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



Date of Notification (1)				800 110	Name	of Building	g Owner/Operator (2	2)		- [فساة			
6 /	9 /	14			Prin	ceton U	niversity-Office	of Design and	Construction	on				
Agencies Notified	Type Notifi	oction					•	2814	1 JUN 24	2+ 1				
⊠ EPA	Type Notifi	Cation				Address		3.74.	. 001, 24	111		¥.		
☑ DOLWD	⊠ Amende	ed				Elm Dr.								
☑ DHSS	Amend		1-6/19	14		State, Zip C		-	0 1 1		7.	1.		
⊠ DCA	☐ Emerge						lJ 08544	<₽	& LILLED	WINE				
(NJAC 5:23-8)	justifica	ation)			Name	of Contac	t		Telephone I	Number	6	1		3
	☐ Cancell	ation			Rot	pert Orte	go			*				
					FAC	CILITY IN	IFORMATION							
Name of Facility Where A	batement is	Taking	Place	(3)	2805320			Type of Facility (4)					-
Princeton Universit	v-McCosh	Healt	h Cer	ter				School (K-12)						
Street Address	•					0500-05-0		Subchapter 8	(Other than					
Frist Lane								Other (i.e., pr homes, etc.)	ivate and cor	nmercia	l bu	ilding	s,	
City (5)								Square Feet	# of Floors	3	Blo	ig. A	ge	
Princeton								*						
County (6)					Cour	ty Code (7)(STATE USE ONLY)	Current Use (Pri	nr if heing de	molishe	۹)			
MERCER					Jour	ity Code (i	(OTATE OOL ONE)	Library	or it being de	IIIOIISIIC	u)			
	Lliand by Di	:lal: C	· · · · · · ·	0)	ACCM	NI-	I NI C NI							
Name of Monitoring Firm		illaing C)wner (8)	ASCM		Name of Abateme							
ATC Associates Inc	•			201200	0009	8		VIRONMENTAL	., INC.					
Street Address							Street Address							
Three Terri Center							1123 BEAVE							
City, State, Zip Code Burlington, NJ 0801	6						City, State, Zip Co BRISTOL, PA							
Project Manager for Monit		-		Tel	ephone	No.	Telephone No.	13007	License N	0.	_			_
Michael Keehn	-				09-386		215-788-6040		00509	3.7				
Start Date (10)		Sched	luled C	omple	etion Da	te (11)	Name of OSHA M	lonitor				-	-	-
6 / 23 /	14				7_ /		BRISTOL EN	VIRONMENTAL	, INC.					
Occupancy Status During	Abatement	(Check	c only o	ne)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Street Address				-			
☐ Facility Closed/Vacate	d During En	ntire Pe	riod of	Abate	ement		1123 BEAVE	R STREET						
☐ Abatement Performed						cribe	City, State, Zip Co	ode			SE VETO			-
Time of Abatement: 7:	:00AM-3:30	0PM/	P	VI	AM		BRISTOL, PA							
Scope of Work (Check all	that apply)						M = 110							
☐ >3 sf or >3 lf			⊠ Re	nova	ion		⊠ Full Cont	tainment with Neg	ative Pressur	re				
⊠ ≥160 sf or ≥260 lf			De					Procedure						
137 85 755 950							☐ Non-Exe	mpted (*) and Nor	n-Friable Prod	cedure				
				Loca							Aba	atem	ent T	уре
Location				d Sol	ally ely by	5	Description of		200		Z	Z	m	ш
Asbestos-Containing N		M)			ance/		stos Containing Ma		Amount		em	Repair	пса	nclo
TO BE ABA IN Facilit					Staff?	(1.6	surfacing, VAT,		(Specify SF or LF		Removal	=	psu	Enclosure
(13)				(12)	-		other miscellane	ous)		´	_		Encapsulate	G,
			Yes	No	N/A	_					_			_
Room G02				\boxtimes		Floor ti	le and mastic		500 SF			Ц	Ш	
Room G02 & G02 cor	ridor					Pipe in:	sulation		220 LF					
Name of Registered Wast	e Hauler				NJDEP N		Cubic Yards of	Name of Regis	tered Landfill					
BRISTOL ENVIRONI	MENTAL,	INC.		1	Hauler II		Waste	G.R.O.W.S.	NORTH L	ANDFII	L			
City, State					18706	<u>'</u>	Disposal Date	City, State			-		-	
BRISTOL, PA 19007							- 1000001 2010	MORRISVII	LE, PA 19	067				
Completed By (Print or Ty		Title	•		-		Signature		,	Date	1	1	,	_
Brian Scafiro	F-7)	-5-3-00	stima	or			0	1.0.1	il	6	/19	/10	1	
ASR-41	,		James				Dream)	oraquo /	1	/	1 -	11		

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B514057 * Do not use this form for asbestos licensure exempted activities.

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

Q+2631?

Date of Notification (1)					N	lame	of Buildin	ng Ov	wner/Operator ((2)			=		
6/_9		14	_							of Design and	Constructio	n) (10		4
1	e Notific	cation			S	tree	t Address				C.	118	4		
	Initial					200	Elm Dr.				Ţ	7	-0: T3:		e-
	Amende				C	ity, S	State, Zip (Code				-		-	(:
	Amendn						nceton, P						-		No.
(NJAC 5:23-8)	Emerge justificat		iciuain	g	N		of Contac				Telephone N	(·	<u> </u>	-	
	Cancella						bert Orte	-			relephone N	041			
No. of Factor and Alexander						FA	CILITY IN	NFO	RMATION						
Name of Facility Where Abate		1997 386.05								Type of Facility (4)				
Princeton University-M	cCosh	Healt	th Ce	nter	•	Gir.				School (K-12		~			
Street Address								10000		Subchapter 8	(Other than K	(-12) mercial h	uildia		
Frist Lane										homes, etc.)	wate and com	merciari	unan	ys,	
City (5)										Square Feet	# of Floors	E	Ildg. A	ae	
Princeton										A STATE OF THE STA			, ,	-	
County (6)					1	Cour	nty Code (7	7)(ST/	ATE USE ONLY)	Current Use (Pri	or if being dem	nolished)			
MERCER								98.27		Library		.001.04)			
Name of Monitoring Firm Hire	d by Bui	Iding C	Owner	(8)	IAS	CM	No.	Na	me of Abateme	ent Contractor (9)					
ATC Associates Inc.	i	_		(-)	No politica	0009		1		VIRONMENTAL	INC				
Street Address	-		-		Τ,			-	reet Address	AIVOIAINEMIN	., INC.				
Three Terri Center								1	1123 BEAVE	DOTDEET					
City, State, Zip Code															
Burlington, NJ 08016								1	y, State, Zip Co						
Project Manager for Monitorin	a Firm			TTo	olonh		Ma		BRISTOL, PA	19007	1				
Michael Keehn	a Linin				eleph 609-		-8800		lephone No. 215-788-6040		License No.	1			
Start Date (10)		Sched	uled C			200	te (11)		me of OSHA M		00509				
6 / _23_ / _14							14			VIRONMENTAL	, INC.				
Occupancy Status During Aba	tement ((Check	only	one)				Str	eet Address				-		
☐ Facility Closed/Vacated Du	ring Ent	ire Per	riod of	Abal	teme	nt		1	123 BEAVER	RSTREET					
☐ Abatement Performed Outs	ide of N	lormal	Facilit	у Но	ours -	Des	cribe		y, State, Zip Co						
Time of Abatement: 7:00A	M- <u>11:3</u>	<u>0</u> PM/_		PM		_AN	Λ	1	BRISTOL, PA						
Scope of Work (Check all that	apply)				-	= 0.00							-		
≥3.sf or ≥3 If			⊠ Re	nova	ation				☐ Mini-Encl	ainment with Nega	ative Pressure				
≥160 sf or ≥260 lf			☐ De						☐ Glovebag	Procedure					0
									☐ Non-Exer	mpted (*) and Non	-Friable Proce	dure			
					ation							Al	atem	ent T	ype
Location of Asbestos-Containing Mater	ial (ACN	<i>a</i> n			olely i	by	Ashor	cton	Description of Containing Mat			20	Z	m	m
TO BE ABATED	iai (/ 1011	.,			nance		(i.e.	the	ermal systems i	insulation.	Amount (Specify	Remova	Repair	nca	nclo
IN Facility			Cus	todia (12	al Sta	Ħ?	,	S	surfacing, VAT,	or	SF or LF)	Va a	7	Encapsulate	Enclosure
(13)			Yes	No	<u> </u>	N/A		otl	her miscellaned	ous)				ate	6
Room G02				×]	Floor til	le ar	nd mastic		500 SF		П		
Room G02 & G02 corrido	r			×]	Pipe ins	sulat	tion		220 LF		ī		
]						$\exists \overline{\exists}$	旨		
				П	10	7		U					10	-	
Name of Registered Waste Ha	uler						Vaste	Cuh	oic Yards of	Name of Registe	ered Landfill	\perp	1	ш	L
BRISTOL ENVIRONMEN		NC.			Hauk	er ID	No.	Was	사세계 [1] 위하 (하) (하) (G.R.O.W.S.		IDEI			
					18	706		-			MOKIN LAP	IDLIFF			
City, State								Disp	oosal Date	City, State		0.07		- 128	
BRISTOL, PA 19007										MORRISVIL	LE, PA 1906	7			
Completed By (Print or Type)		Title	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT						Signature	0 1. 1		Date /	/	,	
Brian Scafiro		Es	timat	or					Brian,	Scafino /	gl	Date 4	114		
CD 44								_			4	48.			Comment !

ASB-41 MAY 11 R < 14057

* Do not use this form for asbestos licensure exempted activities



Date of Notification (1) 06/17/14					Building (Public S			(2)	Ri	÷	1 2 2 2 3	- B			
Agencies Notified	Type Notification		1007	Street Ad 38 Bar	dress tholdi A	venue			2814 。	JUN 21	4 Pil I				
DEP DOL DOH DOA	Initial Amended Amendment is Emergency (in justification) Cancellation		_ E	Butler, Name of	te, Zip Co NJ 074 Contact a Murph	05			21 July 2	E 5 (億	S () () N ephone N	[P+			
X DCA	Cancellation				LITY INFO		ON		11/	-		<u> </u>	0.00		
Name of Facility Where Aaron Decker Sch		Place (3)		PACI	TIT INC	JKINA I I	OH	-	f Facility						
Street Address 98 Decker Road					ingerio.			S	ubchapte	r 8 (Othe	er than K-1: commerci		dings,	home	es,
City (5) Butler		*******						Square 50,00	Feet	# of	Floors		ldg. A	ge	
County (6) Morris	N X 2010		(:	County C	Code (7) ISE ONLY)	9 <u>00-00-00-00</u>		Curren		ior if bei	ng demolis	hed)			
Name of Monitoring Fir Detail Associates,		wner (8)		ASCM 0001					ement Co truction		(9) toration	Inc.			
Street Address 300 Grand Avenu	e							Address A Rout	e 46 St	uite 3D					
City, State, Zip Code Englewood, NJ 07	7631							State, Zip wa, NJ	Code 07512		-				
Project Manager for Mi Nadine Bello	onitoring Firm		100	elephor	ne No. 1-4850			none No. 256-70			License N 0666	lo.			
Start Date (10) 06/20/2014		Scheduled 06/22/20		pletion [Date (11)	52			A Monitor truction		toration	Inc.			
Occupancy Status Dur	ing Abatement (Check			ent				Address A Rout	e 46 Su	uite 3D		134			
Abatement Perfor	med Outside of Norm Fri:3pm-11pm, Sat: 8	al Facility H	Hours		2pm			state, Zip wa, NJ	Code 07512						
Scope of Work (Check	All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovati emolitic				25	Mini Glov	-Enclosur rebag Pro	re ocedure	Negative I			e	
			ocatio									washing and	Abat	emen pe	t
Locati Asbestos-Containir TO BE A In Fa (13	ng Material (ACM) BATED cility	Used Main Custo	ormally Solely ntenan odial St (12)	y by ce/		tos Cont thermal surfa		Material (s insulat (T, or		(5	mount Specify For LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A						1			-	e	
Boiler	Room		Χ			Pip	e Elbo	WS		13	Elbows	X	-		
Boiler	Room		X			Pipe	insula	ation		2	2 LF	X			
News of David			1.0	IDEE)	/	Low	V1		Nec	Da-:-:	اعد ــــ (له عد				
Name of Registered W Bako Construction		5 .	Ha	JDEP W auler ID 1889		of Wa	Yards ste		G.R.O		ered Landfil nc.	н			
City, State Totowa, NJ						Dispo: 06/23	sal Date 3/14		City, Sta Morris		A				
Completed by Damir Valjevac		Title Projec	t Ma	nager		18	Signatur	e W	fal	lva	1	ate 6/17/	14		
ASB-41 (R-06-08)	F						* Do n	ot use th	is form fo	or asbes	tos licensu	e exer	npted	activ	ities.

