NO (K

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

Check # 9865

Date of Notification (1)	June 19, 2015 June 10, 2015			of Buildin		er / Op	perator (2)						
Agencies Notified	Type Notification		Street	Address				9815	HHI OC	3 AM 1: 27	(
□EPA □DEP			1290 F	looper A	venue									
DOL	☐ Initial		City, S	tate & Zip	Code	_				MSHE DHSH				
	Amended			River, N.		3		3	or 1_100	18015U				
⊠DOH □DCA	- Amendment	# <u>1</u>	Name	- 6 0 1 -	4						Talanha	hl		-
DCA	Cancellation		0.0000000000000000000000000000000000000	of Contac alafsky	I					I	Telephor	ne Nu	mbe	ī.
			FA	CILITY	INFO	RMA	TION							
Name of Facility When Bank of America	e Abatement is Takin	g Place (3)					of Facili School (
Street Address						lΠ	Subchap	oter 8 (Ot	her than K	(-12)				
1290 Hooper Avenue							Other (i			nmercial buildii			tc.)	
City (5)						Squa	re Feet		# of Floor	rs E	Bldg. Age			
Toms River						Curre			eing demo	lished)		50		
County (6)		County Cod				Danie	`							
Ocean Name of Monitoring Fi		USE ONLY		ASCM	No	Nam	e of Ahai	tement C	ontractor ((9)				
Environmental Testin		owner (o)		/ toolvi	140.		tech, In		Onti dotor i	(0)				
Street Address 413 North Black Hors	o Diko					2000	et Addres							
City, State & Zip Code								Zip Code						
Runnemede, NJ 080	78							arbor, NJ	08087					
Project Manager for M Howard Zenobi		85	lephone N 6-482-131	11			ohone Nu 296-6916			License N	umber 0081	7		
Scheduled Start Date June 27, 20		led Complet July	ion Date (1, 31, 2015)				e of OSH tech, In	HA Monito	or					
Occupancy Status Du	ing Abatement (Chec d/Vacated During Ent		Abatemer	nt			et Addres							
	erformed Outside of N							Zip Code						-
Other - Desc						Little	Egg Ha	arbor, NJ	08087					
Scope of Work (Check	oied During Abatemen	t												
Coope of From Compos	can mac apply)							Full Con	tainment v	with Negative Pre	essure			
			Renovation	on			\boxtimes	Mini-End		9				
≥160 sf or ≥260) If		Demolitio	n					g Procedu	ıre				
									empted(*)	and Non-Friable				
	ation of ning Material (ACM)		ion Norma by Mainten				Descripti estos-Co	ion of ontaining		Amount (Speci		atem	ent I	ype
TO BE	ABATED		odial Staff			1	Material ((ACM)		SF or LF)	'			
10	acility 13)				9			I systems facing, V					E	m
`	,							ellaneous			l Rem	Repair	cap	nclo
		Yes	No	N/A							Removal	pair	Encapsulate	Enclosure
			1.55	10000000								_	(D	
Manager's Entry Doo Area, Coupon Booth				X		J	oint Com	npound		200 SF	X			
Name of Registered V	/aste Hauler	NJDEP Hauler I		Cubic '	rards o	f Was	te	Name o	of Register	red Landfill				
Synatech, Inc.			7429	15				Grows	Landfill					
City, State				Dispos	al Date			City, St	ate					
Little Egg Harbor, NJ	08087			Augus	t 3, 201	5		Morris	ville, PA					
Completed By	Title			Signati		*	17 1			ate				
Diane Aloia	1	Ulen	l	als	2	Ju	June 19, 20 une 10, 2015	U15						



Check # 9865

D / (1) 115 11 11										CENTRAL	CHEC	K # 9	000		
Date of Notification (1) June 10, 2015	;		Name Bank	of Buildi of Ameri	ng Own ica	er / Operat	tor (2)	0 110	~ ~					
Agencies Notified	Type Notificat			_	Address		2 5 10 11	-	S 1.65 1.	61					
□EPA □DEP				1290	Hooper A	Avenue			P. J. P.	Ģi,					
⊠DOL				City, S	State & Zi	ip Code		No. 1					2015		
⊠DOH	Amer	nded ndment #_		Toms	River, N	J 0875	3								
DCA		ellation	=	Name	of Conta	ct					Te	elepho	ne Nu	mbe	r
				Jim K	alafsky						1	100			
				FA	CILITY	INFO	RMATIO	N							
Name of Facility Whe Bank of America	re Abatement i	s Taking F	Place (3)				Type of F	acility							
Street Address							1=		er 8 (Other than	n K-12)					
1290 Hooper Avenue	•								e., private & c		cial building	s, hor	ne, e	tc.)	
Oib. (E)							Square F	eet	# of Fid			ig. Age			
City (5) Toms River								,100	rior if being der	1 molished	4/		50	_	
							Bank	730 (11)	nor ir being der	HUISHEC	-)				
County (6) Ocean			ounty Cod SE ONLY												
Name of Monitoring F	irm Hired by Bu	ilding Ow			ASCM	No.	Name of	Abate	ment Contracto	or (9)		31-11-			
Environmental Testi Street Address	ng Consultant	s, LLC					Synatech	n, Inc.							
413 North Black Hors	se Pike						Street Ad 829 Radi		d						
City, State & Zip Code							City, State	e & Zij	p Code						
Runnemede, NJ 080 Project Manager for M			Te	lephone I	Number		Telephon		or, NJ 08087		License Num	her	_		
Howard Zenobi			85	6-482-13	11		609-296-6	6916			LIGOTISC HUIT	0081	7		
Scheduled Start Date June 20, 20		Scheduled	d Completi	on Date (31, 2015			Name of Synatech		Monitor					5.211.00	
Occupancy Status Du		t (Check o	nly one)				Street Ad 829 Radio	dress	d						
	erformed Outsi						City, State		:6Y,						
Other - Desc							Little Egg	g Harb	or, NJ 08087						
Scope of Work (Check	pied During Above all that apply)														
									ull Containmer	nt with N	egative Press	sure			
≥3 sf or ≥ 50 lf ≥160 sf or >260	. 16		님	Renovation					lini-Enclosure						
≥160 sf or ≥260) IT		Ш	Demolitio	n			=	Slovebag Proce		. =::: 5				
Loca	ation of		Is Locati	on Norma	ally Used		Desc	ription	lon-Exempted	and N	NON-FRADIE P		re atem	ent T	vne
Asbestos-Contain		(CM)	Solely b	y Mainten	ance or		Asbesto	s-Con	taining		ount (Specify) po
	ABATED Facility		Cusic	dial Staff	! (12)		(i.e., ther		ystems	*	SF or LF)	\vdash			
((13)						insulation, or other m					₽ R	ZI.	Encapsulate	Ē
							or other n	iisceii	arieous)			Remova	Repair	apsu	Enclosure
			Yes	No	N/A							/al	=	ilate	ure
Manager's Entry Doo	or, Small Door	to Teller	-		×		Joint (Compo	ound		200 SF	\Box			
Area, Coupon Booth	, Teller Counte	er at Wall					John	Jonnpe	ound .	-	200 31	- X			
Name of Registered V	Vaste Hauler		NJDEP \	Vaste	Cubic `	Yards o	f Waste	1	Name of Regis	tered La	ındfill				
			Hauler II	No.											
Synatech, Inc. City, State			27	429	15 Dispos	al Date			Grows Landfil City, State	ı					
															3.5
Little Egg Harbor, NJ Completed By	08087	Title			Augus	t 3, 201 ure	5	- 11	Morrisville, PA	Date					
				91.5	Jana	10	, 111	1.							
Diane Aloia		Executiv	e Admini	strator	100	Un(C	-712	11		June 10	0, 2015				

