	Age	
County (6) Gloucester					Code (7) USE ONLY)				t Use (Prio aco Inc.	r if be	ing dem	olish	ed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASC	И No.			of Abate	ement Cont	ractor	(9)					-
Street Address								Address Box 329					-			
City, State, Zip Code				7.1119/2				State, Zip	Code NJ 0809	1			1165	50		
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph	hone No. 753-98			Licens					
Start Date (10) 7/1/13		Schedul 7/6/13	ed Cor	npletion	Date (11)		Name	of OSHA	A Monitor		0072					
Occupancy Status During	Abatement (Cher		ne)				Sam	Address								
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire	Period of	Abaten	nent				State, Zip					- 14			
	II That Apply)					_				W-281						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	e of Work (Check All That Apply) ≥3 sf or ≥3 lf						×	Mini- Glov	Containmer Enclosure ebag Proce Exempted	edure	•				Α.	
		Is	Locati	on				1100		1 / 411	4 110111	,,abi	2110	Abat	emen	t
Location		Use	Normal d Sole	ly ly hy			scription						_	<u></u>	ре	г
Asbestos-Containing TO BE ABA In Facili (13)	ATED	Ma	intenar todial S (12)	nce/		thermal surfac				(S	mount specify or LF)		Removal	Repair	Encapsulate	Enclosure
D 404.0	Yes			N/A											क	
	Room 104 & storage  Kitchen Office x			-			Γile / N				30 SF		x			
	O-f-t-i-l						Γile / M	and the contract of the contra			'6 SF		x			
Caleteria L	ounge	X				Floor	Γile / M	lastic		52	28 SF		x			
Name of Registered Was	te Hauler		ΙN	JDEP W	aste	Cubic '	Varde		Name of Re	ogisto	rod Lan	4611				
United Containers			Н	auler ID 2459		of Was		- 1	G.R.O.W		ieu Laii	uiii				
City, State Elm NJ	m NJ					Dispos 7/8/13	al Date		City, State Morrisvill	e PA	1906	7				
Completed by Anthony T Perna	oleted by Title					S	ignature	0				Date	7/13			



Date of Notification (1)		T	Name o	f Building	Owner/0	Operator	r (2)	/o		77:		-		
6/17/13	×		Paul E	Butterick	(priva	te Hon	ne)	" VIVII o	^					
Agencies Notified Type Notification  EPA Initial			Street A 36 Na							12:33				
DEP Amended Amendment		_ [		ate, Zip C nawkin		50	4.7			~				
DOH Emergency ( justification)  Cancellation	including	T	Name of	f Contact		,			T	elephone Nu	mber			
				LITY INF	ORMAT	ION							_	
Name of Facility Where Abatement is Taking Paul Butterick(private Home)	Place (3)			•				of Facility						
Street Address		-						School (K-1 Subchapter		her than K-1	2)			
36 Nancy							×	Other (i.e. petc.)	orivate	& commerc	ial bui	ldings	, hom	es,
City (5)							Squa	re Feet	#	of Floors	Ti	3ldg.	Age	-
Manahawkin NJ 08050							1000		1			35+	11	
County (6) Ocean			County (	Code (7) USE ONLY	)			ent Use (Pri naco Inc.	or if b	eing demolis	hed)			
Name of Monitoring Firm Hired by Building C	Owner (8)		ASCN	l No.		Name		tement Cor	ntracto	or (9)				
N/A							naco I			(-)			•	
Street Address			15 - 19			100000000000000000000000000000000000000	Addre	3133						
City, State, Zip Code	11882-118-8						Box 3	ip Code						
								in NJ 080	91					
Project Manager for Monitoring Firm		T	Telepho	ne No.			hone N 753-9			License N	lo.		Actor Inc.	
Start Date (10) 6/18/13	Scheduled	d Con	npletion	Date (11)			of OS	HA Monitor				-		
Occupancy Status During Abatement (Check		)					Addre						-	
Facility Closed/Vacated During Entire P	eriod of Al	oatem	ent			Ooc.	710010							
Abatement Performed Outside of Norm Other – Describe:	al Facility I	Hours			_	City, S	State, Z	ip Code		0)				
Scope of Work (Check All That Apply)			-											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enova emoliti				>	Min	ni-Enclosure ovebag Pro	e cedure	th Negative				
	T						≥ No	n-Exempte	d (*) a	nd Non-Frial	ole Pro		re emen	t
Location of	No	ocati ormall	ý		De	scription	n of	7 <sup>25</sup>					уре	
Asbestos-Containing Material (ACM) TO BE ABATED		tenar	nce/	Asbes	tos Cont	taining N	Materia	(ACM)		Amount	_		Щ	
In Facility	Custo	dial S (12)	staff?	(1.6	thermal surfa	cing, VA	AT, or	ation,		(Specify SF or LF)	Remova	Repair	cap	nclo
(13)	-	-	Γ		other n	niscellar	neous)				oval	활	Encapsulate	Enclosure
Exterior Cidina	Yes	No	N/A								_	_	Ф	
Exterior Siding Floor tile	1		X			rior Si				200 SF	×			
Ploor tile	Ploof tile		Х		livi	ng roo	m			00 SF	x	-	-	
							-			<del></del>	-	-	-	$\vdash$
Name of Registered Waste Hauler	W. C.	10000	JDEP W auler ID		Cubic of Was	Yards ste				tered Landfil			-	-
United Containers			2459		3			G.R.O.	W.S.					
City, State Elm NJ					Dispos 6/21/	sal Date		City, Stat Morrisv		A 19067				
Completed by Anthony T Perna	Title Presid	ent			S	ignature	1	L		Da	ate 17/1	3		





Date of Notification (1) 6/17/13					f Building el Jaffe				<\$\\frac{1}{2}\right\rig	3 110	)			3		
Agencies Notified	Type Notification		- 3	Street A 56 Jer					160		10	Ø;				
EPA DEP DOL	Amended Amendment				ite, Zip Co nawkin N		50							į.		
DOH DCA	justification) Cancellation	· .	122	Name of Michae	f Contact el					Tel	ephone	Numb	er			
				FACI	LITY INFO	ORMATI	ON									
Name of Facility Where		g Place (3)						Type	of Facility (4	4)						
Michael Jaffe (priva	ite Home)								School (K-1							
Street Address 56 Jennie									Subchapter Other (i.e. p				huild	linge	home	26
								-	etc.)		ave assessed		_			
City (5) Manahawkin NJ 08	050							1125 T. C.	re Feet	7.55	f Floors		10000	ldg. A	ge	
	050		-					1000	50.5	2				5+		
County (6) Ocean					Code (7) USE ONLY				ent Use (Pric naco Inc.	or if be	ing dem	olished	i)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	I No.		Name		tement Con	tractor	(9)					
N/A							MANAGER CONTRACTOR	aco Ir								
Street Address								Addres			5005001				1.03	
City, State, Zip Code									ip Code in NJ 080	91						
Project Manager for Mor	nitoring Firm			Telepho	ne No.		Telepi	none N	0.		Licens					
Start Date (10)		Schedule	d Con	nletion	Nate (11)	-	100000000000000000000000000000000000000		A Monitor		0072					
6/26/13		7/2/13		ipicuoir	Dute (11)		Sam		IA WOULD							
Occupancy Status Durin	g Abatement (Chec	k Only One	e) -				Street	Addres	SS							
Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Norn						City, S	state, Z	ip Code							
Scope of Work (Check A	II That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	pe of Work (Check All That Apply) ≥3 sf or ≥3 If							Mir Glo	ll Containme ni-Enclosure ovebag Prod n-Exempted	edure						
	war	Τ						110	IPEXCIIIpted	1 / 41	d NOIPI	Habic			ment	
Location	o of		_ocati ormall			Do	scription		- 1					Ту		
Asbestos-Containing	Material (ACM)		Sole		Asbes	tos Cont			(ACM)	A	mount				ш	
TO BE AB		1,000,000,000,000	dial S		(i.e.	thermal	system cing, VA		ation,		Specify		Rer	R	Encapsulate	Enclosure
(13)			(12)				niscellar			31	F or LF)		Remova	Repair	psul	uso
5//		Yes	No	N/A								1	<u>m</u>	22.50	ate	Ге
Exterior S	Exterior Siding					Exte	rior Si	ding		18	800 SF	>	ς .			
Name of David Conference			- T							utter a ree reent						
Name of Registered Was United Containers	ste Hauler			JDEP W auler ID		of Wa	Yards ste		Name of I		ered Lar	ndfill				
						3			G.R.O.V							
City, State Elm NJ						7/2/1:	sal Date 3		City, State Morrisvi		A 1906	57				
Completed by Anthony T Perna	ted by Title					5	ignature	L	•			Date 6/17		1		