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

Ck#2641

Date of Notification (1)		1	(B. 0.0		WE7.						
Date of Notification (1) 6/19/14		Name	of Building	g Owner / Operate hip Public School	or (2)		£.	-		7	
Agencies Notified Type Notif		Street	Address		0013	2	011	- JE		ī	-
☐ EPA ☐ Init	:_1		/liddle Ro				(J) '			ğ	
	iai iended	33.7/290/	State & Zip				E.	15			
	ergency		of Contac				76-	Talas E		l l	
	ncellation		harles H	7			- II-	Telepho	one r	iumi	∍ •
		FAG	CILITY IN	IFORMATION			<u>57 -</u>		1	_	
Name of Facility Where Abate	ment is Taking Pl	ace (3)		Type of Faci							(1)
Raritan HS Street Address					(K-12) NON SI		ER 8				45
419 Middle Road					pter 8 (Other the .e. private & co		uildina	is hon	100	etc)	
				Square Feet				ldg. Ag		, (0.)	
City (5)	County (6)	County C	Code (7)	70,000		1		-5	50÷		
Hazlet	Monmouth				(Prior if being	demolished	i)				
				School							
Name of Monitoring Firm Hired Environmental Connection	by Building Own	er (8)	ASCM N		atement Contra						
Street Address	1			Street Addre	/ironmental,	inc.					
120 North Warren Street				1123 Beave							
City, State & Zip Code				City, State &							
Trenton, NJ 08010	F:			Bristol, PA							
Project Manager for Monitoring Ryan Broadwater		Telephone 609-392-4		Telephone N (215)788-60		Lice 005		umber			
Scheduled Start Date (10)	Scheduled Com		LUCATION INC.	Name of OSI		005	09				
6/30/14		7/1/14	· ()		rironmental l	nc.					
Occupancy Status During Abat	ement (Check on	ly one)		Street Addre							
Facility Closed/Vacated Abatement Performed				1123 Beave							
Abatement Performed Describe: 3 PM to 1	Juiside of Norma	I Hours – /	am to 3pn	#100 CONTROL 1000							
Facility Occupied Durin				Bristol, PA	19007						
Scope of Work (Check all that a	apply)						-		-112	_	
57 .0.1.01		-				ntainment v	with Ne	egative	Pres	sure	e
≥3 sf or ≥3 lf ≥160 sf ≥260 lf			ovation			closure					
		☐ Dem	olition			Bag Proced		Crioble	D	d	
Location of		Is Location	on T	Description		empted and			ateme		
Asbestos-Containi	ng	Normally U	Ised	Asbestos-Con		(Spec		7100	Item	2111C 1	T
Material (ACM) TO BE ABATED		Solely by Maintenance		Material (A		SF or	LF)	R		Ē	_ m
in Facility		Custodial S		(i.e., thermal s insulation, surface				Remova	Repair	aps	ncls
(13)		(12)		or other miscell				val	ai-	Encapsulate	Enclsoure
The second of			N/A							Ф	
Throughout			Pi	pe Insulation V	Vrap & Cut	65 L	.F				
			- -						님	片	Щ
		片片	H -				-	井	님	님	H
		러님	H					井	H	H	H
		片片	П				-	H	Ħ	片	H
Name of Registered Waste Hau	ler			Cubic Yards	Name of Reg	istered Lan	dfill				
Contino Transport Inc			iler ID No.	and the state of t							
Service Transport Inc. City, State		209	130	4 cu yd	Minerva La	nariii	-				
New Castle, DE				Disposal Date 7/1/14	City, State Waynesbur	a. OH					
Completed By (Print or Type)		Title)	Signature	1	J, J.,	-	Date			-
Gino Pizzigoni		1 CAST - 1 C	ject		ezzigoui,	1.0		6/19	114		
		Mai	nager	Seno 1	syrgone,	1					



Data of Natification (1)					Nama	of Duilding	Oumar/Operator /	2)	M - · · ·	17-2		0.0000000	
Date of Notification (1)	19 /	14	_				Owner/Operator (2 Middlesex						
Agencies Notified EPA	Type Notifica	ation				Address Mounta	in Avenue	Z.	114 JUN 24 P	11	• •		
☑ DOLWD	☐ Amended				City, S	tate, Zip C	ode	7	79E3,00 U	1111	Prince		
Ø ÞOH	Amendm	mana (j. 18			Mid	dlesex, N	IJ 08846	SA	& LICENS				
DCA (NJAC 5:23-8)			cluaing	l .	Name	of Contact		39	Telephone Numb		-	4	
(140/10/0.20/0)	Cancella				May	or Rona	ld S. Dobies		1				
			-			8	FORMATION				SE TIL		_
Name of Facility Where	Abatament is 7	Takina	Diago	(2)	FAC	JILIT IN	FURIVIATION	Tune of English /	4)		-		
Name of Facility Where A Residential House	Abatement is	aking	Place	(3)				Type of Facility (- ☐ School (K-12)					
									(Other than K-12)				
Street Address 130 7 th Street								Other (i.e., pri homes, etc.)	vate and commerc	ial bu	ilding	ıs,	
City (5)								Square Feet	# of Floors	Blo	dg. A	ge	
Middlesex						**							
County (6)					Cour	ty Code (7)(STATE USE ONLY)	Current Use (Price	or if being demolish	ned)	3=305=		
Middlesex											45.00		
Name of Monitoring Firm	Hired by Buil	ding O	wner ((8)	ASCM	No.	Name of Abateme						
Bio Terra Solutions	S						ALL PRO MA	NAGEMENT LL	_C				
Street Address				40.			Street Address						
P.O. Box 1224							27 Outwater	Lane					
City, State, Zip Code							City, State, Zip Co	ode					
Union, NJ							Garfield, NJ	07026					
Project Manager for Mor	nitoring Firm		50	Tele	phone	No.	Telephone No.		License No.				
Rick Eustaquio				9	73-494	-3762	973-928-4888		1188				
Start Date (10)		Sched	uled C	omple	tion Da	te (11)	Name of OSHA M	lonitor					
06 /23 /	_14_	_0	7_/	30)_/_	14	ALL PRO MA	NAGEMENT LL	-C				
Occupancy Status Durin	g Abatement (Check	only	one)			Street Address					N	
☑ Facility Closed/Vacat	ed During Enti	ire Per	riod of	Abate	ment		27 Outwater	Lane					
☐ Abatement Performer							City, State, Zip Co	ode					
Time of Abatement:	AM	PN	Λ/	PM		AM	Garfield, NJ	07026					
Scope of Work (Check a	Il that apply)		ă.										
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			□ Re	enovat emoliti			☐ Mini-End ☐ Gloveba	g Procedure	ative Pressure n-Friable Procedure				
			le	Loca	tion		M MOH-EXE	Impled () and Nor	I-I Habie I Toccodi	17	atom	ent T	WD0
Location	n of			Norma	illy		Description of	of			_		T
Asbestos-Containing	Material (ACN	A)		ed Sol	ely by		stos Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure
TO BE AB			200000		Staff?	(i.e	 thermal systems surfacing, VAT 		(Specify SF or LF)	ova	#	psu	uso
(13)				(12)	1	-	other miscellane			_		late	G.
20 20			Yes	No	N/A					_	_		-
Kitchen						VAT &	ACM Vinyl Shee	t Flooring	200 SF		Ш	Ø	
Fake Fireplace					\boxtimes	Off-Wh	ite Joint Compo	und	100 SF			\boxtimes	
Basement					\boxtimes	VAT			800 SF	M		Ø	
Basement					\boxtimes	Mastic	30110-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		800 SF	\boxtimes		\boxtimes	
Name of Registered Wa	ste Hauler			100	NJDEP		Cubic Yards of Waste	Name of Regis					
All Pro Manageme	nt, LLC				lauler II		As Needed	IESI Landfi	11	200 100			
City, State	12.00						Disposal Date	City, State					
Garfield, NJ							TBD	Bethlehem	, PA				77
Completed By (Print or 1	Гуре)	Title	9				Signature	0.1	Dat	te ,	-	_	,
Allen Monchik		Р	rojec	t Man	ager		(W	1 OON		-//	91	14	_

D&S Proj. #: 2014-246

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

										LL	j	
Date of Notification (1)	Name o	of Building Own	er/Operator (2)				2				4	
0 6 /1 7 /1 4		IINICA TRIP	ODI				2414 J	IUN 24	PH	1	r.	
Agencies Notified Type Notificat	ion Street A	Address									40.00	
DEP Amended	33 JC	OHN STREE	Γ			- 12		w 1 1 = =	$\cap \cap 1$!TÞ	Et i	
_ #:	City, St	ate, Zip Code					(D) «	LIVE	4.11	6		
DOL ☐ Emergency	ENC	GLEWOOD C	CLIFFS, NJ 0	7635			(AT)				- 6	
DOH (including justification)	Name o	f Contact					Telephone	e Numbe	r		02/2011-0-2	
DCA Cancellation		MINICA TRI	PODA									
		FAC	ILITY INFORM	ATION								
Name of facility where abatement i	s taking place (3)					П	Type of Facility (4					
DOMINICA TRIDODI	-ci						=	(K - 12)				
DOMINICA TRIPODI Street Address						- 1		apter 8 (C Private/C			-12)	
Street Address							Bldgs./	Homes, 6	etc.	rciai		
33 JOHN STREET						_ [Square Feet	# of Floo	rs	BI	dg. Ag	je
City (5)	County (6)				nty Code (7)	7 [
ENGLEWOOD OF THE	BERGEN	.T		(Stat	te use only)		Current Use (Pr	ior if beir	ig dem	olish	ed)	
ENGLEWOOD CLIFFS Name of Monitoring Firm Hired by		1	ASCM No.	-	Name of Abatem	ent C	ontractor (9)					_
rame or workoring time timed by	blug. Owner (b)		AGOIN NO.		D & S REST							
Street Address					Street Address	OKA	TION, INC.				_	
Olicel Address					20 California	a Ave	. a *					
City, State, Zip Code					City, State, Zip Co							
					Paterson, N.		03					
Project Manager for Monitoring Firm	1	Phone Numb	per		Telephone Numb			License	Numb	er		
					973-345-80	020			1169			- 11
Start Date (10)	Sched. Com	pletion Date (1	1)	-1	Name of OSHA							
06/27/14	07/10/14			- 11	D & S Resto	oration	n, Inc.					
Occupancy Status During Abatemer		e)			20 California							
Facility closed/vacated during		, R.,			City, State, Zip C		nue					
Abatement performed outside				- 11	Oity, Otato, Zip O	ouo						
Describe: NORMAL F	IOURS			-11	Paterson, N.	J 075	03					
Scope of Work (check all that appl						Fi	ıll Containment w	/negative	press	ure		
$\boxtimes > 3 \text{ sf or } > 3 \text{ lf}$	Renovation					М	ini-enclosure	- 3	20			
≥160 sf or ≥260 lf	Demolition					The same of the sa	lovebag procedur on-Exempted (*) a		friable	proo	oduro	
Location of	Is location norm	nally used solely	y			<u> </u>	on Exempled ()	GITTE INOIT	R	R	E	
asbestos-containing	by maintenance	e/custodial		on of as	sbestos-containin	g	Amount		e m	e	n	E n
material (acm) to be abated in facility (13)	staff(12)	757.70	material (T.	(Specify S	For	0	a	c a	C
assess in monity (10)	Yes N	lo N/A							v e	r	р	_
BASEMENT			PIPE INSU		The state of the s		56 L FT		X			
BASEMENT			BARE HEA	ATINO	G PIPES		60 L FT				\boxtimes	
						-						Ш
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Ha 13506		Cubic Yards of V 1 YD	Waste	Name of Register		andfill ESOURCE RE	COVE	RY			
City, State		Disposal D			City, State	, 11, 1	COOUNCE RE	CO VE				
PATERSON, NJ 07503		06/28/1			TULLYTOV	WN, I	PA					
Completed by (Print or Type)	Title		Signature		1			Date				
BOGDAN JOLDZIC	PRESIDENT)		7000	06/17	/14			
ASB-41	* Do not use this	form for asbest	os licensure ex	empte	d activities.			1 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				