CK 20533

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

REVELLED

Date of Notification (1) 6/19/2015					Building (R SADD					201	5 JUH 2	23 /	H I	: 5	Ē
Agencies Notified	Type Notification			Street Ad	idress SADDL	E RIV	ER R	OA	D	jā S	BESTI	7,21	J., .	TRO	1
EPA DEP DOL	Initial Amended Amendment		_		te, Zip Co		VER, N	۷J (07458	265110	ê Lit	- L. (s s.	ilel		
DOH DCA	Emergency justification) Cancellation			Name of NIJAZI						Tel	enhone Nij	mher			
				FACIL	ITY INFO	RMATI	ON								
Name of Facility Where A CAVALLINI MIDDL Street Address		g Place (3)						Ty	pe of Facility (School (K-1 Subchapter	2)	arthan K-1	2)			
392 W. SADDLE RI	VER ROAD			18.5.16-2					Other (i.e. p				dings,	home	es,
City (5) UPPER SADDLE R	IVER							Sc	quare Feet	# 0	Floors	В	ldg. A	ge	
County (6) BERGEN				County C	Code (7) ISE ONLY)		_	Cı	urrent Use (Pri	or if bei	ng demolis	hed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.				Abatement Cor ROTHERS			IG, IN	C.		
Street Address							Street 11 V		dress ELAND AV	ENUE					
City, State, Zip Code							100000000000000000000000000000000000000		e, Zip Code VA, NJ 0751	12					
Project Manager for Mon	itoring Firm			Telephor	ne No.		Teleph	hone	e No.		License	Vo.			
Start Date (10)		Schedule	d Cor	nnletion [Date (11)		5550, 500	modica	6-8700 OSHA Monitor		00494				
7/1/2015	72	7/6/201	5	inprodicti :	24.0 (11)		SAN	ΛE	AS (9) ABO	VE					
Occupancy Status During	g Abatement (Che	ck Only On	e)				Street	Add	dress						
Facility Closed/Vacing Abatement Perform Other – Describe:	ed Outside of Norr					_	City, S	State	e, Zip Code						
Scope of Work (Check A	II That Apply)			<u></u>								-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	35	-	enova emoli						Full Containm Mini-Enclosure Glovebag Pro- Non-Exempte	e cedure				e	
		la la							TVOIT-EXCITIPIO	u () uii	d North Tid	1	73.00 mm	ement	t
Location	of		Locat lorma			De	scription	n of					Ty	/ре	
Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED	Mai	ntena	Staff?		tos Con thermal surfa	taining N	Mate is in AT, o	erial (ACM) sulation, or	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								_		· ·	
EXTER	IOR		X		W	'INDO	W CAI	ULł	KING	3.	20 LF	X			
N	1-11-1		1.4	LIDES		0	V		N	Decisi	read I am if				
Name of Registered Was		3	H	NJDEP W Hauler ID		of Wa	Yards ste		200000000000000000000000000000000000000		ered Landf NAGEMI		a.R.C).W.S	s.
City, State			1	18743			sal Date	9	City, Stat	te					
TOTOWA, NJ			7/6/2		_	MORR	SVIL	LE, PA	ata						
Completed by VIVECA RAMOS		JECT	COOF	RDINAT		Signatur L	e U	enk	Jan		ate 5/19/20	015			



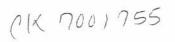
RENEMENCY A State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) FECEK E4 927

Date of Notification (1)				uilding Owr	ner/Ope	erator (2)								
6/19/15			J Trans			28	15 JUN	23 A	H :	26					_
Agencies Notified Type Notification			eet Add ne Per	ress nn Plaza	East	A	EDTE:	TOS CI	1,17	201 -					
EPA Initial Amended Amendment #				, Zip Code NJ 0710				ICENS	HG						
□ DOH	cluding	1000	me of C ussel S	ontact Samaroo				*	Tele	ohone Nu	mber				
			FACILI	TY INFORI	MATIO	N								2020	
Name of Facility Where Abatement is Taking Newark Penn Station	Place (3)						☐ Sch	Facility (4))						
Street Address	*						Oth	ochapter 8 ner (i.e. pri	(Othe vate &	r than K-1 commerc	(2) cial bui	ldin	gs, h	omes	
1 Raymond Blvd. City (5)							Square	Feet		Floors	100	Bldg 35-	g. Ag	Э	
Newark NJ 07102		Co	ounty Co	ode (7)			1000 + Current	Use (Prior	2 if beir	ng demolis	1.50	331			
County (6) Essex			TATÉ US	SE ONLY) .		_						- 56			
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM 00003				of Abater aco Inc	ment Cont	ractor	(9)			•		
Street Address							Address Box 329)							
1253 Church St. City, State, Zip Code						City, S	State, Zip	Code						V-0-5	
Moorestown NJ 08057		T	elephon	e No	-		t Berlin one No.	NJ 0809	31	License	No.				
Project Manager for Monitoring Firm Jeffrey Seaman		8	56-84	0-8800		856-	753-98			00727					
Start Date (10) 6/19/15	Scheduled 6/20/15	Comp	oletion D	Date (11)		Name		Monitor							
Occupancy Status During Abatement (Chec	k Only One)				Street	Address								
Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm Other – Describe: start time 9;30 PM to	nal Facility F	ateme Hours	ent		_	City, S	State, Zip	Code							
Scope of Work (Check All That Apply)						F	-				aı	27	333		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Description of the last of the	novati molitic					Mini-	Containme -Enclosure rebag Prod -Exempted	e cedure						
							-1 NOI	-Exemple	1) 41	Id Non-in	Idbic i			ment	
		ocation or mall		F2	О-		- of	1					Ту	ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	Solel ntenan odial S (12)	y by ice/	Asbesto (i.e. f	os Con therma surfa	I syster acing, V	Material ns insulat	(ACM) tion,	(Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		Dine	e Insu	lation			6 LF	×				-
Near McDonalds			X		Pipe	- IIISU	lation			0 21	-			-	
Name of Registered Waste Hauler Pernaco Inc.		Н	JDEP V lauler ID 1787		Cubic of Wa	c Yards aste		Name of G.R.O		tered Lan	dfill				
City, State W Berlin NJ						osal Da 2/15	te	City, Sta Morris		A 1906	7				
Completed by Anthony T Perna	Title Presi	dent				Signati	ure.			-	Date 6/19		5		



CK 4928

Date of Notification (1) 6/19/15			0.000	ame of E	Building O	wner/O	perator	(2)		iti J	UN 23	EH		: 2	F.	
Agencies Notified EPA	Type Notification Initial		5		nnedy B						S. True				0	
EPA DEP DOL	Amended Amendment				e, Zip Cod dale NJ (}			É	LICE	H311	46			
▼ DOH DCA	Emergency (justification) Cancellation	including	1 33	ame of o						Tele	ephone N	umber				
		Di (0)		FACIL	ITY INFO	RMATI	ON	T	f Facility (4)	1						
Name of Facility Where Hoboken Housing	Abatement is Takin	g Place (3)			×*				chool (K-12	6.0						
Street Address Unit 1G 480 8th str	eet	•						× S	ubchapter 8 ther (i.e. pri tc.)	(Othe	er than K- commer	·12) rcial bu	ıildi	ngs,	nome	s,
City (5) Hoboken NJ 07030)							Square 1000-	Feet	# of 7	Floors		Blo 35	dg. Aq i +	ge	
County (6) Hudson				County C	ode (7) SE ONLY)			Currer	t Use (Prior	r if bei	ng demol	ished)				
Name of Monitoring Firm TTI Environmental	n Hired by Building	Owner (8)		ASCM	No.			of Abate aco In	ement Cont C.	ractor	(9)					
Street Address 1253 Church St								Address 30x 32								
City, State, Zip Code Moorestown NJ 08	057							state, Zip t Berlir	Code NJ 0809	91						
Project Manager for Mon								one No 753-98			License					
Start Date (10) 6/22/15						A	Name Sam		A Monitor							
Occupancy Status Durir	ng Abatement (Che	k Only One)				Street	Addres	S	800 S-10						
Abatement Perform	cated During Entire	Period of Ab	ateme Hours	ent			City, S	State, Zi	p Code							
Other - Describe:													_			
Scope of Work (Check,/ ≥3 sf or ≥3 if ≥160 sf or ≥260 if	All That Apply)	attended .	novat					Min Glo	Containme i-Enclosure vebag Proc	edure	::::::::::::::::::::::::::::::::::::::					
		Т.			,		Ŀ	의 Nor	n-Exempted	(*) an	d Non-Fr	iable F			e ment	
Locatio	en of	No	ocation ormall	y	*	De	scription	n of					_	Ту	ре	
Asbestos-Containing TO BE AB In Fac (13	g Material (ACM) BATED ility	Main Custo	Solel atenan dial S (12)	ice/		os Con therma surfa	taining l	Material ns insula AT, or		(5	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
bedro	nom	165	INO	X		Floor	Tile / I	Mastic		1	50 SF	×				
beard		-	152-54	^		1 1001	1110 7 1	viaotio				-				
	-9											+				
Name of Registered Wa	aste Hauler		N	JDEP W	/aste	Cubic	Yards		Name of I	Regist	ered Land	dfill	,			
United Containers			100000	auler ID 2459	No.	of Wa	aste		G.R.O.\	N.S						
City, State Elm NJ						Dispo 6/23	sal Date /15	е	City, State Morrisvi		A 1906	7				
Completed by Anthony T Perna	ompleted by Title						Signatu	e		_		Date 6/19	/15	5		