12 B	2310
LA	217
- 1	

Date of Notification (1) 6/17/13		1		Building (											
Agencies Notified Type Notification		100	Street Ac	idress rague A	١٧		4	0 10 3	. 5.	,					
EPA Initial Amended Amendment	#	(	City, Stat	te, Zip Co Creek N	de	2									
☐ Emergency justification) ☐ DCA ☐ Cancellation	(including	1		Contact						ephone No	umber	-			
Cancellation			•	ITY INFO	DMATI	ON						8			-
Name of Facility Where Abatement is Takin Harry Couch(private Home)	g Place (3)		TAOIL		ZINIATI	ON		of Facility (4)							
Street Address 208 Sprague Av		an Santa e					X	Subchapter 8 Other (i.e. pri etc.)				ding	s, h	ome	s,
City (5) West Creek NJ 08092							Squar 1000	e Feet	# o	f Floors		31dg 35+		е	
County (6) Ocean			County C STATE U	ode (7) ISE ONLY)				nt Use (Prior aco Inc.	if bei	ng demoli	shed)				
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	No.			of Abat aco Ir	tement Cont	ractor	(9)			٠		
Street Address			L				Addres								
City, State, Zip Code			,					p Code n NJ 0809	)1						
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph	none No 753-9	o.		License	No.		2000		-
Start Date (10) 6/26/13	Schedule	d Com	pletion [	Date (11)			of OSH	A Monitor							
Occupancy Status During Abatement (Che-		e) .					Addres								
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of A	batem						p Code		*	*			1	
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		enovat emoliti				>	Mir Glo	I Containmenti-Enclosure ovebag Procented	edure				lure		
	le	Location	on										ater	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	lormall d Solel intenar odial S (12)	y ly by nce/	Asbes (i.e.	tos Con thermal surfa	scription taining M system cing, VA miscellar	Material s insula T, or	(ACM)	(	Amount Specify F or LF)	Removal	Veball	Тур	e Encapsulate	Enclosure
	Yes	No	N/A				11							è	
Exterior Siding			х		Exte	rior Si	ding		16	00 SF	x				
			X								x	$\downarrow$	1		
											+	$\perp$	+		
Name of Registered Waste Hauler		l N	JDEP W	lasta	Cubic	Yards		Name of F	Penist	ered I and	fill	L			
United Containers		Н	auler ID 2459		of Wa			G.R.O.V		orou Luriu					
City, State Elm NJ					Dispo 7/2/1	sal Date	1	City, State Morrisvi		A 19067	· i				
Completed by Anthony T Perna	Title Presi	dent			5	Signatur	el			1.000	Date 6/17/1	3			

Bale of Marie

Date of Notification (1) 6/17/13		2			Building ( Lawler				- 26/3 	J))·	34					
Agencies Notified	Type Notification	************	100	Street A	ddress e Super	ior dri	 ve	- <sup>27</sup> <del></del>	F 2 : -		· 4/	) ;:	, N			
EPA DEP DOL	Initial Amended Amendment Emergency		176	City, Sta	te, Zip Co Island N	de							V.S.			
DOH DCA	justification)  Cancellation			Name of Susan	Contact					LTAL	nhana A	li imbe	r	WHAT SOCI		
	<u> </u>			FACI	LITY INFO	RMATI	ON									
Name of Facility Where Susan Lawler (priva		g Place (3)						-	of Facility (4							
Street Address									School (K-1: Subchapter		er than K	(-12)				
58 Lake Superior d	rive								Other (i.e. p	rivate 8	& comme	ercial b	uild	ings,	home	s,
City (5) Mystic Island NJ									e Feet	# o	Floors		BI 35	dg. A	ge	
County (6) Ocean				County (	Code (7) USE ONLY)				nt Use (Pricaco Inc.	r if bei	ng demo	lished	)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	I No.		Name	of Abat	ement Con	tractor	(9)	-				
N/A					ı			aco Ir						•		
Street Address							F. ST. (1) (1)	Addres Box 32				ø				
City, State, Zip Code				X.F.H.5000			0.0000000000000000000000000000000000000		p Code n NJ 080	91						
Project Manager for Mor	nitoring Firm		T	Telepho	ne No.			none No 753-9			License 00727	-				
Start Date (10) 6/21/13		Schedule 6/26/13		npletion	Date (11)	-	Name Sam		IA Monitor							
Occupancy Status Durin	g Abatement (Che	k Only On	e)				Street	Addres	s			-				
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire	Period of A	baten				City, S	tate, Zi	p Code							
Scope of Work (Check A	II That Apply)	· · · · · · · · · · · · · · · · · · ·			-			Usas			-					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit	0.000			>	Mir Glo	Containme i-Enclosure vebag Prod -Exempted	e edure					a	
		le	Locat	ion	l T			110	LXCIIIPIO	( ) (1)	d (toll)	Table 1		Abate	ment	
Location	n of	l N	orma	lly		De	scription	of	1				-	Ту	pe	
Asbestos-Containing TO BE AB In Faci	ATED	Mai	d Sole ntena odial ( (12)	nce/	Asbes (i.e.	therma surfa	taining N I system cing, VA	s insula T, or	(ACM)	(5	mount Specify or LF)		Remova	Repair	Encapsulate	Enclosure
(13)		-		т		other i	miscella	neous)					val	air	ulate	sure
	Nut	Yes	No	N/A							00.05		_			
Exterior S	Siding			X		Exte	erior Si	ding		12	00 SF	х	-			
				X								. X				
				-												
Name of Desistered 115	eto Houtes			UDED !!	leate	[ C	Vand-		Nems	Doolet	rod I	4611				
Name of Registered Wa United Containers	ste nauler		H	IJDEP W lauler ID 2459		of Wa	Yards ste		Name of G.R.O.		sieu Lan	umi				
City, State	<del> </del>					-	sal Date		City, State Morrisv		A 19067	7				
Completed by Anthony T Perna		Title	dent				Signature	9 1	L			Date 6/17	/13			
Later of the contract of the c		1.00	J-5110					1				5, 17		IN		