State of New Jersey Check #24156

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

Ck# 24222

Date of Notification (1)					Name of Buil	ding Own	er/Operator (2)	CR 2-22	D1	4 1	- 1	
6/18/2014					PRIVATE I			2514 JUN 2L	4 1	1 2 .		
Agencies Notified	Type Notifica	tion			Street Addre		NCE .			へいて 袋	(-1	
EPA		ition				50	(NEZER)	1 HSL 21	5 C	9417		
	M Initial				59 CLAREN	STATE AND INCOME.	IVE	2 1 1	EMS	170		,
□ DEP	Amende				City, State, Z			10				
□ DOL	Emerge		cluaing		BEACH HA		EST, NJ	100.20				
□ DOH	justifica	50 38			Name of Cor	2000 100 100 100 100 100 100 100 100 100	40		Tel	ephone	Numi	oer
DCA	☐ Cancella	ation			DAVID J. D	'ANDRI	EA		90.	- J	/	
					ACILITY IN	FORMA	TION					
Name of Facility Where Ab	atement is Ta	aking P	lace (3))				Type of Facility (4)				
PRIVATE RESIDENCE						And Linear Color		School (K-12)				
Street Address								Subchapter 8 (O	ther th	an K-12	2)	
59 CLARENCE DRIVE								Other (i.e., privat	e & co	mmerc	ial bui	ldings)
City (5)							***************************************	Square Feet	# 0	f Floors	Bldg.	Age
BEACH HAVEN WEST	, NJ											
County	,				County Code	(7) (STA	ATE USE ONLY)	Current Use (Prior if t	peing o	lemolis	hed)	_
OCEAN						(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					81.	
Name of Monitoring Firm H	lired by Buildi	na Owr	er (8)		ASCM No.	Name o	f Abatement Cont	ractor (9)				_
Traine or mornioning i min i	inca by banar	ng Own	ici (0)		/ CONTINO			RONMENTAL INC.				
Street Address		-				Street A		RONWIEN IAL INC.				
Street Address								0.17				
		5.4.5	2. 7				CK FOREST R	OAD				
						The state of the s	ate, Zip Code					
		T					LTON, NJ 0869	<u> </u>				
Project Manager for Monito	ring Firm	Telep	none N	0.		Telepho	ne No.		Lic	ense N	0.	
AN ARTON CO.						609-890			000	576		
Start Date (10)		Sched	luled C	omplet	ion Date (11)	Name of	f OSHA Monitor					
6/20/2014		6/20/2	14000mPa.04			N/A						
Occupancy Status During A	Abatement (C	heck o	nly one)		Street A	ddress		3			
Facility Closed/Vacate	ed During Enti	ire Peri	od of A	bateme	ent							
Abatement performed out	side of working	g hour	s 5PM-	2 AM		City, Sta	ite, Zip Code					
ESSENTIAL PERSONNE	L ONLY											
Scope of Work (Check all t	hat apply)							☐ Full Containment	with N	legative	e Pres	sure
≥ 3 sf or ≥ 3 lf					Renova	tion		Mini-Enclosure				
≥ 160 sf or ≥ 260 lf					Demolit	ion		Glovebag Proced	lure			
								Non-Exempted (*		n-Friab	le Pro	cedure
		l Is	Locati	on						atemen		
1		1	mally t		Description	of Asbe	stos Containing		7 121	1		
Location of Asbestos-C Material (ACM) TO BE A			Solely b				hermal systems	Amount (Specify SF	or &	l z	Encapsulate	Enclosure
Facility (13)	BATEDIII			/Custo		100	, VAT, or other	LF)	Remova	Repair	sde	dos
		dial	Staff? No	(12) N/A	ı	miscellane	eous)		Val	=	ulat	ure
EVERNOR		165	140	INA	TTD A NICHTER	CIDING		MAN CO. TIME	-	+-	Ф	
EXTERIOR			Š		TRANSITE	SIDING		700 SQ. FT.	X			
									-	+-		\square
									-			\sqcup
Name of Registered Waste	Hauler				NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered L	.andfill			
TIMSTER TRUCKING					Service Code		Land and the second	GROWS				
					21079		5 YD.					
City, State							Disposal Date	City, State				
WEST CREEK, NJ					21		6/23/2014	MORRISVILLE, PA	_	60		
Completed By	100	Title				Signatur	27-Mar		Dat	е	The second second	
DAVID D'ANDREA		PRES	IDEN	Т		La	riet. L	Kirdiea	_ 6/1	8/2014		
ASB-41		A74				1	1/					

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

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Date of Notification (1) 06/18/2014		Name of Building Owner/Operator (2) Marlboro Township Board of Education														
Agencies Notified	Type Notification		5	street A	ddress				Z#14!	UM.	<u> </u>	 		-		
DEP DOL	Initial Amended Amendment #			City, Sta	te, Zip Coo	de					LA C CENS					
	Emergency (ir justification) Cancellation	ncluding		25	Contact cCormic	k			.♥ <i>D</i>		ephone I	Numb	er)	-		
				FACIL	LITY INFO	RMATI	ON	<u> </u>		-	ettur-in in i		10			
Name of Facility Where Robertsville Eleme		Place (3)						×	of Facility (4) School (K-12))						
Street Address 36 Menzel Lane									Subchapter 8 Other (i.e. privetc.)				ouild	lings,	home	es,
City (5) Morganville NJ 077	751							Squa	re Feet	# of	Floors		В	ldg. A	ge	
County (6) Monmouth					Code (7) ISE ONLY)				ent Use (Prior lic School	if bei	ng demo	lished	i)			
Name of Monitoring Firm AHERA Consultant		wner (8)		ASCM 0057					atement Contrastruction C		(9)	Г				
Street Address PO Box 385	<u> </u>							Addre	ss e 46 Suite 1	15		Т				
City, State, Zip Code Oceanville, NJ, 082	231-0385						(200)	r, State, Zip Code towa, NJ 07512								
				elephor	ne No. 2-1833		Teleph	none N	lo.		Licens 01034					
Start Date (10) 07/05/2014	te (10) Scheduled			And the contract of the contra				of OS	HA Monitor	`orn						
Occupancy Status Durin				Street						, oib		-	_			
➤ Facility Closed/Vac	ated During Entire Pe	eriod of Ab	ateme	tement 205 R				Route	e 46 Suite 1	15						IJ.
Other - Describe:	ned Outside of Norma	al Facility H	ours		1 1	_			ip Code JJ 07512							
Scope of Work (Check A	II That Apply)	V Do					Г	٦		a tab	N	-				
≥160 sf or ≥260 lf		0.000	novati				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					3			
		la L		_				1 140	iii-Exempled) and	INOTH	lable		Abate	77	
Location	n of	No	mally	/		De	scription	of					_	Ту		
<u>TO BE AB</u> In Faci	Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Used Maint Custor			Solely by tenance/ dial Staff? (12) Asbestos Cont (i.e. thermal other n				s insul T, or	ation,	(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Classroo	m 15		No X	N/A		exter	ior tran	nsite		3	8 SF	>				
Classroo		-	x		exte		indow		king		6 LF	Σ				
Name of Registered Was	ste Hauler		100000000000000000000000000000000000000	IDEP W	2022	Cubic			Name of Re	egiste	red Lan	dfill				
Savic Construction (Corp	(8)		uler ID 253	No.	of Was	ste		GROWS							
City, State Totowa NJ	(E)					Dispos	sal Date	48	City, State Morrisevi	ille, F	PA					
Completed by Title			ect Manager Signature Date 06/18/2014													



Date of Notification (1) 06/18/2014					Building C				tion,	191. P	14 i.			
Agencies Notified	Type Notification			Street A		10-71 -00-00			ZEM JUS	: <u> </u>	1			
EPA DEP DOL	Initial Amended Amendment		-	City, Sta	te, Zip Coo ro, NJ 0	de		- e	a & l	ICENS	HG	er L		
DOH DCA	justification) Cancellation	Composition and the	- 01 - 3		Contact cCormic	k		Ψ,		elephone I				
				FACI	LITY INFO	RMATIO	N							
Name of Facility Where Marlboro Elementa		g Place (3)						× Sch	Facility (4) nool (K-12)					
Street Address 100 School Rd W									ochapter 8 (O er (i.e. privat)			dings,	home	es,
City (5) Marlboro Township	, NJ 07746							Square F	eet #	of Floors	E	ldg. A	ge.	
County (6) Monmouth					Code (7) JSE ONLY)		_	Current (Public	Jse (Prior if b School	eing demo	lished)			
Name of Monitoring Firm AHERA Consultant		Owner (8)		ASCN 0057		10.00			nent Contract ruction Cor	200 B				
Street Address PO Box 385				J	-			Address Route 46	6 Suite 15	<u> </u>				
City, State, Zip Code Oceanville, NJ, 082	231-0385							tate, Zip 0 va, NJ 0						
Project Manager for Mor		=		Telepho	ne No.		Teleph	one No. 339-973		Licens 01034				
Start Date (10) 07/05/2014		Schedule	d Con				Name (of OSHA						
Occupancy Status Durin	a Abstement (Cher						- 00000	Address		Ρ		1000		
Famous				III Maria (Maria		100			6 Suite 15					
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norr					1	City, St	tate, Zip 0 wa, NJ 0	Code					
Scope of Work (Check A	All That Apply)					- 1							2000000	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	enova emolit				×	Mini-E Glove	ontainment w inclosure bag Procedu exempted (*)	re			-	
					T			1 NOITE	.xcmpted ()	and Ivoli i	TIGDIC 1 TO	200 00 01 00 00	emen	t
		10 1000	Locati ormal				2.2	79					/ре	
Locatio Asbestos-Containing TO BE AB In Faci (13)	g Material (ACM) BATED lity	Used Mai	d Sole ntenar odial S (12)	ly by nce/ Staff?		tos Contai thermal s surfacir other mis	ystems ng, VA	laterial (A insulatio T, or	n,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Classro	oom	Yes	No X	N/A		exterio	or tran	site		49 SF	×			
		+-+		-	ovt	erior wir				303 LF	X			
Classroom ar			X		ext				g		_			
Above entrance	e to building			X		roof	flashi	ng		108 SF	X		_	
Name of Registered Wa	ste Hauler		IN	JDEP W	l /aste	Cubic Y	ards	IN	Name of Regi	stered Lan	dfill		L	-
Savic Construction			0.000	auler ID 2253	No.	of Waste 10 yr	е	(GROWS					
City, State Totowa NJ						Disposa	al Date		City, State Morriseville	PA				
Completed by Milos Savic		Title Projec	ct Ma	anager		Sig	gnature	lol)	Date -06/18/	2014		



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

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4	b,	Ĵ.	