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

Date of Notification (1)				Name of Buildin			13		1 10		
6/18/15				Paulsboro Refir	ning Compa						
Agencies Notified	Notifica	ation Type		Street Address 800 Billingsport	Rd	2	er Ju	H 23	7.1	1:27	
() EPA () DEP (X) DOL (X) DOH		al Notification nded Certification ncelled	n	City, State, Zip Paulsboro, NJ (08066	Á	Tel Nu	mber) }	
() DCA				Ravi Jarecha	<u> </u>		Tel. Nur				
			FACILITY INF								
Name of Facility Where Abateme Paulsboro Refining Company	ent is Taking Pl	ace (3)		Type of Facility () School (K-1) () Subchapter	2) 8 (other that	an K-12)					
Street Address 800 Billingsport Rd				(X) Other (i.e.							
		10	-d- (7)	Sq. Feet N/A		# of Floors	sN/A				
	nty (6) cester	County C (State Us		Bldg. Age N/A	nior if being	demolished)_	Oil Ref	inery			
Name of Monitoring Firm Hired b	by Bldg. Owner	(8) ASCM No	<u>D.</u>			Name of Cor K A Industria					
Street Address				Street Address 800 Billingsport							
800 Billingsport Rd Paulsboro, NJ 08066				City State, ZipC Paulsboro, NJ	Code						
Project Manager for Monitoring	Firm Toloni	one Number		Telephone Nun			License	Numb	er		
Scott Dechant	856-2	24-4385		856-224-4392			00857				
Scheduled Start Date (10) 7/1/15	8/17/1		Date (11)	Name of OSHA K A Industrial S	Services, LL	_C					
Occupancy Status During Abate () Facility Closed/Vacated Duri () Abatement Performed Outside	ng Entire Perio	of Abatement		Street Address 800 Billingsport	t Rd						
(X) Other – Describe – Remova areas	I of ACM within	restricted work a	area in outside	City, State, Zip Paulsboro NJ 0							
Source of Work (Check all that a	apply)										
() Demolition (X) Renovation (X) Large Proj. (160 SF or >260) Full Containment with Negati	LF ACM) () SI	// Proj. >25<160	SF or >10 <260 l	LF ACM) () M bag Procedure	linor Proj. (<25 SF or <10	LF ACM	/ I)			
Location of Asbestos- Containing Material (ACM) in	Is Location No Solely by Mair	rmally Used	Description of a	ACM (i.e.	Amount (Specify SF or	LF)	Abate	ment Ty	<u>oe</u>	
Facility (13)	Staff? (12) YES	NO NA	surfacing, VAT misc.)	, or other				Rem.	Rep.	Encap	Enclose
LPG Pipe Rack		×	Pipe Insulation	n	Approx 1	500 LF		Χ			
Name of Reg. Waste Hauler Waste Management, Inc.	NJDE 17273	P Waste Hauler	ID#	Cubic Yards of 6 CY	f Waste			ester Co	Landfill ounty Lar		
<u>City, State</u> South Harrison, NJ						<u>Disp. Date</u> Various			City, Sta South Ha		NJ
Completed by (Print or Type)	<u>Title</u>			Signature		J	Date				
ANDREW GREEN	MANA	AGER – KA Indus	strial Services	Site of	perations S	<u>gon</u> Supervisor	6/18/1	5			

Mail to: NJDEP-DSHW-BRRTP

401 E. State St., PO 414 Trenton, NJ 08625-0414 Telephone 609-984-6620

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

·· CK 4638

2 1 11 200 11 111												
Date of Notification (1) 06 (17, 2015			Building Ov Dickins									
Agencies Notified Type Notification		Street Ad		- 100 A								-
Type (Notification			iaress liver Roai	Ч				we present	- ,-	2	1 - 2	100
EPA Initial							ZE	道 (L) A	11	10,72	17 6	č†
			e, Zip Code					1	·			
DOL Amendment #	uding	leaned	ck, NJ 07	601			Ā			1.1	1107	
DOH Emergency (Incl justification)	uunig	Name of		-			Tele	phone Nun	nber	111		
DCA Cancellation		Craig C	Gorczyca					co - 2049 UTIN 163				
		FACIL	ITY INFOR	RMATION								
Name of Facility Where Abatement is Taking Pl	ace (3)				Туре	of Facility (4	1)					
BECTON HALL						School (K-12	2)					
Street Address						Subchapter		r than K-12	2)			
KIND DIVIED DE						Other (i.e. pr				dings,	home	S,
1000 RIVER ED						tc.)	11 - 1	Tinne-	- 1 -	Inla A		
19					Squar	e Feet	# of	Floors	E	ildg, A	ge	
TEANGCK												
County (6)		County C	Code (7)			nt Use (Pric	or if bein	ng demolish	ned)		0.000	
BERGEN	1990	STATEL	ISE ONLY)		Scho	ool						
vame of Monitoring Firm Hired by Building Own	ner (8)	ASCM	l No.	Na	me of Abat	ement Con	tractor	(9)				
ED!						pany, Inc		ere fill.				
Bireet Address					eet Addres	transmitted and						
5434 KING AUE					08 Plaget							
Jily, Stale, Zip Code		1 ,									411576	
	~ M	n.			y, State, Zi							
PENNEADKEN, NJ	0810,				lifton, NJ							
Project Manager for Monitoring Firm	* - 5	Telephor			lephone No			License N	lo.	100 Sept 250		
TOM PRUNO		856 -	616-9	56 3	73-253-8	828		00704				
Start Date (10) So	cheduled Co	ompletion I	Date (11)	Na	me of OSF							
06/22/2015	0617.7	120	15	V	MC Co. I	nc						
occupancy Status During Abatement (Check C	only One)	7100		Str	reet Addres	is				-		-
Escility Closed/Vacated During Entire Per		mont										
Abatement Performed Outside of Normal	Facility Hou	irs	.53	CII	ly, State, Zi	n Code					-	
Abatement Performed Outside of Normal Other – Describe:	PIN			_ 011	i, otate, ZI	h onge						
cope of Work (Check All That Apply)	,											
	1				U-0							
\$. ≥3 sf or ≥3 If ≥160 sf or ≥260 If		vation			Ful	l Containme	ent with	Negative F	Pressi	ıre		
7 - 100 21 01 5 5 0 1 I	☐ Demo	lition			Mir	i-Enclosure	9					
					No	vebag Prod n-Exempted	cedure	d Non-Erich	Ne Pr	nced	Φ.	
** E	1-1-	-11			,	- CACITIPIE	- () all	a INOTIFE HOL	10 11		ement	
1	Is Loca Norm										/ре	
Location of Asbestos-Containing Material (ACM)	Used Sc		A - L		olion of	(40)	30.	27		T		
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ame of Registered Waste Hauler		NJDEP V	Vaste	Cubic Yar	ds	Name of	Registe	red Landfil				
ewark Carting, Inc		Hauler ID	No.	of Waste		IESI La		0.800 500000 H				
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ity, State				Disposal (Date	City, Stat						
ewark, NJ						Bethleh	em, P	PA				
ompleted by	Title			Sign	ature			П	ate			
oytek Roszkowski	Presider	nt		1)			-1.			17-1	105	~
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Date of Notification (1) 06 (16 2015				of Building gh Dickir								10/1000	1
Agencies Notified Type Notification				Address River Ro	ad				er J	16.2	3		li (
DEP Amended DOL Amendment #				ate, Zip Co					A				. Ro
DOH Emergency (ir justification) Cancellation	ncluding			f Contact Gorczyc	a			Tele	ephone Nun	ber	<u>E/</u>		+
None of E-19, 149			FAC	ILITY INFO	ORMATI	ON				-		-	
Name of Facility Where Abatement is Taking	Place (3)					Type of Facility	(4)					
Street Address	-						School (K-						
1000 RIVER ED							Subchapte Other (i.e. etc.)	er 8 (Othe private 8	er than K-12 & commercia) al build	dings	home	es,
City (5)							Square Feet	# 01	Floors	В	lldg. A	ge	
TEANECK:			0	0-1-77									
BERGEN				Code (7) USE ONLY,)		Current Use (Pr School	ior if bei	ng demolish	ed)			
Name of Monitoring Firm Hired by Building Ox	wner (8)	ASCI	M No.			of Abatement Co		(9)	-			
Street Address							Company, In	C		į.			
5434 KING AUE		10.					Address Piaget Ave						
City, State, Zip Code			-			the same of the sa	ate, Zip Code			ļ			
Project Manager for Monitoring Firm	08	109					n, NJ 07011						
			Telepho				one No.		License No	o.			
Start Date (10)	Schedul	ed Corr	356 ·	-616-0 Date (11)	12R		253-8828		00704				
ON HOLL	ON	H C	OL				of OSHA Monitor Co. Inc						
Occupancy Status During Abatement (Check						Street /	Address						
Eacility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	riod of a Facility	Abatem y Hours	ent			City, St	ate, Zip Code						
Scope of Work (Check All That Apply)										-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		- Renoval Demoliti					Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	re ocedure					
*	Is	s Locatio	on				- Holl Exclipte) and	2 IVOIT-I HADI	11	T. S. HOUNDS	ement	
Location of		Normall ed Solel			Des	scription	of			<u> </u>	Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intenar	ice/	Asbes (i.e.	tos Cont thermal	aining M systems	aterial (ACM) insulation,	10000	mount pecify	70		Ē	m
In Facility (13)	Cus	todial S (12)	lall?		surfac	cing, VAT	or .		or LF)	Remova	Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler		111 05/87	JDEP W		Cubic of Was		Name of	Registe	red Landfill				
Newark Carting, Inc		171 0000	409	110.	UI VVdS).G	IESI La	andfill					
City, State Newark, NJ					Dispos	al Date	City, Stat		^				
Completed by	Title		<u> </u>		Q	ignatu(e	Bethleh	iem, P	A Dat				
Voytek Roszkowski	Presi	ident			Ĭ	Ĵ	Labo	ساكح	0	318	613	01	2