CA	2010	-
	3315	_

Date of Notification (1) 6/17/13				Building ( Stratton				4	100	N. C.					
Agencies Notified Type Notification		S	Street Ad					<del>1412</del> 07	4H						
EPA Initial Amended Amendment	#			e, Zip Co River N		731									
Emergency ( justification) DCA Cancellation	including	N		Contact					Tel	ephone	Num	ber			
		1_	FACIL	ITY INFO	RMAT	ION			_						
Name of Facility Where Abatement is Taking Andy Stratton (private Home)	g Place (3)							of Facility (4 School (K-12							
Street Address 1809 Binnacle								School (K-12 Subchapter Other (i.e. pletc.)	8 (Oth				dings,	home	es,
City (5) Forked River NJ 08731								re Feet	# o	f Floors	2		ldg. A 5+	ige	
County (6) Ocean	****		County C	ode (7) SE ONLY)				nt Use (Prio	r if be	ng dem	olish	ed)			
Name of Monitoring Firm Hired by Building 0	Owner (8)	7	ASCM	No.		53000	of Aba	tement Con	tractor	(9)					
Street Address		1				Street	Addres	SS							
City, State, Zip Code							30x 32 State, Zi	p Code							
Project Manager for Monitoring Firm		T	elephon	o No			t Berli	n NJ 080	91	Liann	- NI-				
	- Contract	1300					753-9			Licens 0072		).			
Start Date (10) 7/1/13	Scheduled 7/6/13	Comp	oletion D	ate (11)		Name Sam		IA Monitor							
Occupancy Status During Abatement (Chec	k Only One)			Combon Up		Street	Addres	S							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of Aba	ateme ours	ent			City, S	state, Zi	p Code							
Scope of Work (Check All That Apply)														12	
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	-	ovatio nolitio				×	Mir Glo	l Containme ii-Enclosure vebag Proc n-Exempted	edure					e	
	ls Lo	catio	n										Abate	ement	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Nor Used S Mainte Custod	mally Solely enanc	by ce/		tos Cor therma surfa	escription ntaining N al system acing, VA miscellar	Material s insula T, or		(5	mount Specify or LF)		Removal	Repair	e Encapsulate	Enclosure
Exterior Siding	100	-	×	-	Exte	erior Sid	dina		12	00 SF		x			
		-						-		00 01		-			
				-				-				-			
	1	+							-		_				
Name of Registered Waste Hauler		92370	DEP Wa	1177.75	1000000000000000	Yards	_	Name of F	Registe	ered Lan	dfill				
United Containers		30,000,000	uler ID N 459	No.	of Wa			G.R.O.V							
City, State Elm NJ					Dispo 7/6/1	osal Date 3		City, State Morrisvi		1906	7				
Completed by Anthony T Perna	Title Preside	nt				Signature	0				Dat 6/1	e 7/13	1		

#### MO#20613923561

Date of Notification (1)				Na	me of Buildi	ing Owner	/Operator (	(2) a	2 // 2 8g			
06 /	15 <sub>i</sub>	13		n		•		48/3 WALL	_			
Agencies Notified		2017 THE		Reg	gina Pieter	sen		713	2 //			
EPA	Type Notification	on		Str	eet Address	3		17	7. J. M.			
☑ DOLWD				626	Broadway	y		Jan / Con	* (-)			
☑ DHSS	Amended Amendmen	. 44		Cit	y, State, Zip	Code	-	4.77 6 3				
DOCA	40	_		Lor	ng Branch,	NI 0774						
(NJAC 5:23-8)	Emergency justification		ing		me of Conta				Telephone Nu	unahas		_
, 5.25 0/	Cancellation					1070,573			relephone No	imper		
				Reg	gina Pieters	sen						
				F	ACILITY	INFORM	ATION					
Name of Facility Where A	batement is Tal	ing Pla	ce (3)					Type of Facili	ty (4)			
Private house								School (K-	12)			
Street Address								Subchapte	r 8 (Other than K-1	1 2)		
626 Broadway								Other (i.e.,	private and comm	nercial b	uildings.	
City (5)								homes, etc				
7 <del>.</del>								Square Feet	# of Floors	В	ldg. Age	
Long Branch, NJ 07740	)											
County (6)				Co	ounty Code (7	) (STATE L	JSE ONLY)	Current Use (	Prior if being demo	olished)		
Monmouth									- 9	, ,		
Name of Monitoring Firm	Hired by Buildin	g Owne	er (8)	ASC	M No.	Namo	of Abotan	ont Control :	0)			
			2.6		140.	Section 1989		ent Contractor (	9)			
Street Address							h LLC		C-30-75-75-7 Restation			
Oct /1001033					Y	Street	Address					-
A						576 Va	alley Rd#	283				
City, State, Zip Code							tate, Zip Co					-
Project Manager for Monit	orina Firm		i To	lephon	a Na		, NJ 0747	0		ALLE STATE OF THE	20.20.00	
AND AND A PROPERTY OF THE PROP	3)		10	ephor	ie No.	13	one No.		License No.			
Start Date (10)							8-1777		01127			
06/26/	Scr	eduled	Compl	letion (	Date (11)	Name o	of OSHA M	lonitor				-
	_	06	1 _2	27 /	13	Environ	vision Co	nsultants,Inc				
Occupancy Status During	Abatement (Che	eck only	one)			Street	Address	ilsultants, Inc				
	During Entire I	Period (	of Ahat	ement		Paragraphic Control						
□ Abatement Performed (	Dutside of Norm	al Easi	ite Lla.	0		20-21 V	Wagaraw	Road, Bldg .#	35 E			
Time of Abatement:	AM	PM/	PM	_	AM	City, St	ate, Zip Co	de				-
Scope of Work (Check all t					-	Fair La	wn, NJ 07	7410				
scope of work (Check all t	nat apply)							and decontam	ination	-		-
		M	Renova	tion			Full Conta	ainment with Ne	egative Pressure			
2 160 sf or 260 If		_	emoliti			×	Wini-Enci	osure				
			01170110			Н	Non-Even	Procedure L	Tent with Negativ	ve Press	ure	
			Is Loca	ation			HOI: LAG	inpled ( ) and N	on-rhable Proced	ure	1	
Location o	f		Norma	ally		_				Ab	atement	T
Asbestos-Containing M	aterial (ACM)	Us	ed Sol	ely by	Acha	Des	scription of	erial (ACM)		1000		-
TO BE ABAT	ED	I N	aintena	ance/		e., thermal	systems in	erial (ACM)	Amount	en	ep	
IN Facility (13)		Cu	stodial (12)			surfac	cing, VAT,	or	(Specify SIF or LF)	Remova	Encaps Repair	
(13)		-	112)	_	-	other m	niscellaneo	us)	On or Ery	<u> </u>	Encapsulate Repair	
		Yes	No	N/A							6	
asement				$\boxtimes$	Boiler in	reulation			10.05		7	+
			<u></u>	15	- Jones III	isuiation			40 SF		ШШ	
			14						77			1
											=+-	+
			15	+=	+							1
ame of Posista - 111												+
ame of Registered Waste	Hauler		NJE	EP Wast	e Hauler ID No.	Cubic Yarr	ds of Wastel	Name of Regis	torad I		니니	1
	40								tered Landfill			- 6
Tech LLC			- 0	03378	85	TBD		T.R.R.F. Inc				
						Disposal	Date	City, State				- 6
ity. State												
ity. State ayne, NJ 07470					Ì	TPD	1-	Full -				
ity. State ayne, NJ 07470	) Title	9		_		TBD	atus	Fullytown, PA	1			
Tech LLC ity. State ayne, NJ 07470 pmpleted By (Print or Type evtic	1					TBD	atur	Γullytown, P.A	Da	te		
ity. State ayne, NJ 07470 empleted By (Print or Type	Owi	ner			for asbesto	Sign	atur	e ser	Da	ite /15/201:	2	

#### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

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

								1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1					
Date of Notification (1)	June 17, 2013				Name of Buildi		erator (2) ma Group	, LLCS	Cy. a	- 2	18	66	
Agencies Notified  [ X ] EPA		l Notifi			Street Address	18 Va	alley Broo	k Drive	in a	·			
[ ] DEP [x ] DOL [x ] DOH	Amer	ndment gency (	including		City, State, Zip		lesex, NJ	08846					
[ ] DCA	100 100 100	ication) ellation			Name of Conta Ma	t tin Kama		Т	elephone Number			•	
				FAC	CILITY INFOR	MATION							
Name of Facility Where A Res	batement is Taking sidence	g Place	(3)				Type of	Facility (4)	School (k-12) Subchapter 8 (ot	her tha	n k-12)		
Street Address	3 <sup>rd</sup> Avenue							[x]	Other (i.e., priva homes, etc.)			ial buil	dings,
City		Coun	ty (6)		County Code (7) (STATE USE O			0 sf	# of Floors		g. Age	50	
Ortley Beach		Oce						Residen		)			
Name of Monitoring Firm		Owner	(8)		ASCM No.		f Abatement		(9) in Contracting,	Inc.			
Street Address						Street A	ddress	1889 R	oute 9, Unit 61				
City, State, Zip Code						City, St	ate, Zip Cod		iver, New Jers	ey 08	755-1	271	
Project Manager for Monit	toring Firm		Telephon	e Number		100000000000000000000000000000000000000	one Number 49-9932		License N 00624	lumber			
Scheduled Start Date (10) 6/18/13			Schedule 6/19/		tion Date (11)	Name o	f OSHA Mo		L. Analytical			100000000000000000000000000000000000000	
Occupancy Status During	Abatement (Check lity Closed/Vacate		ne)	,	batement	Street A	ddress	1056 St	elton Road				
[ ] Aba	tement Performed					City, St	ate, Zip Cod						105-2.455
[ ] Othe	er – Describe								way, New Jerse		54		er de como
Scope of Work (Check all	that apply)					] [	7 30 30 30 30 m. S	Containment Enclosure	with Negative Pre	ssure			
	for≥3 lf		[ ]	Renov		[	•	bag Procedi		Drood	IPO.		
[x] ≥160	0 sf or ≥260 lf		[x]	Demol	ition	[ x	] Non-r	exempled (*	) and Non-Friable	rioccu	110		
								¥7		Abat	ement	Туре	
	. 6		Is Locati			Descripti Asbestos-Co			Amount	R	R	E	Е
Location of Asbestos-Containing M	5.07		Normally Solely b		1	Material (			(Specify SF	E	E P	N C	N C
TO BE ABA	5575	Mair	tenance/C			i.e., thermal			or LF)	M	A	A	L
in facility		180000000	Staff		i	nsulation, s				0	I	P	0
(13)			(12)			VAT,				V	R	S	S
4		YES	NO	N/A		ther miscel	laneous)			A L		L E	R E
Exterior			X	T	Asbestos si	ling			850 sf	X			
Dittorio.		-	1	1									
								-1/#			-0.00		
				1									
Name of Registered Waste			NJDEP Wa			Yards of Wa			red Landfill				
Guardian Co City, State	ntracting, Inc.			20223 Dispo	sal Date	City, S		R.R.F.					
Toms River,				6/20	/13		town, Per	hsylvania					
Completed by (Print or Type Nicholas Ferr	pe)	Title Proje	ect Mana	ger	Signature	\ich	$\mathcal{J}'$	100	P	6/1'	7/201	3	

Charle# 9486

C5 : 411 ::5 :: 40				T 67	CD 11 11			, , , , , , , , , , , , , , , , , , ,	110	01071		+	U	-
Date of Notification (1) 6–17–13				1	of Buildin vin Ma	_	55	r(2) 43 <b>orp.</b>	73 J <sub>UA</sub>	20 1				
Agencies Notified	Type Notification	1		Street	Address			10.7%	Y (	7 37	9,	÷.,		
X EPA	XI Initial			975	US H	ighway	y 22 '	West	g in	n a	2000	° (-)'		
DEP BOL	Amended Amendmen	t #			tate, Zip (		eld, 1	NJ 07060	- 4167	1	in it			
₩ DOH	☐ Emergency justification	)		Name	of Contac	t			Tel	ephone No	ımber			
DCA .	☐ Cancellation	n												
Name of Facility Where	Ahatement is Takir	na Place (	31	FAC	ILITY IN	FORMAT	ION	Type of Facility	(4)					
Chatham Plaza-		ig riace (	٠,											
Street Address	Deace #1		200					☐ School (K		er than K-	12)			
449 Main Stree	<b>\</b>									& commerce		Idings	, hom	nes,
								etc.)	1 # -	( ( )		21-1-	A ===	
City (5) Chatham								Square Feet	1 # 0	f Floors		Bldg.		
County (6)		*		Carrati	0-4- (7)			10,000			(h = d)	41	rs	•
Morris					Code (7) USE ONL			Current Use (P	rior ii bei	ng aemolis	nea)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCI	M No.		Name	of Abatement C	ontractor	(9)				-
EHS							Ply	mouth Env	ironme	ental (	œ.,	Inc		
Street Address								Address						
411 Southgate	Court, Suit	еЕ					923	Haws Aver	nue					
City, State, Zip Code							City, S	tate, Zip Code						
Mickleton, NJ	08056						Nor	ristown, I	PA 194	101				
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph	one No.		License N	10.			
Jack Carney				856-2	24-008	30	610	-239-9920		0039	8			
Start Date (10) 7–1–13		Schedule 7-1	d Co	mpletion	Date (11)			of OSHA Monito		ntal C	0.,]	Inc.		
Occupancy Status During	Abatement (Chec	k Only On	e)		-		77870V70-787	Address			-			
☑ Facility Closed/Vaca							923	Haws Aven	ue					
☐ Abatement Performe ☐ Other – Describe: _	ed Outside of Norn	nal Facility	Hour	'S				ate, Zip Code Cistown, PA	1940	1				
Scope of Work (Check Al	That Apply)	3-22-32-22-23												
□ ≥3 sf or ≥3 lf		<b>2</b> 21 R	enova	ation			ГX	Full Containn	nent with	Negative F	Pressu	re		
x ≥160 sf or ≥260 lf		2002200	emoli					Mini-Enclosus	re					
										Non-Frish	ie Pro	cedur	۵	
		T			<u> </u>			14011-Exchipte	T	TYON-I HEL	10	Abate		
		19 C (1251)	Locat orma										pe	
Location Asbestos-Containing I	1779 T	Used	d Sole	ely by	Ashes		scription aining Ma	ot aterial (ACM)	Ar	nount			Е	
TO BE ABA	TED		ntena	nce/ Staff?		. thermal	systems	insulation,		pecify	Re	R	nca	Enc
In Facilit (13)	У	0000	(12)				cing, VAT niscellane		SF	or LF)	Removal	Repair	Encapsulate	Endosure
(1.5)		V	N1-	1 11/0		20.10. //		,			<u>a</u>	7	late	re
Throughout space	YA	Yes	No	N/A X	mast	ice			2,40	) CE	1,			
		+		-	mast	TCS	XX.196.11		2,40	J SF	Х			
Name of Registered Wast	e Hauler		IN	JDEP W	aste	Cubic \	Yards	Name of	Register	ed Landfill				$\neg$
Robinson Waste			1	17304	No.	of Was		GROW	S,Inc.	•				
City, State						Dispos		City, Stat	e					
Bellmawr, NJ						7-15	-13	Morr	isyil	le,PA				
Completed by		Title					gnature	0 1/0/	11)	Dai	te			
James Kelly		Pre	esid	lent		1	M	men H	WI	6-	-17-	13		
			11 100				The		7		-			1000
ASB-41 (R-06-08)							* Donot	use this form for	asbesto	s licensure	exem	pted a	ctiviti	ies.