Date of Notification (1)	/19/14			Name	e of Buildin	g Owner/Operator	Pach14	JUN 24	PĦ		1					
Agencies Notified	Type Notific			Stree	t Address	756	Newman Spr	ings Rd	1 14	. 141.1		25-10-10				
DEP DOL	Initial Amende	d	_	City,	State, Zip 0	Code		& LICE	2 1 22 1 2 8	65	1					
DOH DCA	justifica Cancella	tion)	g	Name	e of Contac			Telephon	e Numb	er		\$	_			
	-			FA	CILITY INF	ORMATION		1			100000					
Name of Facility Where		Taking Plac dential Pr		ty			Type of Facility School (K-1	2)								
Street Address	752 Ne	wman S	oring	Rd.			Subchapter Other (i.e., p	orivate & cor .)	mmercia	l build						
City (5)	I	Lincroft,	NJ	.8		4	Square Feet 2200	# of Flo	ors	BI	dg. A	ge +/-				
County (6)	onmouth			Cou	nty Code (7) (STATE	Current Use (P	rior if being Resid		hed)						
Name of Monitoring Firm		Iding Owner	T	ASCM	No.	Name of Abaten	nent Contractor (9						_			
(8)	MECS						vens Environ	mental S	ervice	s, Ir	C.		_			
Street Address	PO Box	x 341				Street Address	PO I	3ox 322								
City, State, Zip Code	rosswicks,	NJ 0851	5			City, State, Zip C	Code Allentow	n, NJ 08	501		5 <u></u> 77-5					
Project Manager for Mo			Tele	ephone		Telephone No.		License	No.				_			
	Laureti				8-4070		59-9688		00	0493	3					
Start Date (10) 6/30/14		Scheduled (Comple 7/3/1		ate (11)	Name of OSHA I		ECS-								
Occupancy Status Duri	ng Abatement	(Check only		14		Street Address		Loo			=	_	_			
	ted During Ent	tire Period o	f Abate				POE	30x 341								
☐ Abatement Performe☐ Other - Describe:			ity Hou	irs	-	City, State, Zip C	Crosswick	ks, NJ 08	3515			No one of	ews			
Scope of Work (Check	all that apply)		enovat emolitic			☐ Mini-End ☐ Gloveba	ag Procedure	70 5								
		Is	Location	on		Non-Exempted (*) and Non-Friable Procedur					Abatement					
Location	of		lomally d Solel			Description of	f				Typ	e				
Asbestos-Containing TO BE ABA IN Facilit (13)	Material (ACM) TED) Mai	ntenar ustodia Staff? (12)	ice/ al		tos Containing Mat thermal systems i surfacing, VAT, other miscellaned	terial (ACM) nsulation, or	Amour (Specif SF or Li	fy	Removal	Repair	Encapsulate	Enclosure			
		Yes	No	N/A	12							fe				
Basem	ent		×			Pipe Insulat	ion	245 1	<u>f</u>	×						
		_	_						_			\dashv	\dashv			
									==-				_			
Name of Registered Wa	iste Hauler			JDEP \	\$4000 AND 11 11 11 11 11 11 11 11 11 11 11 11 11	Cubic Yards	Name of Regi	stered Land	Ifill				\neg			
Stevens E	nvironmer	ntal	_ -	lauler II 182	292	of Waste 3 CU		T.R.R	.F., In	c.			_			
City, State	Allentov	vn, NJ				Disposal Date 7/3/14	City, State	Tullyto	own, P	A						
Completed By		Title	!-	4 N 1 -		Signature*	17/		Date		/1 /					
Mahlon E. Ste	evens	P	ojec	ect Manager								6/19/14				

ASB-41

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



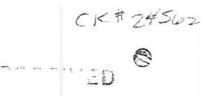
0.0		1

Date of Notification (1) 5/7/14		Name of Building Owner/Operator (2) Marx Realty and Improvement Co., Inc.										
Agencies Notified Type Notification		1	warx Realty and Improvement Co., In G14 IIIN 24 Ph 1									
				-21st Floor	•3				発-	7		
DEP Amended Amendment #			tate, Zip Co York, NY	de 10017-414	16	en 8	LICEN	-	_			
Emergency (in justification)	cluding		of Contact			~ is	Telephone					
DCA Cancellation			be Starr				- ^-	7)			
Name of Facility Where Abatement is Taking	Place (3)	FAC	CILITY INFO	RMATION	Type	of Facility (4)						-
No name						School (K-12)						
Street Address						Subchapter 8 Other (i.e. pri	(Other than h		uild	inas	homo	
3607 Bergenline Ave.						etc.)		ercial b			1000000000	:5,
City (5) Union City					30,0	re Feet 100	# of Floors		75	dg. A	ge	
County (6) Hudson			Code (7) USE ONLY			ent Use (Prior ail 1st floor)			
Name of Monitoring Firm Hired by Building Ov Vertex Air Quality Services	wner (8)	ASC	M No.			atement Contr Invironmen		s, Inc				
Street Address 700 Turner Way, Suite 105		7.		Stre	eet Addre							
City, State, Zip Code				City	, State, Z	Zip Code						_
Aston, PA 19014		T=				ster, PA 19						
Project Manager for Monitoring Firm Don Heim		610-	one No. 558-8902	61	ephone N 0-701-9	9000	Licens 0050	Section Control Section				
	Scheduled C 3/15/14	Completio	n Date (11)		ne of OS ertex	HA Monitor			•			
Occupancy Status During Abatement (Check	Only One)			7 27.870%	eet Addre	17.17						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma	eriod of Aba	tement		3	0 Turne	arrane transact			_			
Other – Describe: Abatemnt to be perform	med in unoc	cupied are	eas of buildir			19014						
Scope of Work (Check All That Apply)					×			<				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation olition			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
	T = =		T		LI No	on-Exempted	(*) and Non-F	riable			ement	
Lagrican of		cation nally		Descript	ion of				100	Ту		
Location of Asbestos-Containing Material (ACM)		olely by nance/		Descript tos Containin	g Materia		Amount				ш	_
TO BE ABATED In Facility	Custodi	al Staff?	(i.e.	thermal syste surfacing,	VAT, or	16	(Specify SF or LF)		Remova	Repair	ncap	Enclosure
(13)	(1	2)	_	other misce	llaneous)				oval	air	Encapsulate	sure
		lo N/A					750.05	2.			(D	
Basement Boiler and Breeching	X			Thermal Ir		n	750 SF	X	_			
Basement	X			Pipe inst			850 LF	X	-			
Basement	X			VAT/M	3207-00-00-00-00-00-00-00-00-00-00-00-00-0		20 SF	X				
3rd Floor		X NJDEP	10/0-40	Plas Cubic Yard		I Name of D	7,500 SF egistered Lar					
Name of Registered Waste Hauler Richard Burns		Hauler I		of Waste	5	harmon services	Berks Con		ity l	Land	fill	
City, State Philadelphia			5-04	Disposal D	ate	City, State Birdspor	o PA					
Completed by Robert M. Casciato	Title Preside	nt		Signa	wife /			Date 6/17	Date 6/17/14			

Location of Asbestos-Containing Material (ACM)	1	Locat		Description of Asbestos Containing Material (ACM)	Amount (Specify		Abatement Type					
TO BE ABATED In Facility (13)	Ma	Solely to intenational states (12)	nce/	(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	SF or LF)	Remova	Repair	Encapsulate	Enclosure			
	Yes	No	N/A		2			ate	Ğ.			
2 nd floor			X	Pipe insulation	5 LF	X						
2 nd Floor			X	Floor tile	700 SF	X						
2 nd Floor			X	Plaster	7,500 SF	X		\Box				
Retail Storage			X	Duct Insulation	95 SF	X						
Basement	T		X	Contaminated surfaces	10,000 SF	X		П				
Basement		ST	X	Contaminated Contents	300 CY	X						
11						X						
						X						

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



Date of Notification (1)	19/14			Name	of Buildin	g Owner/Operator	David Bitteri	ManUN 2	i Ph	١.	٠.		
Agencies Notified	Type Notific	ation		Street	Address		74 Springdale						
EPA DEP DOL	Initial Amended Amendm			City, S	State, Zip C	ode	inceton, NJ 0	če LIU	1.57	+ 1 1		,	
MOH DCA	Emerger justificat Cancella	tion)	9	Name	of Contac			777	ne Numbe	er		•	=
,				 ΕΔ(ORMATION				_	37.25		_
Name of Facility Where	Abatement is	Taking Place	e (3)	170	ZIEITT IIN	Orthor	Type of Facility	(4)					
		Residenti					School (K-1		16 48)				
Street Address	174	Springda	le Ro	1.			Subchapter Other (i.e., p	rivate & co	an K-12) mmercial	build	ings,		
City (5)	D		NII				Square Feet	# of Flo		Blo	ig. A	·	
	Pi	rinceton,	NJ	Cour	aty Codo /	7) (STATE	4000 SF Current Use (P		demolish	(her	90	+/-	_
County (6)	/lercer				ONLY)) (STATE	Current Ose (i		ential	icuj			
Name of Monitoring Firm	: [1] [1] [1] [2] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2	ding Owner		ASCM	No.		nent Contractor (9						
	MECS						vens Environ	mental S	ervices	s, In	c.		_
Street Address	PO Box	371				Street Address	PO I	30x 322					
City, State, Zip Code						City, State, Zip (Code						
	rosswicks,	NJ 0851					Allentow						
Project Manager for Mo William W		.		ephone	No. 8-4070	Telephone No.	59-9688	License)493	6		
Start Date (10)		Scheduled (_			Name of OSHA		-	- 00	7100			_
6/30/14			8/1/1				M	ECS					
Occupancy Status Durin	ng Abatement	(Check only	one)			Street Address	DO I	0.71					
★ Facility Closed/Vaca Abatement Performe						0: 0:1: 7: /		30x 371					_
Other - Describe:	d Outside of N	ioimai radii	ly Hou	15		City, State, Zip (Crosswicl	ks, NJ 08	3515				
Scope of Work (Check	all that apply)			10 - 10 - 1									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitic										
			Location				()					nent	
Location	of		ormally Solel			Description of	ıf				Тур	e	
Asbestos-Containing TO BE ABA	Material (ACM)	Mai	ntenar ustodia	ice/		tos Containing Ma thermal systems		Amou (Speci		Re	Re	g	g g
IN Facilit			Staff?		(1.6.,	surfacing, VAT	, or	SF or L		Removal	Repair	caps	Enclosure
(13)		Ves	(12)	N/A		other miscellane	ous)			<u>a</u>		Encapsulate	Тe
1st Flo		Yes	No	×		Pipe Insula	tion	100	1£	×			
150 F10	101	_		^		(wrap and o			1	^			
2nd flo	or					Pipe Insula		60 1	f	×			
2nd flo		_				Duct Insula		8 lf		X			
Name of Registered Wa			1	JUDEP V	Vaste	Cubic Yards	Name of Regi	-			17		-
Stevens Environ	mental Ser	vices, Inc	<u>.</u> .	Hauler II 182	No. 292	of Waste 3 CU	The state of the s	.R.R.F.,	Inc. La	ndf	ill		
City, State Allentown, NJ						Disposal Date City/State Tullytown, PA							
Completed By		Title				Signature Date							
Mahlon E. Ste	evens	P	rojec	t Mar	ager		1/			6/19	/14		_