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

CK. 4929

Date of Notification (1) 6/19/15				Building O annherz		te hom	ie								
Agencies Notified Type Notification		1 -	treet Ad 313 N	dress 14th St		5	EN UL	7	111	- (3)					
EPA Initial Amended Amendment		2333		e, Zip Cod ty NJ 08		Ā	4 1	HILL LEH		F					
□ DOH			lame of Alan	Contact					Tele	ephone Nu	mber				
			FACIL	ITY INFO	RMATI	ON									
Name of Facility Where Abatement is Takin Alan Mannherz Private home	ng Place (3)		30	8			S	f Facility (4 chool (K-12	2)	41 1/ 4	10%				
Street Address 313 N 14th St	81						× o	ubchapter ther (i.e. pr tc.)	rivate 8	& commerc	cial bui		2008.00		S,
City (5) Surf City NJ 08008							Square 1000-	+	2	Floors	(Bld 35-	g. Ag +	je	
County (6) Ocean			County C	ode (7) ISE ONLY)			Curren	nt Use (Pric	r if bei	ng demolis	shed)				
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	No.		Sign.	of Abate aco In	ement Con C.	tractor	(9)					
Street Address							Address 30x 32								
City, State, Zip Code							state, Zip t Berlir	Code n NJ 080	91			- 111			
Project Manager for Monitoring Firm			Γelephor	ne No.		500000000000000000000000000000000000000	none No 753-98			License 00727	No.			2000 1-00	
Start Date (10) 6/22/15	Schedule 6/26/15		pletion [Date (11)			of OSH	A Monitor							
Occupancy Status During Abatement (Che						A	Addres	S							
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of A	batem	ent				State, Zi								
					_			315 9811 7937 74				_			
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If		enovat emoliti		55 53			Min Glo	Containme i-Enclosure vebag Prod n-Exempted	e cedure					4	
			201				INUI	I-Exemple	J () ai	id ivon-i in	I I			ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Use Mai	Location of the control of the contr	ly ly by nce/		tos Cor therma	escription ntaining l	Material ns insula		(Amount Specify F or LF)	Ren	,	Ty Re		Encl
In Facility (13)		(12)	T 1//4			acing, V/ miscella			0	1 01 21)	Removal	.	Repair	Encapsulate	Enclosure
Exterior Siding	Yes	No	N/A X		Ext	erior Si	iding		20	000 SF	x	+			
											+	+			
Name of Registered Waste Hauler		200	JDEP V		1 57675 6336	c Yards		Name of	Regist	ered Land	fill				
United Containers		100000	lauler ID 2459	No.	of W			G.R.O.							
City, State Elm NJ				Disp 6/26	osal Date 5/15	9	City, Star Morris		A 19067						
Completed by Anthony T Perna	Title Presi	dent				Signatur	P			100	Date 6/19/	15			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Name of Building Owner/Operator (2) Date of Notification (1) Five Star Services June 19, 2015 2015 JUN 23 AM 1: 29 Street Address Agencies Notified Type of Notification 2 Coles Way [x] EPA Initial Notification] DEP Amended Notification City, State, Zip Code Amendment # [x] DOL & LICENSING Lakewood, NJ 08701 Emergency (including [x]] DOH X justification) Telephone Number Name of Contact] DCA Cancellation Yehuda Braun FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (k-12) Residence Subchapter 8 (other than k-12) Street Address Other (i.e., private & commercial [x]1480 Tower Street buildings, homes, etc.) Bldg. Age # of Floors Square feet County Code (7) County (6) City (STATE USE ONLY) 65 696 sf 1 Current Use (Prior if being demolished) Ocean Lakewood Residence Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Guardian Contracting, Inc. N/A Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 732-349-9932 00624 Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) E.M.S.L. Analytical 06/22/2015 06/19/2015 Street Address Occupancy Status During Abatement (Check only one) 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 Full Containment with Negative Pressure Scope of Work (Check all that apply)] Mini-Enclosure Glovebag Procedure [] >3 sf or ≥3 lf Renovation [x] Non-Exempted (*) and Non-Friable Procedure [x] Demolition [X] ≥160 sf or ≥260 lf Abatement Type Description of Is Location E Amount Asbestos-Containing Normally used Location of Ε N E N Material (ACM) (Specify SF Asbestos-Containing Material (ACM) Solely by C C M Maintenance/Custodial (i.e., thermal systems or LF) TO BE ABATED A Α 0 P insulation, surfacing, Staff in facility V S R S VAT, or (13)(12)U U other miscellaneous) A L N/A L YES NO E 900 sf X X Asbestos siding Exterior Name of Registered Landfill NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Waste Hauler T.R.R.F. 20223 2 Guardian Contracting, Inc. City, State Disposal Date City, State 06/23/2015 Tullytown, Pennsylvania Toms River, New Jersey Signature Date Completed by (Print or Type) Title 6/19/15 Nicholas Fernicola Project Manager *Do not use this form for asbestos licensure exempted activities.