### State of New Jersey APPROVED: TOM VOORHEES, NJOOH NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification			Na	me c	of Bui	ilding (	Owner / Opera on	ator (	2) /////	(%)					
	6/14/2013		He	ess (	corp	oratio	on								
	Type Notifica	ation	85025		Addre			- 6		Ŵ.					
☐ EPA						Plaza			the state of the s	W 3.5.					
☐ DEP			10000000			Zip C			4////						
□ DOL	Amei	nded					07095		*400	11/2					
□ DOH		rgency	100000			ntact			1.1	6	Te	lephor	ie Ni	ımbe	er
☐ DCA	☐ Cano	ellation	Jo	hn F	Philb	oin									
				FAC	ILIT	Y INF	ORMATION							-	
Name of Facility Wh		ent is Taking Pla	ace (3)				Type of Fa								
Hess Corporation	n						School	ol (K-1	2)						
Street Address							Subch	napter	8 (Other tha	n K-12)					
123 Derousse Av	e.						○ Other	(i.e. p	orivate & com	mercial bu	uildings	, home	es, et	c.)	
	17.5						Square Fe		# of Floo			lg. Age			
City (5)		County (6)	Coun	ty Co	ode (	7)			100 10000 10000						
Pennsauken		Camden					Current Us	e (Pri	ior if being de	emolished)					
remisauken		Camacii					Exterior			,					
Name of Monitoring	Firm Hired h	y Building Own	er (8)		ASC	M No.		haten	nent Contrac	tor (9)					
AET, Inc.	i iiii i iiieu b	y building Own	61 (0)		1	IVI IVO.			nmental, Ir						
Street Address		2000					Street Add		illionital, il						
28 N. Pennell Ro	ad						1123 Bea		Street						
City, State & Zip Co		***************************************			V. W-1195		City, State								line of the
Media, PA 19063							Bristol, P								
Project Manager for		irm	Telepho	no N	dumb	or	Telephone			Licer	nse Nu	mher	-		
Dave Turotsy	Worldoning F		800-96			)CI	(215)788-			0050		IIDEI			
	to (10)	Scheduled Com					Name of C			0030					
Scheduled Start Date 6/17/201			101e11011 3/17/20		; (11)				nmental in	c					
Occupancy Status I				13			Street Add		innental in	<u>.                                    </u>					
		During Entire Pe		Abat	emer	nt	1123 Bea		Street			8			
		utside of Norma				03	City, State		ACCUPATION OF THE PROPERTY OF						
	Exterior Rem						Bristol, P								
		Abatement: 7 A	M – 3:3	O PE	м		Director, 1	۸٠ .٠	001						
Scope of Work (Che		A A THE RESERVE A PROPERTY OF THE PROPERTY OF			-			H-170.70						120	-
осоро ст. тот (ст.		F-77							Full Conf	tainment w	ith Ne	gative I	Pres	sure	
	f		⊠ F	Reno	vatio	n			Mini-Enc	losure					
≥160 sf ≥26	O If			Demo	olition	1		Г	Glove Ba	g Procedu	ıres				
	T-011							$\overline{\nabla}$		mpted and		riable	Proc	edu	re
Lo	ocation of		Is Lo	catio	n .	W-75-100 -	Descript	tion of		Amou	int	Abat	eme	nt T	ype
	os-Containin	g	Normal				Asbestos-C	ontair	ning	(Spec	ify		Т		
	erial (ACM)	·		ly by			Material			SF or I		-		ᄪ	m
	BE ABATED	1	Mainter				(i.e., therma					eg	공	S	nc
ir	n Facility	1	Custodi		aff?		nsulation, sur					Removal	Repair	usc	Enclosure
	(13)	1		2)			or other misc	ellane	eous)			<u> </u>	7	Encapsulate	ē
			Yes N		N/A	W. C. T. T. T. T.							_		
Tank 2022					$\boxtimes$	Transi	te Panel			200 5	SF		$\sqcup$	Ц	Щ
												Ш	Ш	Ш	Ц
														Ш	
- 200		AND													
			TIT	71			1.000000								
Name of Registered	Waste Haul	er		NJD	EP V	Vaste	Cubic Yards	N	ame of Regis	stered Lan	dfill				
							of Waste			3.00					
<b>Bristol Environm</b>	ental Inc.			:	2099	0	5	100	ROWS Lan	dfill					
City, State			-		100908	1000/1000	Disposal Dat		ity, State						
Bristol, PA							6/18/2013	M	lorrisville, l	PA					
Completed By (Print	t or Type)			Title			Signature					Date,	1		
Gino Pizzigon				Pro	ject		11.	0	zegoni	1.	,	6/1	4/1	3	
	7847			Mar	nage	r	Dine	113	zegoni	-/N		1/	11		