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



Date of Notification (1) 6/19/14			Name	of Buildin	g Owner/Operator	(2) Armenti	.IIIN 2L	, PM	1.				
Agencies Notified Type Notific ☑ EPA ☑ Initial	ation		Stree	t Address	94	4 Edgewood	Ave.		1558	n			
□ DEP □ Amender ■ DOL Amender	ent #	_	City, S	State, Zip C		renton, NJ 0	2 1 2		- 1 - 1	31, 1			
☐ Emerger justificat ☐ Cancella	ion)		Name	of Contac		Territori, 1919		ne Num			7	_	
			FΔ		ORMATION						-		
Name of Facility Where Abatement is	Taking Place	(3)	- 17	OILITT III	O. C.	Type of Facility	(4)					_	
15	lential Pr		ty			School (K-1)	2)				-		
Street Address 944 I	Edgewood	l Av	e.			☐ Subchapter Control Contro	rivate & c			dings			
City (5)	renton, N	JI			-	Square Feet 2000	# of FI	oors 2	В	dg. A	ge +/-		
County (6)	TCIIIOII, I	V J	Cour	nty Code (7) (STATE	Current Use (Pr	rior if being		- shed)	- 00		_	
Mercer			USE	ONLY)			Resi	dential	L				
Name of Monitoring Firm Hired by Buil	ding Owner		ASCM	No.		nent Contractor (9			-				
(8) MECS		_				ens Environi	mental S	Servic	es, Ir	ıc.			
Street Address PO Box	341				Street Address	PO E	30x 322						
City, State, Zip Code Crosswicks,	NI 08515	i			City, State, Zip C	ode Allentow	n. NI 0	8501					
Project Manager for Monitoring Firm	- 15 000 21		phone	No.	Telephone No.		Licens					-	
Lou Laureti				8-4070	(609) 25	59-9688		(0049	3			
751.0	Scheduled C			ite (11)	Name of OSHA		DOC.						
7/1/14		7/9/1	.4			M	ECS						
Occupancy Status During Abatement Facility Closed/Vacated During Ent	X		mont		Street Address	PO F	3ox 341						
Abatement Performed Outside of N					City, State, Zip C		70X 0 11						
Other - Describe: 8am to 4pr						Crosswick	ks, NJ 0	8515					
Scope of Work (Check all that apply)		novat molitic		19	☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure								
					☐ Non-Exe	empted (*) and No	n-Friable	Procedu		100000		_	
	No	ocation	,						'	Typ	ment e		
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility	Mair Cu	Solel itenan istodia staff?	ce/		Description of tos Containing Mat thermal systems i surfacing, VAT,	erial (ACM) nsulation, or	Amor (Spec SF or	cify	Remova	Repair	Encapsulate	Enclosure	
(13)	Yes	(12) No	N/A		other miscellaned	ous)			al		sulate	ле	
Basement		×			Pipe Insulat	ion	150	lf	×				
	_												
							-		4				
Name of Registered Waste Hauler Stevens Environmen	Waste No. 292	Cubic Yards of Waste 2 CU	Name of Regi		1911 R.F., I	nc.							
City, State Allentow	m. NI	-1-			Disposal Date 7/9/14	City/State		town,	1505000				
Completed By Mahlon E. Stevens	Title	oiec	Mar	ager	Signature	7/	1 any	Date	6/19)/14	14		

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



Date of Notification (1)			Name	e of Buildir	ng Owner/Operator (2)			W == -					
06 /19 /	14		AtlantiCare Regional Medical Center 4 / Job #1406-4777 Check #6374											
Agencies Notified Type Noti	fication		Stree	t Address				-<::⊤⊌¢						
					Leeds Road	2.1.		171						
☑ DOLWD ☐ Amend	ded			State, Zip		- &	HEEKSING		<u>. </u>					
□ DHSS Amend	dment #								0					
	ency (includ	ing		mona, N			1							
(NJAC 5:23-8) justific			100000000000000000000000000000000000000	e of Contac			Telephone Num	her						
☐ Cance	llation		1	ank Casp				7						
Name of Facility Where Abatement	o Takina Dia	(2)	FA	CILITY II	NFORMATION	T (F 10)	76							
AtlantiCare Regional Medica	_	711115	nd Ca	maile		Type of Facility	3/16							
	ii Center -	Walilla	nu Cai	mpus		School (K-1)	2) 8 (Other than K-12	2)						
Street Address							rivate and comme		uildin	gs,				
65 Jimmie Leeds Road						homes, etc.								
City (5)						Square Feet	# of Floors	В	ldg. A	ge				
Pomona														
County (6)			Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demoli	shed)						
Atlantic					ereamond and a resident of the second of the	Hospital		200000000000000000000000000000000000000						
Name of Monitoring Firm Hired by B	uilding Owne	er (8)	ASCM	No.	Name of Abateme		42				54			
TTI Environmental, Inc.					AbateTech, I		3	5.00						
Street Address					Street Address			CORP.		**				
1253 North Church Street					30 Maple Ave	PO Box 25	80			7				
City, State, Zip Code					City, State, Zip Co			=						
Moorestown, NJ 08057					Lumberton, N		G	1.0						
Project Manager for Monitoring Firm		Tele	ephone	No	Telephone No.		License No.			-				
James A. Guilardi		1000000		1-1683	609-265-2107		00529	=		į.				
Start Date (10)	Scheduled	1	CONTRACTOR OF THE		Name of OSHA M		G 2			-				
06 /23 /14	E management	- 12 m		14	EMSL Analyti					-				
Occupancy Status During Abatemen					Street Address	1					(7)			
☐ Facility Closed/Vacated During E		100000000000000000000000000000000000000	ment		2001203801000000000000000000000000000000	O Nowth					U			
☐ Abatement Performed Outside of				ecriba	200 Route 13									
Time of Abatement:AM					City, State, Zip Co									
					Cinnaminson	, NJ 08077								
Scope of Work (Check all that apply)					☐ Full Cont	ainment with Neg	native Pressure							
≥3 sf or ≥3 If	⊠ F	Renovat	ion		☐ Mini-Enc	osure	gative r ressure							
≥160 sf or ≥260 lf		Demoliti	on		☐ Glovebag									
				_	Non-Exe	mpted (*) and No	n-Friable Procedu	re						
		Is Local Norma						Ab	atem	ent T	ype			
Location of Asbestos-Containing Material (AC	NA) U	sed Sole		Acho	Description of estos Containing Mar		Amount	Re	Re	m	믜			
TO BE ABATED) N	/laintena	ince/		e., thermal systems i		Amount (Specify	Removal	Repair	car	S			
IN Facility	Cı	ustodial	Staff?	(surfacing, VAT,	or	SF or LF)	Va	7	Encapsulate	Enclosure			
(13)		(12)	1	-	other miscellaned	ous)				ate	Œ			
	Ye		N/A	-	and the second second			100000						
Ground Floor EVS break room				Single	Layer Floor Tile		300 SF							
Male Bathroom				Double	Layer Floor Tile		80 SF							
Female Bathroom				Double	Layer Floor Tile		80 SF	\boxtimes						
Name of Registered Waste Hauler		N	JDEP I	Waste	Cubic Yards of	Name of Regis	tered Landfill		1					
AbateTech, Inc.		H	auler II		Waste		unty Utilities A	uthor	rity					
City, State			18750)	20 Disposal Date	City, State	unu saan ili ne saataa taata ahaa ka k				_			
Lumberton, NJ					6/25/14		r Township, NJ							
7771 - 200-21 - 201-202-21 - 201-201-201-201-202-202-202-202-202-202-	Tru					Egg narbo	1							
Completed By (Print or Type)	Title				Signature A	, . Û · . · .	Da	ite	. 1 .	,				
Jennifer Piraine	Opera	tions (Coordi	inator	Denny	n fuair	e li	0/10	911	4				
SB-41	100,100 pt 100000000000000000000000000000000				J									
IAY 11	* Do no	ot use th	is form	for asbest	os licensure exemp	ted activities.								



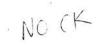
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

ig.	Commercial	ارا

Date of Notification (1)				Name	of Buildin	g Owner/Operator (2	2)	A BIN OF D	13 1 -	ń.,		
06/19	/	4		NJ	SDA	/ Job #1406	6-4781 Check	#6375 24 P	n i.	-		
Agencies Notified Type No	tification			Stree	t Address		80.		TITE	e fire		
				32	East Fro	nt Street		LICEN	JMC		Ģ.	
☑ DOLWD ☐ Ame	THE PERSON NAMED IN			City, S	State, Zip	Code	6.3	a Lilling	11110	-	25	
	dment #	A Committee of the Comm			nton, NJ		- 1					
DCA Eme	gency (i cation)	ncludin	g		of Contac			Telephone Nun	her			
(NJAC 5:23-8) justif	112			The state of the s	ry Elliott			-	IDE!			
Gain	Chation							<u>L</u>	_			
Name of Facility Where Abatemen	is Takir	a Diag	(2)	FA	CILITY IN	NFORMATION	Tunn of Facility	(4)				
La constant and the same of th	is rakii	ig Place	(3)				Type of Facility	S. 50				
West NY PS#5							School (K-12	:) 3 (Other than K-1:	2)			
Street Address								rivate and comme		ilding	ıs,	
5401 Hudson Avenue						-	homes, etc.)				3 27	
City (5)							Square Feet	# of Floors	BI	dg. A	ge	
West New York												
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demol	ished)			
Hudson							School					
Name of Monitoring Firm Hired by	Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)	 				
Whitman Companies				Construction to		AbateTech, Ir	nc.					
Street Address						Street Address						
7 Pleasant Hill Rd.						30 Maple Ave	. PO Box 25					
City, State, Zip Code						City, State, Zip Co						
Cranbury, NJ 08512						Lumberton, N						
Project Manager for Monitoring Fire	n		Te	lephone	No.	Telephone No.		License No.				
Kevin Lovely			7	732-390								
Start Date (10)	Sche	duled C	omp	letion Da	ite (11)	Name of OSHA M	lonitor					
06 /30 /14		08_ /		01_/	14	EMSL Analyti	ical					
Occupancy Status During Abateme	nt (Ched	k only	one)			Street Address						\neg
☐ Facility Closed/Vacated During	Entire Pe	eriod of	Abat	ement		200 Route 13	0 North					
☐ Abatement Performed Outside						City, State, Zip Co	ode					
Time of Abatement:AM-	P	M/	_PN	Λ	AM	Cinnaminson						
Scope of Work (Check all that appl	/)		-1930-1				10 No. 10	ethia Decasion				
☐ ≥3 sf or >3 If		⊠ Re	nova	ition		☐ Mini-Encl	ainment with Neg losure	ative Pressure				
⊠ ≥160 sf or ≥260 lf		☐ De	molit	tion		☐ Glovebag	Procedure					
					,	☐ Non-Exer	mpted (*) and No	n-Friable Procedu	ıre			
			Loca Norm			0.2200 (0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000			Ab	atem	ent T	уре
Location of Asbestos-Containing Material (A	CM			lely by	Acho	Description of		Amount	Re	Re	四	四
TO BE ABATED	(CIVI)	Ma	inten	ance/		stos Containing Mat ., thermal systems i		(Specify	Remova	Repair	car	Co
IN Facility		Cus	todia (12	Staff?		surfacing, VAT,	or	SF or LF)	<u>val</u>	"	Encapsulate	Enclosure
(13)		Yes	No	1		other miscellaned	ous)				ate	
Back of Building			×		Loose	& Flaking Paint (Clean up)	130 SF	10			
Light Wells	T		\boxtimes		Loose	& Flaking Paint (Clean up)	5,520 SF				
Exterior		П	Ø		Stucco			3,720 SF		П	П	П
			П									
Name of Registered Waste Hauler	+			NJDEP \	Naste	Cubic Yards of	Name of Regis	tered Landfill		Ш	ш	
AbateTech, Inc.			100	Hauler II		Waste	G.R.O.W.S.					
				18750		120	A STANCE OF STAN	Landin				
City, State						Disposal Date	City, State					
Lumberton, NJ						8/1/14	Tullytown,	PA				
Completed By (Print or Type)	Title	е				Signature /	Λ	D	ate	1		
Jennifer Piraine	0	perati	ons	Coordi	nator	Xxxub	er Kinau	ne	6/10	3/1	4	
Table 1.									-	1		