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Date of Notification (1)	,	Nam	e of B	uilding Owner/O	perator (2)						
6-1	9-15				B	LWG	LLC	-			
Agencies Notified Type Notifica	ation	Stre	et Add	ress 62	Lamb	entu	ilk- Ho	عوس:	11	Ro	L
☐ EPA . Initial ☐ Amend		City	State,	Zip Code		1	11-	-6100	£ -	1	-
DOL Amend	ment #ency (including			Ho	pewell		NJ	08	300	大 <u>こ</u>)
DOH justifica	ation)	Nam	ie of C	ontact	in Ano	1-1-	Telephone N	Number			,
□ DCA □ Cancel	lation		ACIL	TY INFORMATION	(1) / JK2(raie	-1		2	ب	- 5
Name of Facility Where Abatement is	Taking Place (3)		i I			of Facility ((4)	70.	w	-	
Single far	nily.	Dive	1111	29		chool (K-1			-		
Street Address 70 Har	+ AUE			_	1 1 1 1 1 1 1 1 1 1	Other (i.e. p	8 (Other than K private & comme		lingş.	home	s.
City (5) 11	1 7700		^) (tc.) e Feet	# of Floors	ФВ	idg.	ge	
Hopewell	EN	C	185	25					6	1	_
County (6) Meaces	/		nty Co	de (7) E ONLY)	1 ~		family		ا ا م		
Name of Monitoring Firm Hired by Buil	Iding Owner (8)	A	SCM N	No.	Name of Abat			DU		-5	
EPC Techno	logics			V/A	EPC	ST.	chnole	gies	,	In	6
Street Address Ro. Box	337				Street Addres	Box	337	9			
City; State, Zip Code	N ₂	0	85	533	City, State, Zi	p Code	A + AL	50	35	3	3
Project Manager for Moeiff ril gy Firm	, , ,	31 3	phone		Telephone No		License	e No.	10	u	-
Start Date (10)	Schedule			58-3365 ate (11)	609 758 Name of OSH					1	
7-2-15	7-	2-1	5		EPC	- Tec	hnologie	SI	nc		
Occupancy Status During Abatement	(Check Only One	e)			Street Addres		727				
Facility Closed/Vacated During E	Intire Period of A	batement			City, State, Zi	n Code	337				-
☐ Abatement Performed Outside of ☐ Other – Describe:	I Normal Facility	110015			New E		ALT	085	53	3	
Scope of Work (Check All That Apply)						J (F	1				
≥3 sf or ≥3 lf		enovation					ent with Negativ	e Pressu	re		
≥160 sf or ≥260 lf	Di Di	emolition			. 🗆 .Glo	i-Enclosur vebag Pro	cedure		19		
					Nor	n-Exempte	ed (*) and Non-F	riable Pro	œdure Abate		
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TO BE ABATED In Facility	Ividi	ntenance/ odial Staff	233 19		systems insula cing, VAT, or	ition,	(Specify SF or LF)	Remova	Repair	cap	Enclosure
(13)		(12)		other r	niscellaneous)			oval	air	Encapsulate	sure
H.	Yes	No N	₩A		<u> </u>		1.1			Ф	
Exterior		1	K	Siding	Shingle	<u>S</u>	1400.	SFX			
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		LAUDI	- D 14/o	ete Cubic	Yards	Name of	f Registered Lan	dfill			L_
Name of Registered Waste Hauler			EP Was er ID N						,	o [ΔiC
EPC Technolog	gies	l l	700		sal Date	City, Sta	te Manag		- O	- 1	A
City, State	NJ.			1 2 2	2-15	Mori	risville	PA			
New Egypt Completed by	Title	. 0	1		Signature	50		Date 6-	19	_1	5
Steve Schenker	MRe	siden	Γ		June !	- Che	when !	9	1 1	1.	1

Check#2215

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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- 1	ruisualit	FU	NUAL	0.00	allu	3.101

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Date of Notification (1)				Name	of Building	Owner/0	operator (2	2)								
	19 / 15			Dougl	as Reed			9610	EIN 23 AM	1. 3	1					
Agencies Notified	Type Notification				Address				THE ZO RE	1. 0	-					
☐ EPA				04 0	press Stre	ot										
□ DOLWD □	Amended				press Stre State, Zip C			A. to	<u>-Esmaili</u>		11					
□ DHSS	Amendment #								& LICENSI	MG.						
☐ DCA	Emergency (in	cluding	ğ j		urn, NJ 07	manufacture and the same of th										
(NJAC 5:23-8)	justification)			Name	of Contact				Telephone Num	nber						
	Cancellation			Dougl	as Reed											
				FA	CILITY IN	FORMA	TION									
Name of Facility Where A	Abatement is Taking	Place	(3)					Type of Facility	(4)							
Private house								School (K-1:								
Street Address								Subchapter	8 (Other than K-1 2	2)						
							60		private and comme	rcial bu	uilding	IS,				
94 Cypress Street City (5)								homes, etc.								
								Square Feet	# of Floors	В	dg. A	ge				
Millburn, NJ 07041				1												
County (6)				Coun	ty Code (7) (STATE US	SE ONLY)	Current Use (P	rior if being demoli	shed)						
Essex																
Name of Monitoring Firm	Hired by Building ()wner (8)	ASCM	No.	Name o	f Abateme	ent Contractor (9)							
						Gr Tecl	ı LLC									
Street Address													-			
						Street Address 576 Valley Rd #283										
City, State, Zip Code				_									_			
,						City, State, Zip Code Wayne, NJ 07470										
Project Manager for Moni	itorina Eirm		T = 1 -			-		0								
1 Toject Manager for Morn	itoring r iriii		Tele	phone	IVO.	Telepho	ne No.		License No.							
0						973-638	-		01127							
Start Date (10)	Sched	luled C	omple	tion Da	te (11)	Name o	f OSHA M	lonitor								
06 / 29 /)6/	_ 30	_ /	15	Envirov	rision Co	nsultants,Inc								
Occupancy Status During						Street A	The second secon	2								
□ Facility Closed/Vacate	ed During Entire Pe	riod of	Abate	ment		20-21 V	Vacaran	Road, Bldg .#	25E							
Abatement Performed	Outside of Normal	Facility	Hour	s - Des	cribe		ate, Zip Co		33E							
Time of Abatement: _	AMPI	VI/	PM_		AM		wn, NJ 0									
Scope of Work (Check all	that apply)					rall Lav			nation with negativ	o proce	21150					
						Н		tainment with Ne		e press	sule					
>3 sf or >3 lf		Re					Mini-Encl	losure								
☐ ≥ 160 sf or ≥260 lf		∐ De	molitic	n		\bowtie	Glovebag	g Procedure	Tent with Negative	e Press	sure					
		1-	1				Non-Exe	mpted (*) and No	on-Friable Procedu	ıre	1	-				
Location	of	70.00	Locat Vorma			-				Ab	atem	ent T	уре			
Asbestos-Containing I	-1		d Sole		Ashes		scription o	t terial (ACM)	Amount	R	Z	四四	回			
TO BE ABA		100000	intena				systems i		(Specify	m	Repair	ıca	Clo			
IN Facilit	ty	Cust	odial	Staff?	10000	surfa	cing, VAT,	or	SIF or LF)	Removal	=	nsc	Enclosure			
(13)			(12)		-	other n	niscellane	ous)	1 10 10 10 10 10 10 10 10 10 10 10 10 10	-		Encapsulate	o l			
		Yes	No	N/A												
Basement				X	Pipe insu	lation			175 LF		П	П				
					т тро шос	ilation			173 131							
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Name of Registered Was	ta Haular		3115	ED IAI	Unider IO M.	Out to V	ada a Cita i	.ll.vi	11 12			Ш	Щ			
Name of Registered Was	te nauter		NJL	IEP YYZSIE	Hauler ID No.	Cubic Ya	rds of Waste	Name of Regi	stered Landfill							
Gr Tech LLC			(03378	35	TBI)	T.R.R.F. Inc								
City, State						Disposa	l Date	City, State					$\neg \neg$			
Wayne, NJ 07470						TBI)	Tullytown, P	٨							
Completed By (Print or Ty	/pe) Title						nature	1 unytown, P		ate	274		-			
Annual Contraction of the Contra						Sig	nature	Heure Wer	0							
N.Jevtic ASB-41	Owi	ner						//ewic wer	nad 06	/19/20)15					
A50-41						100000000000000000000000000000000000000	1	/								