# Dew oly

Date of Notification (1) 06/17/13					of Building n DPW	Owne	er/Operator	(2)			40p	20				
Agencles Notified	Type Notification				Address ower Ro	ad			., ,	ů,	^		\$4°	ે જે		
EPA DEP DOL	Initial Amended Amendmen	t #			ate, Zip Co n, New J		y 07036						·		<del>`</del>	
DOH DCA	☐ Emergency justification	)		Name o	of Contact Venditto		-			Tele	phone	Num	ber	<u>.</u>	1	
				FAC	ILITY INF	ORM	ATION									
Name of Facility Where Linden DPW	Abatement is Takir	ng Place (	3)						of Facility ( School (K-1							
Street Address 700 Lower Road								X	Subchapter Other (i.e. p	8 (Othe	r than comm	K-12) nercia	) I buil	dings	, hom	es,
City (5) Linden, New Jersey	07036							Square 10,00	e Feet 00	# of 2	Floors	1		ldg. /	ge	
County (6) Union				County (STATE	Code (7) USE ONLY	_			nt Use (Prio			olishe	ed)			
Name of Monitoring Firm Detail Associates	Hired by Building	Owner (8)		ASCI	M No.				ement Con	tractor	(9)					
Street Address 300 Grand Avenue					***************************************			Addres	s de Avenu							
City, State, Zip Code Englewood, New Je	ersey 07631						City, S	tate, Zip			1					
Project Manager for Mon Stephen J.	itoring Firm		П	Telepho	ne No. 69-6708		Teleph	one No 225-84	,		Licen: 0110	Contact and a second				
Start Date (10)		Schedule	ed Cor		Date (11)				A Monitor		0110					
ON HOLD	Abstract (O)	. 0	N H				J&S I	Enviro	nmental	Labs	225				TOTAL NO.	
Occupancy Status During		- 34	9.53					Address								
Facility Closed/Vaca Abatement Perform Other – Describe: 7	ed Outside of Norr	Period of / nal Facility	Abater Hour	nent s			City, St	tate, Zip								
Scope of Work (Check A	That Apply)						Unior	n, Nev	v Jersey	07083						
[]			Renova Pemolii					Mini- Glov	Containme -Enclosure rebag Proc -Exempted	edure					•	
		le	Locat	lon	I			11011	LACITIFIED	( ) and	INUIT	TIADIC			ement	
Location	of	1	Vorma	lly		,	Description	of						101/202007	ре	
Asbestos-Containing <u>TO BE ABA</u> In Facili (13)	TED	Ma	d Sole intena odlal S (12)	nce/ Staff?	Asbesi (i.e.	tos Co therm sui	ontaining M nal systems facing, VAT er miscelland	laterial ( insulat T. or	(ACM) lon,	(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
	~~~	Yes	No	N/A											ਰ	
Mechanic's			X				erVAT&M			160	O SF		Х			
Cafeter		-	X				erVAT&M			800	O SF		Х			
Locker Room 8		-	X	_		-	& Mastic(I			240	) SF		Х			
Foreman's Name of Registered Was			X				& Mastic(I	NonFr	Territoria de la constantida del constanti		) SF		X			
Lilich Corporation	le Hauler		H	JDEP W lauler ID 3724			oic Yards Vaste		Name of F							
City, State Woodland Park, New	Jersey 07424	"	,				osal Date		City, State Morrisvi		nnsvl	vani	a			$\neg$
Completed by Tatiana Kalenikova		Title Vice I	Presi	dent			Signature					Date		17/	13	$\dashv$
					701		run	enn	, cal	en	-		٠,	. //	13	



			NOTI	FICATIO	State of N ON OF AS at to NJA	BESTOS	ABATE	MENT	17.3	) (film) (f		-		-	- Service
Date of Notification (1),										- (ami	E 17	12	; sinC		
06/13/13 CK# 26				Linda	of Bulldin OPW	g Owner	Operator	r (2)	SBOILING	100	The second	di a	7		
Agencies Notified	Type Notification	)			Address				- Arthurit	CA Senior S	meatl.	II.	orn	10	<del>}_</del>
EPA DEP DOL	Initial Amended				Lower R					edistrolle ny	ichall A	-		1 3	2.
E DOL	Amendmen	rt #			state, Zip o en, New		07036								
DOH DOA	Emergency Justification	)	19	Name	of Contac	zt .				Telanh	and Mi	mhar			<del>-</del>
DCA DCA	Cancellatio	n			Venditt							IIIDOI	-		
Name of Facility Where A	Abatement is Takir	ng Place	(3)	FAC	CILITY IN	FORMAT	ION	Туре	of Facility	(4)					
Street Address			-						School (K-	12)					
700 Lower Road								X	Subchapte Other (I.e.	r 8 (Other the private & co	nan K-1 mmere	2) lal bu	lldinos	, hon	nes.
City (5) Linden, New Jersey	07026								etc.) Te Feet	# of Flo			Bldg.		<del></del> .
County (6)	0/036			Court				10,0	000	2			554.	nge	
Union				STATE	Code (7) USE ONL	n		Pub	ent Use (Pri	or if being d Building	emolis	hed)	· ·		
Name of Monitoring Firm Detail Associates	Hirod by Building	Owner (8	3)	ASC	M No.		Name	of Aba		ntractor (9)					
Street Address 300 Grand Avenue							Street	Addre	ds						
City, State, Zip Code									de Aveni	ne					
Englewood, New Je							Wood	tate, Z dland	Park N	07424 .		-			
Project Manager for Monl Stephon J.	toring Firm			Teleph	one No.		Teleph	one N	0.		ense N	a.			
Start Date (10)		Schedu	led Co		69-670 Date (11		973-2				104				
06/21/13		06/24	/13	mpicada	Oale (11	,	J&S	of OSI Envir	A Monitor	Labs					
Occupancy Status During						******	Street	Addra	38		-				-
Facility Closed/Vaca Abatement Performe Other - Describe: 7	ted During Entire ) ed Outside of Nom AM - 11 AM	Period of nat Facili	Abater ly I-lour	nent s		63 <b>-</b>	City, St	tate, Z	e 22 We						
Scope of Work (Check All							Union	n, Ne	w Jersey	07083					
≥3,€101 ≥3.11 ≥160 of or ≥260 lf			Renova		-		×	Min	ir⊏⊓ciosure Vabsα Pror	ent with Neg edure (*) and No				•	
· Location			s Locat Normal			3.5						110	Abate	men	1
Asbestos-Containing N	flaterial (ACM)	Usi	ed Sole	ly by	Asber	Des stos Cont	scription	of Startal	(40)0			_	Ty	pe	_
TO BE ABA			stodial 8		(i.e	. toermal	systems sing, VAT	Inguia	tion,	Amour (Specil	fy	20	מל	Enc	En
(13)			(12)	·	1	other n	riscellane	or Bous)		SF or L	F)	Removal	Repair	Encapsulate	Enclosure
Mechanic's	Office	Yes	Np	N/A	David							, m		ate	8
Cafeteri		-	x	-					NonFri	160 S	F .	x			
Locker Room &		-	X	-	Donble		THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME		NonFri	800 S	9	X			
. Foreman's 0	The second secon	-	X	-		-	& Mas			240 S		X			
amo of Registered Waste				JDEP W	laste	Cubic	& Mas	tic	N	240 S		X			
lich Corporation			·   H	auler ID		of Was				Registered L V.S Landf					
ity, State 'oodland Park, New	Jersey 07424		, , ,			Dispos		-	City, State						_
ompleted by		Title	~			06/26/	ghalura Ghalura		Morrisvil	je, Penns		CHIL			
atiana Kalenikova		Vice	Presid	ient				m	16	21	06/	13/1	3		

CK \$25 204

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

Date of Notification (1)	17/13			Name	of Building	Owner/Operator	(2) Terry Capar	nna 2	Y			
Agencies Notified	Type Notific	ation	+	Street	Address		Torry Capar	<u> </u>	3. 11.	_		=
EPA	Initial	Julion				Towns Towns	78 Wilcox A	ve.		1		_
DEP  DOL	Amende Amendm		.	City, S	state, Zip C		th River, NJ	08882		*U	dir.	
<b>⊠</b> DOH	justificat	tion)	<b>'</b>	Name	of Contac			Telephone Num	ber	Military.		
☐ DCA	Cancella C	ition			Te	erry Capanna						_
				FAC	ILITY INF	ORMATION				17.		Ŋ.
Name of Facility Where							Type of Facility	(4)				
		Residentia	al				School (K-1	2) 8 (Other than K-1	2)			
Street Address	78	Wilcox A	ve				Other (i.e., phomes, etc.	orivate & commerc	ial buil	dings		
City (5)	70	Wilcoxi					Square Feet	# of Floors	В	ldg. A	ge	_
ony (e)	So	uth River.	NJ				1400	2	-   _	7	0	
County (6)	idllesex			Cour	nty Code (7	7) (STATE	Current Use (P	rior if being demol Residentia				4
Name of Monitoring Firm		lding Owner		ASCM	No.	Name of Abaten	nent Contractor (9	9)				
	MECS			I Karamana		Stev	vens Environ	mental Servic	es, Iı	ıc.		
Street Address	2000					Street Address						
	PO Box	x 341						322 Box 322			_	_
City, State, Zip Code	rosswicks,	NI 08515				City, State, Zip C		n, NJ 08501				
Project Manager for Mo		143 0031.		phone	No	Telephone No.	1 intention	License No.				_
William W		Jr.			8-4070	AND AND DESCRIPTION OF THE PROPERTY OF THE PRO	59-9688		0049	3		_
Start Date (10)		Scheduled C	omple	tion Da	te (11)	Name of OSHA						
6/27/13			/28/	13			M.	IECS		-		_
Occupancy Status Durin	NT //					Street Address	DO I	2 ov. 241				
Facility Closed/Vacat						Oit Otal 7ia C		341 Sox 341	_	_		_
☐ Abatement Performe  Control  Control			y Hou	15		City, State, Zip C		ks, NJ 08515				
Scope of Work (Check		o piii					Crosswie	K5, 110 000 10				_
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	an that apply)		novati			☐ Mini-En	ntainment with Ne closure ag Procedure rempted (*) and N	egative Pressure on-Friable Proced	ure		***	