ASB-41 MAY 11

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



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



Date of Notification (1) 06/02/14		7 - Sec. 1			Name of Build		r/Operator (2)					
Agencies Notified		Notification	Туре		Street Address	<u>S</u>	建神 JUN 2	L PH	6: : 6			
- Machine televide	- 1							111	0	-		
(X) EPA		() Initial No		4:	920 Sylvan Av		The second second	A + A				
() DEP (X) DOL	1	(X) Amend () Cancelle		ation	City, State, Zip		-11/-1/5	1	11			
(X) DOH		() Caricelle	u		Englewood Cli	iffs NJ 07	632 & L10	- h 3/h	6			
() DCA	1				Name of Cont	act		Tel. Nu	ımber			
	- 4				Steven Yu				4000			
				FACILITY IN	FORMATION							
Name of Facility Where Abate	ment is Ta	aking Place (3)		Type of Facilit							
					() School (K-							
LG Electronics					() Subchapte			aa hom	oo oto			
Street Address					(X) Other (i.e.	private &	commercial bld	gs., nom	es, etc.			
111 Sylvan Avenue					Sq. Feet 410,0	000 # of	Floors 2					
	unty (6)		County C	ode (7)	04.100.110,	, oo	. 100.0					
3117 (07	unity (0)		(State Us		Bldg. Age 58	3						
Englewood Cliffs Be	rgen		101010-01		Current Use (orior if bei	ng demolished)	comme	rcial/offi	ce		
Name of Monitoring Firm Hire		Owner (8)	ASCM N	o.			Name of Co	ntractor	(9)			
C				===			13					
Omega Environmental Service	es, Inc.						Brandenbur	g Industr	ial Serv	ice Com	pany	
Street Address					Street Address	<u>s</u>						
200 Hunder Street					2217 Spillman	Dr						
280 Huyler Street City, State, Zip Code					City State, Zip						-	
City, State, Zip Code					City State, Zip	Code						
South Hackensack, NJ 07606					Bethlehem Pe	ennsylvan	ia 18015					
Project Manager for Monitorin		Telephone I	Number		Telephone Nu			License	e Numb	er		
			· · · · · · · · · · · · · · · · · · ·			********						
Anton Rezin		201-489-87	00		610-691-1800			00721				
Scheduled Start Date (10)		Scheduled	Completion	Date (11)	Name of OSH	A Monitor						
05/19/14		08/29/14			Brandenburg I	ndustrial	Service Compa	ny				
Occupancy Status During Aba	tement (C	heck only on	ie)	100000 TO TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO T	Street Address	<u>S</u>						
() Facility Closed/Vacated Du	uring Entir	e Period of A	batement			12225 (24005)						
() Abatement Performed Out	side of No	rmal Facility	Hours -		2217 Spillman							
Describe					City, State, Zip	Code						
(x) Other – Matl discovered d	urina dem	olition of build	dina									
(x) Other – Wati discovered d	uning dem	Citation of Built	unig		Bethlehem, PA	18015						
Source of Work (Check all that	t apply)				,							
(x) Demolition () Benevet	ion											
(x) Demolition () Renovation (x) Large Proj. (>160 SF or >2		M) () SM P	roi />25<1	30 SE or >10 <20	SOLE ACM)	() Minor	Proj. (<25 SF or	<10 F	ACM)			
() Full Containment with Neg					vebag Procedur		110]. (120 01 01		,,			
Location of Asbestos-		tion Normally		Description of			(Specify SF or	LF)	Abater	ment Ty	pe ·	
Containing Material (ACM) in	Solely i	by Maint./Cus	stodial	thermal system								
Facility (13)	Staff? (surfacing, VAT	, or other				Pom	Rep.	Encan	Enclose
	YES	NO	NA_	miscell.)		4.000.1			Rem.	Kep.	T	T
Foundation Walls	-	+	X	Mastic		4,000 L 25,000			X		-	-
Brick Façade	-	4	Х			25,000	3F			-	-	-
	-					-						
Name of Reg. Waste Hauler		NJDEP Was	ste Hauler I	D#	Cubic Yards o	f Waste		Name	of Reg.	Landfill		
Traine of reg. Vaste flatier	- 1	THODE! THE	oto i idaici	<u> </u>	Oubio Turdo O	1 11000		1401110	or reag.	Larrarin		
Brandenburg Industrial Serv C	;o	21838			1500 cy			IESI B	ethleher	n Landfi	II	
								(See at	ttached	for addi	tional La	andfill)
City, State							Disp. Date		2	City, Sta	<u>:e</u>	
	ched for a	dditional Hau	lers)	1224	I 6: .		TBD	D.:		Bethlehe	m, PA	
Completed by (Print or Type)		<u>Title</u>			Signature			<u>Date</u>				
Jennifer Strobel		Contract Ad	minietrator		0	1		06/20/1	14			
Jenniel Shopel	1	Contract Ad	iiiiiiisti ator			100		001201	1-7			

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

NO CK

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	940
200	1

Date of Notification (1)			Name of Building Owner/Operator (2) PSEG Street Address												
6/19/14				0.9280.00.00.00.00.00					/青14	JIII	154 P	H 6:	C 13		
Agencies Notified	Type Notification			Street A 440 Ea	ddress agle Roo	ck Rd			7 - 11	p			•		
DEP DOL	Amended Amendment				ite, Zip Co and, NJ				1/4 C	ξĹ	ENS	JATA ING			
DOH DCA	Emergency justification) Cancellation				f Contact Neville		1			Te	ephone M	··-ber ∴.5			
	=			FACI	LITY INFO	ORMATIC	ON						-		
Name of Facility Where Ab Saddle Brook Substa		g Place (3)							of Facility (4 School (K-12	50					
Street Address 392 Jefferson St								×	Subchapter 8 Other (i.e. pr etc.)				ldings	, home	es,
City (5) Saddle Brook NJ 076	663				2488				re Feet	# o	f Floors		3ldg. / n/a	∖ge	
County (6) Bergen County					Code (7) USE ONLY)		Curre n/a	ent Use (Prio	r if be	ng demoli	shed)	-		
Name of Monitoring Firm F	lired by Building	Owner (8)		ASCN n/a	l No.				tement Cont						
Street Address			_	II/a				Addres			VICES				
n/a									ck Rd						
City, State, Zip Code n/a							Yaph	nank N	ip Code VY 11980						
Project Manager for Moniton/a	oring Firm			Telephor n/a	ne No.			one No 924-8			License 01136	No.			
Start Date (10) 6/19/14		Scheduled 6/19/14	Com	pletion [Date (11)				HA Monitor above						
Occupancy Status During A	Abatement (Chec	k Only One)				Street	Addres	ss						
Facility Closed/Vacate Abatement Performed Other – Describe:						_	City, S	tate, Zi	ip Code						- 1129
Scope of Work (Check All	That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		brusset	novat moliti				×	Min Glo	I Containment ni-Enclosure ovebag Proce n-Exempted	edure				·e	
-		lo I	oostic	ation					ZXOINPLOA	(/	u 1 1911 1 110		Abat	ement	t
Location o Asbestos-Containing M <u>TO BE ABAT</u>	aterial (ACM) ED		rmally Solely tenan	y y by ice/		tos Conta thermal s	systems	laterial s insula		(8	mount Specify	Re		pe Enca	Enc
In Facility (13)	-		(12)			other mi	ing, VA iscellan			SI	or LF)	Removal	Repair	Encapsulate	Enclosure
F.A. C. T.	-1-1	Yes	No	N/A		T	aita Di				LFT	-	-	Ф	
Exterior Tren	cning	++		X		ran	site P	ipe			LFI	x	-		\vdash
											-				
			Total												
Name of Registered Waste Veolia ES Technical S			Ha	IDEP Wauler ID I		Cubic Y of Wast 1/4			Name of R Wayne [111			
City, State 1 Eden Lane, Flanders	NJ 07836					Disposa 6/27/1-			City, State Belleville	, MI	48111		ii.		
Completed by Michael J DiMaria		Title	Ma	nogor		1 15 207 2 200 1 22		. 1		6) 1	Date	и		
IVIICITACI J DIIVIANA		Fioject	ivial	Manager Signature					exx IIC	A	Max	119/1	T		