CK 1524

Date of Notification (1) 6-16-2015		Name of Building Owner/Operator (2) Debra Smith														
	otification			22000 (CO 00000000000000000000000000000000									^			
□ EPA ⊠ Init		- 4	Street A 27 Wa	idaress ade Street	t			fi fi	FE JUH	24	FIT		Ľ			
	nended nendment #			ate, Zip Cod		_		1	L	. ,	i, i					
X En	nergency (including			City, NJ	07305	5			& 1.	(L)	1511	1.3				
	tification)	- 1		f Contact Smith				Te	ephone Nu	mber						
			FACI	ILITY INFO	RMATIC	ON										
Name of Facility Where Abatemer Residential	nt is Taking Place (3)						Type of Facility	(4)					-			
Street Address							School (K-12) Subchapter 8 (Other than K-12)									
27 Wade Street							Subchapte Other (i.e.	er 8 (Oth private	er than K-1 & commerc	2) ial bui	ldinas	hom	es			
City (5)				-			etc.) Square Feet		f Floors							
Jersey City, NJ 07305							2901	3	FIOOIS		Bldg 75+	Age				
County (6) Hudson			County (STATE	Code (7) USE ONLY)			Current Use (Prior if being demolished)									
Name of Monitoring Firm Hired by	Building Owner (8)		ASCN	Л No.		Name	ne of Abatement Contractor (9)									
Charles							n Environme			_C						
Street Address							Address Virginia Avent	Ie.								
City, State, Zip Code							tate, Zip Code									
Design t Marrie Control							ey City, NJ 07	304								
Project Manager for Monitoring Fir	m		Telepho	ne No.			one No. 333-8855		License N 01174	lo.						
Start Date (10) 6-17-2015	Com 5	pletion	Date (11)			of OSHA Monitor	ſ				-					
Occupancy Status During Abatem	NOTICE OF STREET				-		Address									
➤ Facility Closed/Vacated Durin	ng Entire Period of Ab	atem	ent			Olleet,										
Abatement Performed Outsid Other – Describe:	e of Normal Facility H	lours				City, S										
Scope of Work (Check All That Ap	ply)															
≥3 sf or ≥3 lf	_	novat	ion				Full Containm	ant with	Nogotive ()raa.						
2160 sf or ≥260 lf	☐ Der	noliti	on				Full Containment with Negative Pressure Mini-Enclosure Cloveban Procedure									
						Ê	Glovebag Pro Non-Exempte		d Non-Friat	le Pro	cedu	e				
10		catio				and the state of t						ement	t			
Location of Asbestos-Containing Material (mally Solely		Ashanta		cription				-	1)	/pe				
TO BE ABATED In Facility	Mainte Custod			(i.e. th	nermal s	ystems	aterial (ACM) insulation,	10.00	mount specify	R		Enc	T.			
(13)	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	12)		C	surfaci other mi	ng, VA	Γ, or eous)	SF	or LF)	Remova	Repair	Encapsulate	Enclosure			
	Yes	No	N/A			200000000000000000000000000000000000000	5			/al	=-	ilate	ure			
Basement		Х			pipe i	nsulat	ion	18	30 LF	x						
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								P105	-	-						
Name of Registered Waste Hauler		NJ	DEP W	aste (Cubic Y	ards	Name of	Registe	red Landfill							
Green environmental Service	es, LLC	W45630500	uler ID 1 34889	No.	of Wast	20012000	The second second	1929	orth land							
City, State Jersey City, NJ							City, Stat	y, State prrisville, PA								
Completed by	Title		-		i	nature		rille, Pr		4-						
Liliana Serrano	/lana	ager		219		Cars.	ere	Day 6-	te 16-20	015						

CK 6373

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

Date of Notification (1)	45 /	45			Name of Building Owner/Operator (2) Toms River Board of Education													
	15 /				101	ns River	Boal	ra of Educat	ion	PER JUN S	13 /	let o		3				
Agencies Notified	Type Notifica	ation				Address												
⊠ EPA	☐ Initial				114	4 Hoopei	r Ave	enue		4,321		8.1	1	Ct				
☑ DOLWD ☑ DHSS	☐ Amended Amendme				City, S	State, Zip C	ode			4 LH	DEH.	11						
☑ DHSS	☐ Emergend		ludina		Ton	ns River,	Nev	Jersey 087	53									
(NJAC 5:23-8)	justification		naamig		Name	of Contact				Telephone No	umber							
	☐ Cancellat	ion			Dra	ham Bha	tt			I.								
					FAG	CILITY IN	FOR	MATION										
Name of Facility Where A	Abatement is T	aking	Place	(3)					Type of Facility	(4)								
Hooper Avenue Ele	ementary Sc	hool							2)									
Street Address	*								Subchapter									
1517 Hooper Avenu	ae								Other (i.e., p homes, etc.)		mercia	I DU	liaing	s,				
City (5)									Square Feet	# of Floors		Blo	lg. A	ge				
Toms River, NJ									2			50+/-						
County (6)					Cour	ntv Code (7	VSTA	TE USE ONLY)	Current Use (Pr	ior if being dem	olishe	d)						
Ocean						., (.	,,		School			-/						
Name of Monitoring Firm	Hired by Build	ling O	wner (8)	ASCM	No	Nar	ne of Ahateme	ent Contractor (9)									
Health & Sfety Serv		aning O	Wiles (,	0011				n Restoration									
Street Address						100		eet Address		X								
Po Box. 365							4	21-423 Strai	aht Street									
City, State, Zip Code		_					-	, State, Zip Co										
Berlin, NJ 08009								aterson, NJ										
Project Manager for Mon	itoring Firm			Tele	ephone	No.		elephone No. License No.										
Jim Proctor				1000	56-452		973-925-1303 00805											
Start Date (10)	5	Schedu	uled Co	omple	etion Da	te (11)	Nar	ne of OSHA M	lonitor		-							
06 /29 /	15	_ 0	7 /	_1(0_/	15	N	ew America	n Restoration									
Occupancy Status During	Abatement (0	Check	only o	ne)	Street Address													
☐ Facility Closed/Vacate					ment		4	21-423 Strai										
☐ Abatement Performed								, State, Zip Co			-							
Time of Abatement: _	AM	PM	1/	_PM	-	AM		aterson, NJ										
Scope of Work (Check al	I that apply)													20.00				
☐ >3 sf or >3 lf			⊠ Rei	novot	ion					nt with Negative Pressure								
≥160 sf or ≥260 lf			Dei						Procedure									
								☐ Non-Exe	mpted (*) and No	n-Friable Proce	edure							
V 100				Loca								Aba	atem	ent T	уре			
Location Asbestos-Containing					ely by	Acho	ctoc	Description o Containing Ma		Amount		Re	Re	Щ	Щ			
TO BE ABA		'			ance/			rmal systems i		(Specify		Removal	Repair	Encapsulate	Enclosure			
IN Facili	ty		Cust	odial (12)	Staff?			urfacing, VAT,		SF or LF)		val	_	lusc	sure			
(13)		t	Yes	No	N/A	1	oth	ner miscellane	ous)					ate	W			
Boiler Room			× ×	П		TSI (Pir	e In	sulation/Fitt	inas	122 LF		\boxtimes						
Boiler Room						Silver F	aint	on Exterior		1280 SF								
Boiler Room						Hatch C				12 LF								
Boiler Room					-900		r Breaching	490 SF										
Name of Registered Was	te Hauler				NJDEP \			oic Yards of										
New American Res		:		1.3	Hauler II	D No.	Wa	ste	of Name of Registered Landfill G.R.O.W.S									
City, State					30399	J	Dist	oosal Date	City, State					-				
Paterson, NJ							114000000	BD	Morrisville	, PA								
Completed By (Print or Ty	vne)	Title						Signature		-	Date							
Igor Jezdimirovic	esid	ent			Jigilataro /			2	1/2	5/	15	-						
1901 0024111110V10		//4			00/	/ 5	1/	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 12:120)