			ocatio						'	Abate		
Location	of		ormally Solel			Description o	f			1 )	e	
Asbestos-Containing	Material (ACM	) Mair	ntenan	ce/		tos Containing Ma	terial (ACM)	Amount (Specify	ي ا	R	ᄪ	m m
TO BE ABA IN Facilit			Staff?	11	(I.e.,	thermal systems surfacing, VAT	, or	SF or LF)	Removal	Repair	cap	Enclosure
(13)	•		(12)			other miscellane	ous)		<u>/a</u>		Encapsulate	ure
		Yes	No	N/A							æ	
Basem	ent			×		Thermal Pip	oing	85 lf	×			
			127 5									
Name of Registered Wa	ste Hauler			JDEP V		Cubic Yards of Waste	Name of Reg	istered Landfill				
Stevens E	nvironmer	ntal	_ [ [	lauler II 182	292	2 CU		T.R.R.F.,	nc.			
City, State		NII 00 501				Disposal Date	City State	Tulleday	DA			
	llentown,		_			6/28/13   Signal   Si	14	/ Tullytown,	ГА		-	
Completed By Mahlon E. St	evens	Title Pr	ojec	t Mar	nager		1/		6/1	7/13		
ASR-41						777	1					

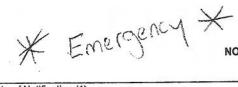
ASB-41 MAR 00

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

Date of Notification (1)			Name of	Building (	Owner/Ope	0.500	40 F	Ž.,					
June 17, 2013	2/238/2/2	_		ater Site	9	2	Ng <sub>UUN</sub> 20 Jawana	An y	23×				
Agencies Notified Type Notification	22		Street Ad	dress		-	"13 JUN 20		*				
EPA Initial		-		erne Ave			<u>~U</u>	470	2				
DEP Amended	. 1			te, Zip Co		1.00	12 - 2 ma		c. 20		85		
DOL Amendment :		1		ater, NJ	08807		4/1/1/2 L	# 1g					
DOH justification)			Name of				- ()	, Te	lephoneNur	mber			
DCA Cancellation		F		ovannuo				_					
Name of Facility Where Abatement is Taking	Place (3	1	FACIL	ITY INFO	DRMATION		ype of Facility	(4)					
Gar Territorics sizes (ASA)	1 1000 (0	<i>)</i> :					-						
Building 7 Street Address						—	School (K- Subchapte		er than K-1	2)			
									& commerci		dings,	home	es,
10 Finderne Avenue							etc.) quare Feet	1# 6	f Floors		ldg. A	70	
City (5)						3	quare reet	# 0	11 110015		iug. A	ge	
Bridgewater, NJ 08807	***		County	'odo (7)			urrent Use (Pr	or if ho	ina domolic	hod)		-	
County (6)			County C	SE ONLY)		_   `	urrent use (Fr			neu)			
SOMERSET  Name of Monitoring Firm Hired by Building C	Numar (0)	-1	ASCM	No		Name of	Abatement Co		business		-		
5500 6500 000 600 600 600 600 600 600 60	wher (o)			NO.					(9)			*	
AET			0021			ne IVIAU Street Ad	CK Group, L	LC		-			
Street Address								OTE	200				
907 Doolittle Drive							ngs HWY N,	SIE	209				
City, State, Zip Code							e, Zip Code						
Bridgewater, NJ 08807		-	Talaahar	a Na	-	nerry F	lill, NJ 0803	94	License N	lo			
Project Manager for Monitoring Firm		- 1	Telephor							10.			
Eric Houseknecht	Cabadula	- 1,	npletion [	8-1108			9 - 5000 OSHA Monitor		00781				
Start Date (10)	Scriedule	eu Con				80 085-000	200000000000000000000000000000000000000						
1/9/13 Occupancy Status During Abatement (Chec	c Only On	(0)	1/8/14	- i		Street Ad	CK Group, L	LU.			-	74	
					1			CTE	200				
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	Period of A	Abaten	nent		_		ngs HWY N, e, Zip Code	SIE	209				- 11
Other - Describe:	ar r acinty	Tiours	•				and crary tracer macoveror						
Scope of Work (Check All That Apply)				1 4		пепуг	lill, NJ 0803	94					
			72			X	- " O . ' '		L NI 17 1	<b></b>	120		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit					Full Containm Mini-Enclosur		n Negative i	Pressu	re		
Z =100 01 01 =100 11		,				Ø	Glovebag Pro	cedure			20		
						X	Non-Exempted	d (*) and	Non-Friable	Proce	2000		8
	201	Locat										emen pe	t
Location of		Normal d Sole				ription of					Τ̈́		T
Asbestos-Containing Material (ACM) TO BE ABATED	177600	intena			tos Contai thermal s		erial (ACM)	(8)	Amount Specify	77		Ē	m
In Facility	Cus	todial S		(1.6.		ng, VAT,			F or LF)	em	Rej	cap	nclo
(13)		(12)			other mi	scellaneo	ous)			Remova	Repair	Encapsulate	Enclosure
	V	Al-	NI/A							=		ē	
	Yes	No	N/A						20.05				
basement	$\perp \triangle$	\ \ \ \ \	+	4 12		ansite		-	20 sf	$+\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!$	-		-
Building 7 Rm # 7225-7237		X			transite	wall pa	nels	1	725 sf	$\perp X$			
	1.		1				-						
Name of Registered Waste Hauler			NJ DEP W	laste	Cubic Y	ards	Name of	Regist	ered Landfil	1			
Name of Registered Waste Hadier		- 63	Hauler ID		of Waste				#U##U##U#				
Newark Carting			450	)9		17.5			County La	andfill			
City, State				Disposa		City, Sta							
Newark, NJ						/8/14	Newbur	g, PA					
Completed by	Title				Sig	mature	111			ate			
Mike Cooper	Presid	lent			-	(2//	1		6/1	17/13			

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

Date of Notification (1)					Name of Building Owner/Operator (2)												
					Bridgewater Site  Street Address  10 Finderne Avenue  City, State, Zip Code  Bridgewater, NJ 08807												
Agencies Notified	Type Notification			Street Add				-10 JUN 20									
EPA	☐ Initial		_		rne Ave				U	<del></del>				-			
DEP	Amended		1	2.5	e, Zip Cod			30									
DOL	Amendment #	A STATE OF THE PARTY OF THE PAR	10.00		ater, NJ	08807		*-1/-/									
DOH	justification)	nordanig		Name of	Contact			Telephone Number									
DCA	Cancellation	12	Fred Giovannucci										-				
		DI (0)		FACILITY INFORMATION  Type of Facility (4)													
Name of Facility When	e Abatement is Taking	Place (3)					-  -	2000 Section 10 10 10 10 10 10 10 10 10 10 10 10 10									
Building 7	1512							School (K-12) Subchapter 8 (Other than K-12)									
Street Address									ther (i.e. pr	ivate 8	& commercia	build	ngs,	home	s,		
10 Finderne Avenu	e							et		T 41 - 4		DI	da A				
City (5)								Square	Feet	# 01	Floors	В	dg. A	je			
Bridgewater, NJ 08	3807							_			de se e li a fe						
County (6)				County C	ode (7) SE ONLY)			Curren	t Use (Prior		ng demolishe	ea)					
SOMERSET						1000			101	- 10	usiness				_		
Name of Monitoring Fi	irm Hired by Building (	Owner (8)		ASCM	No.				ment Cont		(9)						
AET				0021					Group, LL	.C							
Street Address						100-70		ddress									
907 Doolittle Drive								00 Kings HWY N, STE 209									
City, State, Zip Code				10.22		y, State, Zip Code											
Bridgewater, NJ 08				0220	-	erry Hill, NJ 08034											
Project Manager for Monitoring Firm				Telephon	e No.			lephone No. License No.									
Eric Houseknecht					8-1108		3) 759 - 5000 00781										
Start Date (10) Scheduled C								ne of OSHA Monitor									
1/9/13				1/8/14				MACK Group, LLC.									
Occupancy Status Du	e)			-		eet Address											
Facility Closed/V	baten	nent				0 Kings HWY N, STE 209											
	rmed Outside of Norm	al Facility	Hours	3		100		, State, Zip Code									
Other - Describe		Cherry Hill, NJ 08034															
Scope of Work (Check		<b>⊠</b>															
≥3 sf or ≥3 lf		-	enova				K		Full Containment with Negative Pressure Mini-Enclosure								
≥160 sf or ≥260	lf		emolit	Glovebag Procedure													
					$\triangleright$	Non-Exempted (*) and Non-Friable Proce											
	Locat	ion					1			8	Abatement Type						
Loca	tion of	978	lorma	0000000		Descr	ription	of				Type					
	ing Material (ACM)	170,700	d Sole intena			tos Contair	ning Ma	Material (ACM) Amo			mount	l _		四	m		
	ABATED	0.25		Staff?	(i.e.	thermal sy surfacin			ion,		Specify F or LF)	Ren	Re	cap	nclo		
	acility 13)	-	(12)			other mis				Ü	0. 2. /	Remova	Repair	Encapsulate	Enclosure		
,	,		7									<u>a</u>	7	ate	O		
		Yes	No	N/A								1	-				
base	ement	$\perp X$				Tra	ansite			20 sf	X						
Т	BD	X				Т	BD				TBD						
		1															
		-					- (S)III	7.4.3									
				0.5:-	Alamani Caralatand Landell												
Name of Registered Waste Hauler				NJ DEP W Hauler ID		Cubic Ya		ds Name of Registered Landfill									
Newark Carting				450			0.2	2 Cumberland County Landfill									
City, State						Disposal											
Newark, NJ						1/	8/14	5 - 10 St. 10 St									
Completed by		Title				gnature/// Date											
Mike Cooper		Presid	lent			1	12/21/12										
itimo ocopoi		COLUMN TO LOOK AND ADDRESS.	100 May 100 Ma														