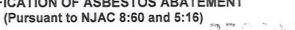
NO CK

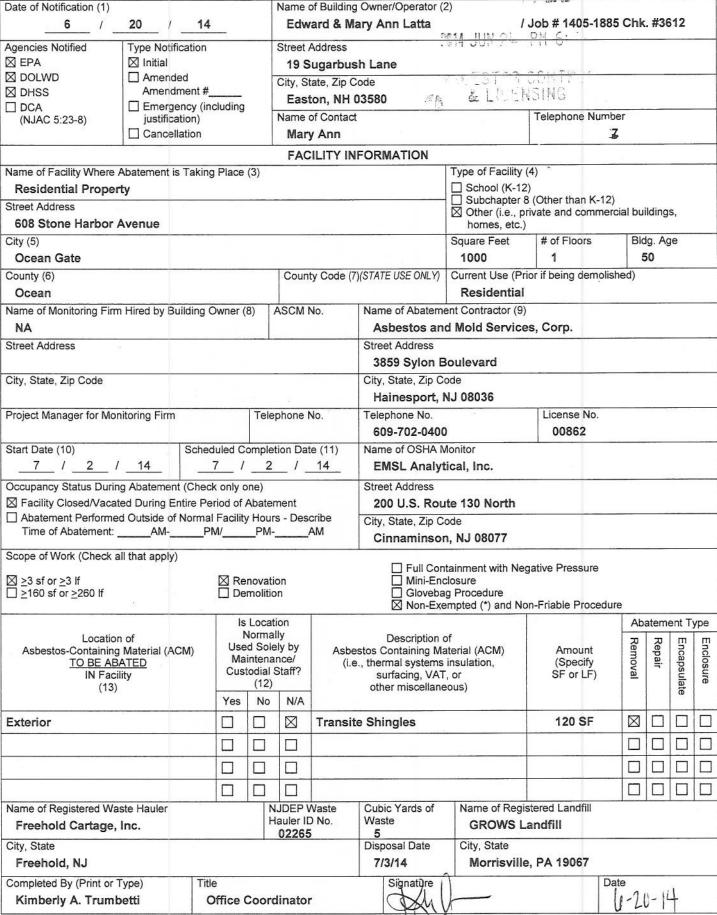
ASB-41

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

						C 8:60-7 A								0
Date of Notification						Building O				grae, tur	· -	7:1//	T EN	
05 / 30	/14						ACEUTICAL	LS CORPOR	RATION			√ (<u> </u>
· · · · · · · · · · · · · · · · · · ·	/				Street A									
Agencies Notified	Type of N					H PLAZA			0.01	4 11	111	511	_ F,	-
☑ EPA		Initial Amer		¥		te, Zip Cod				7 00	na C.	÷ []	J	
□ DOH			ideu idment	# 1	Name of	NOVER, N	3 07930		Tolopho	no N	umbo	-		
☑ DOL				v/ justification	KEN PIR				Telepho	ile iv	unibe	3 DO:	417	
			ellation								LIL	EN311	46	
				F	ACILITY II	NFORMATI	ON		-					
Name of Facility Wh	oro Abaton	ont ic	Taking	Place (2)		Trypo of E	polity (4)							
NOVARTIS	iere Abaten	ient is	raking	Place (3)		Type of F	acility (4)							
DO TO SANDER STOR							School (k	(-12)						
Street Address						1 0	Subchap	ter 8 (Other	than K-1	2)				
1 HEALTH PLAZA								., private &	cmmerci	ial				
City (E)	10			10 . 0 .	/=\	 		omes, etc.)		15				
City (5) EAST HANOVER	County (6 MORRIS)		County Code	(7)	Square F	eet 0,000	# Of Floor	'S	Bu	ilding	Age 40+		
ENGTHANOVER	MORGO						Macana Dinas	f being dem		+		401		
						BOILER H		boing don	iononica					
Name of Monitoring	Firm Hired	by Blo	dg. Own	ier (8)	ASCM NO	Name of	Abatement	Contractor	(9)					
HILLMAN ENVIRON	MENTAL													
Charact A dalar -							lition Service	ces Inc.						
Street Address 1600 ROUTE 22 EAS	ST.					Street Ad	dress							
City, State, Zip Code	2012					32 William	ns Parkway							
UNION, NJ 07083							e, Zip Code			-				
Project Mngr. For M	onitoring F	irm		Telephone Nu	ımber	1 "								
MIKE NEHLSEN				908-688-7800			over, NJ 079	936						
Sheduled Start Date	1			oletetion Date (*	,	Telephon	e Number		License	Num	ber			
$\frac{06}{20}$	/14	-	<u>06</u> /	/ 30 /	14	072.0	84-8682				00	860		
Occupancy Status D	Ouring Abat	ement	(Check	Only 1)			OSHA Mon	itor		-	00	500		
				tire Period of		77. 12. 20. 20. 2	lition Service							
Abateme	nt					Street Ad	dress							
		d Outs	side of N	Normal Facility										
	escribe: escribe:	F-00D	M TUDI	14.20			ns Parkway							
Other - Di	escribe:	5:00P	WITHKU	1:30am			e, Zip Code over, NJ 079							
Scope of Work (Che	ck All That	Apply)					, 110 07	300				-		
_														
Demolitio		- [✓	Renovation				th Negative	Pressur	е				
☐ ≥3sf or ≥3						Mini - End	ciosure i Procedure	•						
2100 31 01	<u>-</u> 200 II				H			nd Non-Fria	ble Proce	edure	e			
											}			
Location o		4.5	ls		Descrip				Abateme	ent T		1000	r.	
Asbestos Cont Material (AC	-		ation	As		Containing		Amazont	R E	n		E N	E	
TO BE ABAT		40,000,000	mally sed	1 0	Material e therma	(ACIVI) Il systems		Amount (Specify	M	R		C	N	
in Facility		2.5%	olely			facing, VA	Τ,	SF or LF)	0	P		A	L	
(13)			Main-			cellaneous)			V	A		P	0	
		A COLUMN TO A COLU	ance/						Α	1		S	S	
		A1500 R000	todial ff (12)						L	R		U	UR	
			NO N/A	 						+-	-		-	
BLDG 710 - BOILER	ROOM		7	PIPE & FITTIN	G		turines and the	350 LF		+	\neg		+	\sqcap
BLDG 710 - BOILER				PIPE & FITTIN				30 LF	য	\vdash	7		+	Ħ
		1000												
Name of Registered	Waste Hau	ler		NJDEP Waste			Registered	Landfill	- S-10		***************************************	- S S S S S S S S.		
NEWARK CARTING				Hauler ID No.	Yards of Waste	IESI								
City, State				4509	Disposal	City. State	9			-				
NEWARK, NJ					Date ·	BETHLAH								
				<u> </u>										
Completed by (Print	or Type)			Title	14055		Signature	7	2			Date		
STEVEN STILES				PROJECT MAI	NAGER		12	en	0/				06	/23/14

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT





ASB-41 **MAY 11**

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

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



Date of Notification (1)	1000000						Owner/Operator (2							
6/	20 /	14	_		Bue	na Regio	onal School Dist	rict / J	ob # 1404-18	69 Ch	k.	#361	1	
Agencies Notified EPA	Type Notifica					Address . Box 309	9	1814 JUN (74 PM 6:	11				
☑ DOLWD □ DHSS	Amended Amendme	ill.				tate, Zip C		I PEST	og COMIE	1 2				
□ DCA	☐ Emergend		cluding			na, NJ 0		AL ELL	CERSING					
(NJAC 5:23-8)	justification	on)	J	1		of Contact	W ₀₀	1.13	Telephone Nu					
	☐ Cancellat	ion			Ism	ael Rosa	rio			15				- 11
					FAC	ILITY IN	FORMATION							
Name of Facility Where	Abatement is T	aking	Place	(3)				Type of Facility ((4)			8		
Collings Lakes Ele	mentary Sch	loor					34.3	School (K-12		40)				
Street Address								Subchapter 8			bui	ldina	S.	
620 Cains Mill Roa	d							homes, etc.)			1270,772			
City (5)								Square Feet	# of Floors		Bld	g. Ag	ge	
Williamstown								40,000	1		4	0		
County (6)					Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being dem	olished	1)			
Atlantic								School						
Name of Monitoring Firm	Hired by Build	ding C	wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
Health and Safety S	Services, Inc	c.					Asbestos and	d Mold Service	s, Corp.					
Street Address							Street Address							
318 12 th Street							3859 Sylon B	oulevard						
City, State, Zip Code							City, State, Zip Co	ode						
Hammonton, NJ 08	3037						Hainesport, N	NJ 08036						
Project Manager for Mon	itoring Firm			Tele	phone l	No.	Telephone No.		License No.	,				
Jim Proctor				60	9-839	-2432	609-702-0400)	00862					
Start Date (10)		Sched	uled C	omple	tion Da	te (11)	Name of OSHA M	Monitor						
7 / 7 /	14		7/	9	_ / _	14	EMSL Analyt	ical, Inc.						
Occupancy Status Durin	g Abatement (Check	only o	ne)			Street Address	34		-2"				
□ Facility Closed/Vacate	ed During Enti	re Per	riod of	Abate	ment		200 U.S. Rou	te 130 North						
Abatement Performed Time of Abatement:							City, State, Zip Co							
Scope of Work (Check a	ll that apply)							tainment with Neg	native Pressure	<u></u>	- 19_			
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			⊠ Re □ De				☐ Mini-End ☐ Gloveba						18	
		-	Is	Locat	ion					- 1	Aha	atem	ent T	vne
Location Asbestos-Containing TO BE AB IN Facil (13)	Material (ACM ATED	A)	Use Ma	intena	ely by		Description of stos Containing Ma s., thermal systems surfacing, VAT other miscellane	insulation, , or	Amount (Specify SF or LF)	-	Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A									
Nursing Office & (14) Classroom	IS		\boxtimes		Floor T	ile		85 SF		\boxtimes			
									(17 areas) [X			
										[
				П	П			- 100 V2		1	7			
Name of Registered Was	ste Hauler	V		IN	JDEP \		Cubic Yards of	Name of Regis	stered Landfill		70			
Freehold Cartage,				1.78	lauler II 02265	O No.	Waste 20	GROWS L						
City, State							Disposal Date	City, State						
Freehold, NJ							7/10/14	Morrisville	, PA 19067					
Completed By (Print or T	ype)	Title)				Signature			Date	_		,	
Kimberly A. Trumb	etti	0	ffice (Coord	dinato	r	1 Sen V			Ura	10	- L		

ASB-41 MAY 11

B-41

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

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

Date of Notification (1)					Name of Buildi		Operator (2)				-11	
Agencies Notified Notification Type					Hess Corporat	ion		2814 JI	(1)			
Agencies Notified		Notification	Type		Street Address			17	W 01	Ph	6	
		Notification	1700		1 Hess Plaza					8 5.5	Ç	
(x) EPA		() Initial N	otification				100	3 4 7	T#0	A		
() DEP			ed Certification	on	City, State, Zip		FA	č. l	1000	VSIU	1:	
(x) DOL		() Cancelle	ed		Woodbridge, N	IJ 07095	3.72		1001	NOTHE)	
(x) DOH () DCA					N			T-1 M				
() BOA					Name of Conta	ict	- 3	Tel. Num		00		
				FACILITY IN	FORMATION			L	2	,,,		
Name of Facility Where Aba	tement is T	aking Place ((3)	TAGILITIN	Type of Facility	(4)			11.154-150			
Hess Corporation Refinery	torriorit io r	arring , hado	<u> </u>		() School (K-1		3**	*				
					() Subchapter							
Street Address					(x) Other (i.e. p	orivate & co	ommercial bldg	gs., homes,	etc.			
750 Cliff Road					Sq. Feet 5	12.943	# of Flo	ors NA				- 1
City (5)	County (6)		County Co	nde (7)	04.1001	12,340	# 01110	UIS IN				
	Middlesex		(State Use		Bidg. Age 5	5 years						
10					Current Use (p	rior if being	g demolished)_	Refinery				
Name of Monitoring Firm His	ed by Bldg.	Owner (8)	ASCM No	<u>.</u>			Name of Co			20.0(0)		
Bureau Veritas							Brandenburg	g Industrial	Servi	ce Comp	bany	1
Street Address		_			Street Address		L					
110 Fieldcrest Avenue					2217 Spillman							
					LETT Opinitian	J						
City, State, Zip Code	***************************************				City State, Zip0	Code				DENIM I		
Edison, New Jersey 08837	, New Jersey 08837			Bethlehem, PA	18015							
D				Telephone Number License								
Project Manager for Monitor Kirit H. Vora	ing Firm	Telephone			(610) 691 - 180			License N 00721	lumbe	<u>er</u>		
Kilit H. Vola		132-223-00	2-225-6040		(010) 091 - 100	00		00721				
Scheduled Start Date (10)		Scheduled	Completion I	Date (11)	Name of OSHA	Monitor				IF SECTION		
Demolition - February 4, 20	14		 December 									
Asbestos - July 7, 2014			August 31, 2	2014								
Occupancy Status During Al					Street Address							
(x) Facility Closed/Vacated I () Abatement Performed Or												
() Abatement Performed Of	utside of Ne	illiai Facility	Hours -		City, State, Zip	Code						
Describe - Removal of ACM	in closed/sl	nutdown refi	nery		<u>51171 510161 219 5555</u>							
-												
Other Mark Herry will be a	for Thur	7.00 F.0	10					*				
Other - Work Hours will be I	vion – I nu	7:00 am - 5:3	su pm									
Source of Work (Check all th	nat apply)											
(x) Demolition () Renova	ation								55			
(x) Large Proj. (>160 SF or >) SF or >10 <26	0 LF ACM) () Minor Pro	oj. (<25 SF or	<10 LF AC	M)			
() Full Containment with No Location of Asbestos-	-	tion Normall		Description of	vebag Procedure		Specify SF or	IE) A	hatem	nent Typ		
Containing Material (ACM) in		by Maint./Cu		thermal system		Amount (Specify Si of	LI) A	Daten	ICIIL I YD	므	
Facility (13)	Staff?			surfacing, VAT						990		
	YES	NO	NA	miscell.)					em.	Rep. I	Encap E	nclose
FCC/Gas Comp			X	Transite		9,900 SI			X			
Utility			X	Transite		5,750 SI	F		X			
Utility Utility			X	Pipe Insulatio	n	10 LF 275 LF			X X	-		-
Fuel Gas Comp.	-		x	Drum Insulation	on.	150 SF			<u>^</u>	-	-	+
Millwright Shop		-	X	Floor Tile	OII	1.000 SI	F		X			
Warehouse			X	Floor Tile		320 SF			X		<u> </u>	
Warehouse			X	Tape and Joir	nt Compound	48 SF			X			
Warehouse			X	Window Caull		300 LF			X			
Warehouse			Х	Transite		6,000 SI	B		X			
I&E Shop			X	Floor Tile		384 SF			X			
I&E Shop			X	Tape and Joir		120 SF			X			-
I&E Shop			X	Window Cauli		102 LF			X			-
		Pipe Insulation	n	90 LF	=		X	-		-		
Firehouse/Locker Room Firehouse/Locker Room			X	Floor Tile	ashing	3,954 SF			X X			
Firehouse/Locker Room				Black Boof Me		4.050 SE	E		v .	 		-

Name of Reg. Waste Hauler Brandenburg Industrial Service Co.	NJDEP Waste Hauler ID #	Cubic Yards of Waste 160 NT	4		Name of Reg. Landfill IESI
City, State Bethlehem, PA	Disp. Date July 9, 2014	J	77.00		City, State Bethlehem, PA
Completed by (Print or Type)	Title		Signature	<u>Date</u>	
Jenifer Strokel	Cont	rant Manager	A		6/19/14
		3			1