			12.00					THE PERSON NAMED IN COLUMN TWO							
Date of Notification (1)		Name of I	Building C	wner/Oper Dave I		N OIL) -	70	3	3				
[X] EPA		Notific			Street Add	dress	11105	Crystal Ridge	Z#15 Drive	UH7)	liki j	: 55	· .		
[] DEP [x] DOL	Amen	dment #	tification fncluding		City, State	e, Zip Cod		ung, NJ 07069							
[x] DOH [] DCA	justifi	cation)	_		Name of 0	Contact	Dave I	Barr	Teleph	one Number					
				FAC	CILITY IN	VFORM	ATION								
Name of Facility Where Abar Resid	tement is Taking dence	Place (3)					Type of Facility	(4) School (k-12) Subchapter 8 (other than k-12)						
Street Address 45 C	aptains Drive							[x] Oth	f) 51 YE 17					
City		Coun	ty (6)		County Co (STATE U		7)	Square feet 1100 sf	# 0	of Floors 1	Bldg. Age				
Brick		Ocea	an					Current Use (Pr Res	ior if being idence	g demolished)					
Name of Monitoring Firm Hi	ired by Building (Owner (8)		ASCM No	ASCM No. Name of Abatement Contractor (9) Guardian Contracting,									
Street Address		15					Street Ac	Idress		9, Unit 61			9		
City, State, Zip Code							City, Sta	te, Zip Code		, New Jerse	ev 081	755-1	271		
Project Manager for Monitor	Number			Telephor	115 14 101	License Number 00624									
Scheduled Start Date (10) 6/19/15		ion Date (11)		OSHA Monitor	ISI. A	nalytical								
Occupancy Status During At							Street Ac	ldress	6 Stelto	88 8W					
5 20 5	ty Closed/Vacated ment Performed (City Sta	te, Zip Code	o Sterio	ii Road					
[] Other	- Describe						Oity, our		cataway,	New Jerse	y 088	54			
Scope of Work (Check all the	at apply)						[]	Full Contain Mini-Enclos		Negative Pres	sure				
[] >3 sf	or≥3 lf		[]	Renov	ation		[]	Glovebag Pr	ocedure						
[x] ≥160	sf or ≥260 lf		[x]	Demo	lition		[x]	Non-Exempt	ed (*) and	Non-Friable I	Procedu	re			
											Abat	ement	Гуре		
			Is Locatio				Descriptio			Amount	R	R	E	E	
Location of Asbestos-Containing Ma		3	Normally us Solely by				oestos-Con Material (A		(5	Specify SF	Е	E P	N C	N C	
TO BE ABAT		Mair	ntenance/Cu			(i.e	, thermal	systems		or LF)	M O	A	A	L	
in facility			Staff			inst	ulation, su				v	I R	PS	O S	
(13)			(12)			oth	VAT, of er miscell				A	l R	U	U	
-		YES	S NO	N/A		Otti	or impoor	uneousy			L		L E	R E	
Exterior X Asbe							ıg		10	050 sf	X				
Name of Registered Waste H			NJDEP Wast	te Haule 0223	r ID No.	Cubic Ya	ırds of Was	te Name of Re		andfill					
City, State Disposal D						2	City, St	ate							
Toms River, New Jersey 6/23/15							Tullyt	own, Pennsylv	ania /	7	Date				
Completed by (Print or Type) Nicholas Fernicola Title Project Manager						re	11	1	1		1000	8/15			



State of New Jersey

X Em	rergency	NC NC			OF ASBE			ENT	CK		112	i D				
Date of Notification (1) 6/19/15					Building O annherz			2)	(1. i. i .	2	3					
Agencies Notified	Type Notification		1	Street Ad 1409 B	ldress arnegat	Ave.		2015	JUN 23	AF	1:41					
EPA DEP X DOL	Initial Amended Amendment	#			e, Zip Cod ty NJ 08			ASE	3E.S.T.05	5.00	H [ROL					
DOH DCA	Emergency (justification) Cancellation	including	- 1	Name of Alan	Contact				& EICE	Tel	ephone Nur	nher J				
				FACIL	ITY INFO	RMATI	ON									
Name of Facility Where Alan Mannherz P		g Place (3)			N.			Type of Facility (4) School (K-12)								
Street Address 1409 Barnegat Av	/e.	5.45 55						×	ubchapter	8 (Oth	er than K-12 & commerci) I buildings, homes,			
City (5) Surf City NJ 0800	8							Square Feet # of Floors 1000 + 2					ldg. A 5+	ge		
County (6) Ocean				County C	Code (7) ISE ONLY)				nt Use (Prio e & Gara		ng demolish	ned)	114			
Name of Monitoring Fit	rm Hired by Building	Owner (8)		ASCM	No.		Name o		ement Con	tractor	(9)		٠			
Street Address				1			Street Address PO Box 329									
City, State, Zip Code							City, State, Zip Code West Berlin NJ 08091									
Project Manager for M	onitoring Firm	T	Telephor	ne No.		Telepho 856-7	one No).		License N	lo.					
Start Date (10) 6/22/15		Scheduled	d Cor	npletion [Date (11)			of OSH	IA Monitor		00,2,					
	Ab						Street A					-				
	acated During Entire I	Period of A	baten						p Code		Principles Section 1. Line					
Scope of Work (Check	(All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	- 1.5	Become	enova				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						e			
		T 15					E	1401	I-Exempted	1 () ui	id North rid	1	Abate		t	
Looni	ion of	1 110	Locat orma	100		Do	scription	of					Ту	ре		
Asbestos-Containi TO BE A In Fa	ng Material (ACM) ABATED	Maii Custo	ntena odial (12)	Staff?		thermal surfa	taining M I systems icing, VA miscellan	aterial insula T, or		(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure	
Exterior	r Siding	Yes	No	N/A X		Exte	erior Sic	ling		19	900 SF	x				
Name of Registered V	Vasta Hauler			NJDEP W	Vaste	Cubio	Yards		Name of	Regiet	ered Landfi	1				
United Containers			Hauler ID No. of Waste 22459 4						G.R.O.		orou canuli					
City, State						100000	sal Date	21.00	City, Stat	e						

6/25/15

Signature

Title

President

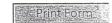
Date

6/19/15

Morrisville PA 19067

Completed by Anthony T Perna

Elm NJ



Emergency

Date of Notification (1) 6/19/15		Name of Building Owner/Operator (2) Susan Delouya Private Home															
Agencies Notified Type Notification		St	reet Add	350				3 AH	1: 5								
EPA Initial Amended Amendment #_		97500				3 ⁶ 15	ESIL	13 Lud FNS:N	iRO G	L							
Emergency (including pushification) DCA Emergency (including pushification) Cancellation	uding	Na	ame of 0	Contact					Tele	Telephone Number							
			FACIL	ITY INFOR	ITAMS	ON	_		`								
Name of Facility Where Abatement is Taking Pl Susan Delouya Private Home	ace (3)						Type of Facility (4) School (K-12)										
Street Address 33 Channel Road							Si × O	ubchapter at ther (i.e. pr	8 (Othe	er than K- commer	12) cial bu	ıildir	ngs, h	nome	S,		
City (5) Toms River NJ 08753							Square 1000	Feet	# of	Floors		Bld 35	g. Ag	je			
County (6) Ocean			ounty C	ode (7) SE ONLY)			Current Use (Prior if being demolished) Home										
Name of Monitoring Firm Hired by Building Own	ner (8)	1	ASCM	No.		1.55		ement Con	tractor	(9)	-						
N/A Street Address						- 15 (Table)	Address				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		•				
						PO E	30x 32	9									
City, State, Zip Code						City, State, Zip Code West Berlin NJ 08091											
Project Manager for Monitoring Firm		Te	elephon	e No.		Telephone No. License No. 00727											
	cheduled C 22/15	omp	oletion D	ate (11)	1.9	Name Sam	me of OSHA Monitor ame										
Occupancy Status During Abatement (Check C	nly One)					Street	Address	S									
Facility Closed/Vacated During Entire Peri Abatement Performed Outside of Normal Other – Describe:	od of Abat Facility Ho	teme urs	ement urs City, State, Zip Code														
Scope of Work (Check All That Apply)		000000				-	9				a.						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Rend X Dem						Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedur							ıre			
	Is Loc	natio	ın T						, , , ,				Abate	ment	t		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Norr Used S Mainte Custodi	mally lolely enan	/ y by ce/		os Cor therma surfa		Material ns insula AT, or		(Amount Specify F or LF)		Remova	Ty Repair	e Encapsulate	Enclosure		
(13)		10	N/A		ouiei	mocena	i icous)					a l	-	late	Ire		
on slab			Х			floor til	е		3	00 SF	x						
Name of Registered Waste Hauler		N.	JDEP W	/aste	Cubi	Yards Name of Registered Landfill											
United Containers		Ha	auler ID 2459		of W	aste		G.R.O.									
City, State Elm NJ	Disposal Date					sal Date City, State Morrisville PA 19067											
Completed by Anthony T Perna					Signatu	re /	Date 6/19/15										