Date of Notification (1) 6/17/13				Name of Building Owner/Operator (2) Frank Rullo (private Home)  Street Address 36 Lake Superior Dr.														
Agencies Notified	<u></u>								5.1	- 1	4.24	3/7	2	: 57	2			
EPA DEP DOL	Amended Amendment Emergency (		N		, Zip Code sland NJ contact		7	Telephone Number										
DOH DCA	justification) Cancellation			rank														
			1-7	FACILI	TY INFOR	MATION	1		- 114 . //					-		$\dashv$		
Name of Facility Where						1.	Type of Facility (4)											
Frank Rullo (privat	te Home)	_					Marie -	hool (K-12		r than K-1	2)							
Street Address 36 Lake Superior [	Or.						Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)											
City (5)		-				-	Square		# of	Floors	E	Bldg	j. Ag	е	$\neg$			
Mystic Island NJ 0	8097							1000		1	V		35+	-				
County (6) Ocean		¥		ounty Co	ode (7) SE ONLY)				t Use (Prio aco Inc.	or if bei	ng demolis	inea)						
Name of Monitoring Firm	m Hired by Building	Owner (8)	$\perp$	ASCM No. Name					me of Abatement Contractor (9)									
N/A		•						ernaco Inc.										
Street Address								eet Address D Box 329										
City, State, Zip Code								y, State, Zip Code										
Oity, Otato, 2ip code					West	/est Berlin NJ 08091												
Project Manager for Mo	T	elephon	e No.			elephone No. License No. 00727												
Start Date (10) 6/18/13	Com	Completion Date (1.1)					ame of OSHA Monitor Same											
Occupancy Status Duri	Stree					reet Address												
Facility Closed/Va Abatement Perfor Other – Describe:	ncated During Entire med Outside of Nort	Period of Abamal Facility H	atement Oity, S					, State, Zip Code										
Scope of Work (Check	All That Apply)																	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	novation molition					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							712 109-27					
								110/	LXOIIIPIO	-1/-			Abatement					
Locati	ion of	No	ocation rmall	y			Description of Containing Material (ACM)							Тур				
	ng Material (ACM) ABATED	Used Main Custo	tenar dial S	nce/	(i.e. ti	hermal s	system ing, VA	s insula T, or		Amount (Specify SF or LF)		Kemova	,	Repair	Encapsulate	Enclosure		
(1			(12)			other m	iscella	neous)				Yal		¥	ulate	ure		
		Yes	No	N/A			. 0:			4	200 CE	<del> </del>	+					
Exterior	r Siding			X		Exter	rior Si	ding		13	200 SF	X	+					
												-	+		-			
		$\perp$		-								+	+		-			
		JDEP W	Vasta	Cubic `	Yards		Name of	f Regis	Registered Landfill									
Name of Registered Waste Hauler United Containers				lauler ID 2459		of Was												
City, State Elm NJ			Disposal Da 6/21/13					Э	City, Sta Morris		A 19067	7						
Completed by Anthony T Perna	lent	Signal					Date 6/17/											

\* Emergency \*

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

CK 3312

Date of Notification (1) 6/17/13		Name of Building Owner/Operator (2) Richerd Arkenberg (Private Home)  Street Address 32 Nautilus Road  City, State, Zip Code																
Agencies Notified	Type Notification		1 3	Street Address 32 Nautilus Road														
EPA DEP DOL	Initial Amended Amendment				e, Zip Coo wn NJ C				\$ 7.	16			चंद्री					
DOH DCA	Emergency ( justification) Cancellation	including	0.00	Name of Rich	Contact					Tele	ephone N	lumb	er					
land .				FACIL	ITY INFO	RMAT	ION			т								
Name of Facility Where A Richerd Arkenberg						of Facility (4 School (K-1) Subchapter	2)	ar than K	12\									
Street Address 32 Nautilus Road		×	other (i.e. p	rivate 8	& comme	rcial	buildi	ings,	home	s,								
City (5) Waretown NJ 0875			e Feet	# or	Floors		35 35	(T) (1)	. Age									
County (6) Ocean			County C	ode (7) ISE ONLY)			Current Use (Prior if being demolished) Home											
Name of Monitoring Firm							e of Abatement Contractor (9) naco Inc.											
Street Address								et Address										
City, State, Zip Code					City, S	Box 329 State, Zip Code												
Project Manager for Mor		The state of the s					st Berlin NJ 08091 phone No. License No.											
							6-753-9800 00727 ne of OSHA Monitor											
Start Date (10) 6/17/13	a Con	sam					me ·											
Occupancy Status Durin	e)	Stree					et Address											
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire I ned Outside of Norn	Period of A nal Facility	batem	nent		_	City, S	State, Zip Code										
Scope of Work (Check A																		
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	enova emolit					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure												
	W. 40							110	LXCIIIpto	<u>u ( ) u.</u>			Norse State of	ment				
Locatio Asbestos-Containing TO BE AB In Fact (13)	g Material (ACM) I <u>ATED</u> Ility	Use Ma	Locati lormal d Sole intena odial s (12)	lly ely by nce/		tos Cor therma surf	escription ntaining al system acing, Va miscella	Material ns insula AT, or		(	Amount Specify F or LF)		Removal	Repair	e Encapsulate	Enclosure		
Exterior	Sidina					Ext	erior S	iding		2000 SF			x					
						230				2000 01								
Name of Registered Wa United Containers	ste Hauler			NJDEP Waste Cubic Yards Hauler ID No. of Waste 22459 3					ds Name of Registered Landfill G.R.O.W.S.									
City, State				Disposal Date 6/18/13					City, Stat		A 1906	7						
Completed by Anthony T Perna	Title President						Signatu	re C				Date 6/1	e 7/13	13				



### State of New Jersey

D1.10.0	·	P			to NJAC				CF	(	3317							
Date of Notification (1) 6/17/13	tification (1) Name of Building Owner/Operato Lorraine Schutt (private Ho										JUN 2-		4.1					
Agencies Notified	Type Notification			Name of Building Owner/Operator (2) Lorraine Schutt (private Home)  Street Address 1083 Beach Haven West Blvd  City, State, Zip Code														
EPA DEP DOL	Amended Amendment				ite, Zip Co nawkin N	St L	LIBERTON:											
DOH DCA	Emergency ( justification) Cancellation	including	- 1	Name of Lorrain	f Contact ne				Telephone Number									
				FACI	LITY INFO	ORMATIC	ON			-			1,000					
Name of Facility Where A Lorraine Schutt (pri		Type of Facility (4)  School (K-12)																
Street Address 1083 Beach Haven		×	Other (i.e. petc.)		her than K-12 & commercia	al build			es,									
City (5) Manahawkin NJ 08	050						Squar 1000	re Feet )	1	of Floors		Bldg. Age 35+						
County (6) Ocean		County Code (7) (STATE USE ONLY)					Current Use (Prior if being demolished) Pernaco Inc.											
Name of Monitoring Firm N/A		ASCN	l No.	T		ame of Abatement Contractor (9)												
Street Address						et Address D Box 329												
City, State, Zip Code	City, State, Zip Code West Berlin NJ 08091																	
Project Manager for Mor	Telepho	ne No.	50	lephone No. License No. 56-753-9800 00727														
Start Date (10) 6/18/13	ed Con	npletion	Date (11)		me of OSHA Monitor													
Occupancy Status Durin						eet Address												
Facility Closed/Vac Abatement Perform	Abatem				ty, State, Zip Code													
Other – Describe: _ Scope of Work (Check A	ll That Apply)								······································						www.			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		and the same	Renova Demolit				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
		ls	Locati	on								T .	Abate	ement				
Location		Use	Normal d Sole	ly ly by				iption of				-	Type					
Asbestos-Containing TO BE AB In Facil (13)	intenar todial S (12)	nce/	Asbes (i.e.		aining M systems ing, VA iscellan	(ACM)		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure						
Exterior 6	\idina	Yes	NO	-		F.d.	i 0i-	17			000.05	-	-	0.00				
Exterior S	siding	1		X		Exter	ior Sid	200 SF	x									
Name of Registered Was	ste Hauler	1	IN	JDEP W	/aste	Cubic Yards Name of Registered Landfill												
United Containers			Н	auler ID 2459		te		G.R.O.										
City, State Elm NJ							Disposal Date City, State 6/21/13 Morrisville PA 19067											

Completed by

Anthony T Perna

Title

President

Date

6/17/13

Signature