APPROVED - CINDY MITCHELL,

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

Ck#2826

Date of Notification (1)				Name of Building Owner/Operator (2)													
6//	15	_		EAST AMWELL TOWNSHIP SCHOOL DISTRICT													
Agencies Notified Type Notified	ation			Street	Address			1510	20 AN 1-42	-							
☐ EPA ☐ Initial				43 \	WERTSV	ILLE	ROAD										
☐ DOLWD ☐ Amende				City, S	State, Zip C	Code		- Puddin	De emirde	i i							
☑ DOHAmendn					GOES, N		544	基上的	CEMBING								
DCA Emerge justification	ncy (inc	luding			of Contac				Telephone Num	her							
(NJAC 5:23-8) justifical					OY HOLL	0	Υ		Telephone Num	4							
				FAG	CILITY IN	IFOR	RMATION										
Name of Facility Where Abatement is	Taking	Place	(3)					Type of Facility (4)									
EAST AMWELL TOWNSHIP E	EME	NTAR	RY SC	HOOL	-			School (K-12) Non-Sub 8									
Street Address									8 (Other than K-12		n e	200					
43 WERTSVILLE ROAD								homes, etc.	orivate and comme)	ercial bi	ıılaıng	IS,					
City (5)								Square Feet	# of Floors	BI	dg. A	ge					
RINGOES, NJ																	
County (6)				Cour	ity Code (7)(STA	TE USE ONLY)	Current Use (P	rior if being demoli	ished)							
HUNTERDON								***									
Name of Monitoring Firm Hired by Bu	dina O	wner ((8)	ASCM	No.	Nan	ne of Abatem	l ent Contractor (9)				-				
RJB ENVIRONMENTAL INC	J					900-00		VIRONMENTA	Maria de la companione								
Street Address							eet Address										
56 EAST BRIDGE STREET						0-00	123 BEAVE	RSTREET									
City, State, Zip Code		1000					, State, Zip C						_				
MORRISVILLE, PA 19067						1	RISTOL, PA										
Project Manager for Monitoring Firm			Tolo	phone	No		ephone No.	License No.									
JAMES FRISBEE			1	57-991		0.000	15-788-6040										
	C = b = d	.11-0		0.6 (118.5%)	(1.75/2007).7(700)	-	ne of OSHA N										
Start Date (10)6 /18 /15	Schedu 6			11011 Da		25240		VIRONMENTA	L, INC.								
Occupancy Status During Abatement	Check	only o	one)			Stre	et Address						_				
☐ Facility Closed/Vacated During En				ment		10000000	123 BEAVE	R STREET									
Abatement Performed Outside of N					cribe	_	, State, Zip C										
Time of Abatement:AM-3:	0PM/1	1:30	PM	AN	Л	-	RISTOL, PA										
Scope of Work (Check all that apply)									(gaste (gaste								
□ >3 sf or >3 lf		M Da	novati	on			☐ Full Con ☐ Mini-End	tainment with Ne	gative Pressure								
≥ 160 sf or ≥260 lf			molitic					g Procedure									
							Non-Exe	mpted (*) and N	on-Friable Procedu	ure							
			Locat							Ab	atem	ent T	ype				
Location of	n)		Norma d Sole		A a b a		Description of		Amount	R	R	ш	m				
Asbestos-Containing Material (AC TO BE ABATED	<i>n</i>)	Ma	intena	nce/			Containing Ma rmal systems		(Specify	Removal	Repair	cap	Iclo				
IN Facility		Cus	todial	Staff?	,	S	urfacing, VAT	, or	SF or LF)	val	"	Encapsulate	Enclosure				
(13)	+	Yes	(12) No	N/A		oth	ner miscellane	ous)				ate	10				
TUDOUGUOUT OFFICES	-	T es	1000		GLUE I	2070	`		240 SF								
THROUGHOUT OFFICES				+=	GLUE	0013			240 31		닏						
						_				\perp							
											Ш	Ц	Ш				
Name of Registered Waste Hauler			1000	JDEP \		100000000000000000000000000000000000000	ic Yards of	Name of Regi	stered Landfill								
SERVICE TRANSPORT GROU	P INC			20990		Was	ste	MINERVA	LANDFILL								
City, State						Disp	oosal Date	City, State									
NEW CASTLE, DE								WAYNES	BURG, OH								
Completed By (Print or Type)	Title						Signature /	2	/ D	ate	1,0	1.					
GINO PIZZIGONI	STIMA	ATOR				Gine P.	yzigoni	/ jl	6/	18	1 15	<i>(</i>					

ASB-41 JAN 13 GI 15/22

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

	N		ATION	OF ASBE to NJAC 8	STOS	ABATE		NT		1	al		12	10	0	7	
Date of Notification (1) 6/18/15				Building Can Prop					WE.		3 48						
Agencies Notified Type Notification X EPA X Initial		1 5	Street Ac 517 Rc	ddress oute 1 Sc	outh,	Suite 2	10	0	ن ن								
DEP Amended DOL Amendment #_				te, Zip Cod NJ 0883					3				N.C	io i			
□ Emergency (inc justification) □ DCA □ Cancellation	cluding		lame of Zac Cs	Contact sik						Tele	ephone N	umb	er				
No. of Edition of the Control of Edition Editi	N (0		FACIL	LITY INFO	RMAT	ION	Type of Facility (4)										
Name of Facility Where Abatement is Taking F	nace (3)					School (K-12)										
Street Address 425-455 Inman Avenue							Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes etc.)						s,				
City (5) Colonia								quare 200	uare Feet # of Floors Bldg. Age 50								
County (6) Middlesex				Code (7) JSE ONLY)							ishe	d)					
Name of Monitoring Firm Hired by Building Ow	ner (8)		ASCM	l No.		Name of Abatement Contractor (9) ABS Environmental Services, LLC						.C	;				
Street Address						Street PO E			3, 4 E G	ate Dr	rive						
City, State, Zip Code					City, State, Zip Code Glenwood, NJ 07418												
Project Manager for Monitoring Firm	Т	elephor	ne No.		Telephone No. 973-764-2276					License 703	icense No. 03						
	chedule /1/15	ed Com	pletion [Date (11)		Name	of	OSHA	Monitor		92						
Occupancy Status During Abatement (Check C	Only Or	ne)				Street	Ad	dress									
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	riod of A Facility	Abateme Hours	ement urs City, State, Zip Code														
Scope of Work (Check All That Apply)																	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovat Demolitio					×	Mini- Glove	Containme Enclosure ebag Prod Exempted	e cedure					9		
		Locatio	200400											Abate Ty			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cus	d Solel intenan todial S (12)	y by ce/ taff?		os Cor therma surf	escriptior ntaining M al system acing, VA miscellar	Mate is in AT,	erial (/ nsulati or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A			of botto				22	00 SF		x				
roof			X		10	OI DOLLO	JIII	l.		- 52	00 31		Λ.				
		LN	JDEP W	(O. h	c Yards			Name of	Dominto	rod Land	1£11					
Name of Registered Waste Hauler Freehold Cartage		Ha	auler ID 1939	of W	aste	Name of Registered Landfill Cumberland Landfill											
City, State Freehold, NJ					Disposal Date City, State TBD Newburg, PA												
Completed by A. Scott Higgins Title President							e		~			Date 6/1	e 8/15	i			