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414

Telephone 609-984-6620

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



Date of Notification (1) 06/18/2014					Owner/Operatorban Renewa			b *'. *** *		W conservation			
Agencies Notified	Type Notification		Stre	eet Address Columbus			2114 JUN		PH 6:	12			
DEP DOL	Initial Amended Amendment			, State, Zip Co w York, NY			ر د د د د د د د د د د د د د د د د د د د	[#]	SHAT ISHB				
DOH DCA	justification) Cancellation	including	2000	ne of Contact ff Ailen		ſ.	0		one Nun				
			F	ACILITY INF	ORMATION			1	1				
Name of Facility Where Essex Phoenix Apa		g Place (3)				-	of Facility (4) School (K-12)						
Street Address 24 Mill Street							Subchapter 8 Other (i.e. pri	(Other t			dings,	home	es,
City (5) Paterson							etc.) re Feet 00	# of Flo	oors		ldg. A 80	.ge	
County (6) Passaic, NJ 07501				inty Code (7) ATE USE ONLY)	Currei	nt Use (Prior	if being	demolish	ed)		-	
Name of Monitoring Firm N/A	Hired by Building	Owner (8)	VI 35	SCM No.		of Abat	tement Contr	actor (9)					
Street Address N/A					Street	t Addres	*						
City, State, Zip Code N/A					City, S	State, Zi							
Project Manager for Mor	nitoring Firm		Tele N/A	ephone No.	Telep	hone No).	1.500	cense No	o.			
Start Date (10) 07/02/2014		Scheduled 07/31/20	Comple	tion Date (11)	Name	of OSH	IA Monitor lytical, Inc		1110				
Occupancy Status Durin	g Abatement (Chec				Street	Addres	s	•			-107		
Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Norm	Period of Aba al Facility H	atement ours		City, S	State, Zij			+-				
					— Pisc	atawa	y, NJ 0885	54					
Scope of Work (Check A	II That Apply)	X Rer	novation		Г	Full Containment with Negative Pressure							
≥160 sf or ≥260 lf			nolition			Min Glo	i-Enclosure vebag Proce n-Exempted (dure	·ā:				
-572 :		1			Ea	i NOI	i-Exempled () allu iv	UII-FIIAU	1	Abate		-
Location	n of	Nor	mally		Description	n of					Ту		
Asbestos-Containing TO BE AB. In Facil (13)	Material (ACM) ATED ity	Maint Custod (Solely by enance/ lial Staff 12)	ASDES	thermal system surfacing, VA other miscella	Material is insula AT, or	(ACM) tion,	Amor (Spec SF or	cify	Removal	Repair	Encapsulate	Enclosure
Root	f	yes			Roof Flash	hing		1,200	SF	x			
		-				97							
			7-										
Name of Registered Was SMAC Corp.	ste Hauler		100000000000000000000000000000000000000	EP Waste er ID No. 10	Cubic Yards of Waste 30 Yards		Name of Re Grows La		Landfill				
City, State Paterson, NJ					Disposal Date 07/31/2014		City, State Morrisvill	e, PA					
Completed by Borce Gjorsoski		Title Preside	ent		Signatur	e •	6029		Da 06	te /18/2	2014		



Date of Notification (1)		23/11/10		Name	of Building	g Owner/Operator (2)					
6 /	20 / 14				lington f							
Agencies Notified	Type Notification				Address		0044 11111	24 PM 6: 1	ì			
⊠ EPA	☐ Initial			012-014-02-04	Beverly F	24	2011 00.	• & W. M.				
☑ DOLWD	☐ Amended				State, Zip C		5 25 7	* 7 OCH 19				
☑ DHSS	_ Amendment #	-				NJ 08016	a.	CEMBING				
DCA	☐ Emergency (in	cluding			of Contac		es al		h = -			
(NJAC 5:23-8)	justification) Cancellation			1220	e Axmar			Telephone Num				
									3	- 15		
Name of Facility (AM)	N / T /	5	(0)	FAC	CILITY IN	IFORMATION						
Name of Facility Where A							Type of Facility (- 2				
Colorite Specialty I	Resins (Outside	Site	Vor	()			School (K-12)) (Other than K-12	2)			
Street Address 36 Beverly Rd.								ivate and comme		ilding	JS,	
City (5)							Square Feet	# of Floors	BI	dg. A	ae	
Burlington, NJ 080	16						Outside/Site	100000000000000000000000000000000000000		N/A	90	
County (6)				Coun	ty Code (7	()(STATE USE ONLY)	Current Use (Pri	or if being demoli	shed)			
Burlington							Abandoned	Site				
Name of Monitoring Firm	Hired by Building C	wner (8	3)	ASCM	No.	Name of Abateme	ent Contractor (9)					-
EHS Environmenta	I			NA		Alliance Envi	ironmental Sys	tems				
Street Address			-	2000		Street Address						
9 S. Main St.						550 East Unio	on St.					
City, State, Zip Code					1311100	City, State, Zip Co	ode	***				
Mullica Hill, NJ 080	62					West Cheste	r, PA 19382					
Project Manager for Mon	itoring Firm		Tele	phone	No.	Telephone No.		License No.	207.001			
Jack Carney			8	56-224	-0080	610-701-9000	2	00508				
Start Date (10)		uled Co	mple	tion Da	te (11)	Name of OSHA M	lonitor		*	1020		
7 / 7 /	_14	7 /	1′	_ / _	14	EHS						
Occupancy Status During	Abatement (Check	only or	ne)			Street Address						
☐ Facility Closed/Vacate						9 S. Main St.						
Abatement Performed	Outside of Normal	Facility	Hou	s - Des	cribe	City, State, Zip Co	ode					
Time of Abatement: 7	AIVIPIVI/3:30	JPIVI		Alvi		Mullica Hill, N	NJ 08062					
Scope of Work (Check al	l that apply)		7.00									
≥3 sf or ≥3 If		Ren	ovati	on		☐ Full Cont	tainment with Neg Josure	ative Pressure				
☐ ≥160 sf or ≥260 lf		Der				☐ Glovebag	g Procedure					
						Non-Exe Non-Exe	mpted (*) and Nor	n-Friable Procedu				
Lacation			Locat orma			B 10. 10.1.1	-		Ab	atem	ent T	ype
Location Asbestos-Containing		Used	Sole	ely by	Asbe	Description o stos Containing Ma		Amount	Re	Repair	En	Enclosure
TO BE ABA	TED			nce/ Staff?		, thermal systems	insulation,	(Specify	Removal	pair	cap	clos
IN Facili (13)	ty	Cusio	(12)	Otali!		surfacing, VAT, other miscellane		SF or LF)	<u>0</u>		Encapsulate	ure
()		Yes	No	N/A		other miscenarie	003)				te	30000
Outsite/Abandoned S	Site/On Ground			\boxtimes	VAT De	bris		400 SF				
Outside/Abandoned	Site/On Ground				Transit	e Debris		500 SF	\boxtimes			
Outside/Abandoned	Site/On Ground				Pipe Ins	sulation		70 LF				
Outside/Abandoned	Site/Shed			\boxtimes	Exhaus	t Insulation		100 SF				
Name of Registered Was	te Hauler		. 350	JDEP V		Cubic Yards of	Name of Regist	ered Landfill				
David Geppert			1	auler (C	No.	Waste 10	Western Be	erks Communi	ty Lar	dfill		
City, State					-	Disposal Date	City, State					
Phila., PA						TBD	Birdsboro,	PA				
Completed By (Print or Ty	ype) Title					Signature	The All	Da	ate	_		_
Mark Griffin	E	stimate	or			-	VIII	100	5-6	70	i	4
ASB 41							1141		5 6	_	- 1	1

Date of Notification (1) 06/20/2014	Name of Building Owner/Operator (2) Monroe Township Schools											
Agencies Notified Type Notification		Street Ad	ddress uckelew A	Avenue		الل 14	h Pi	4 6:	٠,٠		-	
		City, Sta	te, Zip Cod				T 7.00		• •	0307		
Emergency (ir justification) DCA Emergency (ir justification) Cancellation	ocluding	Name of Jerry T				}} 	Telephone	Num	er ,	ii.		
		FACI	LITY INFO	RMATION								
Name of Facility Where Abatement is Taking Monroe Middle School	Place (3)				1_	of Facility (4)						
Street Address						School (K-12) Subchapter 8		K-12)				
1629 Perrineville Road					In .	Other (i.e. pri etc.)				lings,	home	es,
City (5) Monroe Township						re Feet	# of Floors	3		ldg. A)+	ge	
County (6) Middlesex County		County C	Code (7) USE ONLY)			ent Use (Prior dle School		nolishe	d)			
Name of Monitoring Firm Hired by Building O	wner (8)	ASCM	f No.	Nan		tement Contr	'		-	-	10-12	
McCabe Environmental Services, LI	_C	0011	8	Ba	ko Con	struction &	Restorati	on, Ir	ic			
Street Address 464 Valley Brook Avenue					et Addres 5A Rou	ss te 46 Suite	3D					
City, State, Zip Code Lyndhurst, NJ 07071				01 1-17-15 TO	City, State, Zip Code Totowa, NJ 07512							la la
Project Manager for Monitoring Firm James Ruff		Telephor 201-43	ne No. 38-4839	119 174,000,000	phone N 3-256-7		Licen 0666	ise No.				
	Scheduled Co 07/31/2014	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]				HA Monitor struction &	Restorati	on Ir				
Occupancy Status During Abatement (Check					et Addres		110010101					
Facility Closed/Vacated During Entire Pe		ement 265A Route 46 Suite 3D										
Abatement Performed Outside of Norma Other – Describe:	I Facility Hou	rs			State, Z towa, N	ip Code IJ 07512						
Scope of Work (Check All That Apply)												\neg
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renov Demo				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedur					5		
	ls Loca	ation	3170			Lacinpleo) uno rioni	I		Abate		
Location of	Norm	ally		Descripti				-		Ту		,
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used So Mainten Custodia (12	ance/ Staff?	(i.e. ti	os Containing hermal syste surfacing, \ other miscel	ms insula /AT, or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
Dooms 242 244 2452 Day D	Yes No										Ф	
Rooms 213,214,215&Prep Rooms	X			or Tiles a			3500 SF		X			
Rooms 250, 249 and 249 Office	X			or Tiles a			3200 SF		X			
Rooms 213,214,215&Prep rooms	,X			ops/trans			1400 SF		X			
Room 146,146A,Closet & 100A Name of Registered Waste Hauler	X			oor Tile ar			720 SF		X			
Bako Construction & Restoration, Inc.		NJDEP Waste Hauler ID No. 20889 Cubic Yards of Waste				G.R.O.W	egistered La /.S Inc	nann				
City, State Totowa, NJ			Disposal Date City, State 08/01/2014 Morrisville, PA									
Completed by Damir Valjevac	Title Project M						Andreas and an artist of the Anna and Anna and artist of the Anna and artist					

aheck # 2/23

Agencies Notified Type of Notification Tipe Address Tipe Add	Date of Notification (1)				Building Owner / O	perator (2)			6.3				
Agencies Notified Type of Notification To South Street To So	06_ /23_ /14					<u> </u>	MT 800.	in i					
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≥160 sf or ≥260 lf		N	Renovation	片		with Negative	riessure						
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				F	ACILITY II	NFORMATIO	N	117						
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Name of Facility When	re Abatem	nent is	Taking	Place (3)		Type of F	acility (4)							
						- -	School							
Street Address								pter 8 (Other						
BLOSSOM COVE ROA	AD.							.e., private &	commer	cial				
C:+. (F)	2			10	/ * \	 		homes, etc.)		In :				
	County (6			County Code	(7)	Square Fo	eet	# Of Floor	'S	Bui	lding /	Age		
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Environmental Health I	nvestigatio	ons				LVI Demo		ices Inc.						
Street Address						Street Ad	dress							
655 West Shore Trail						4								
City, State, Zip Code						32 Williams Parkway								
Sparta, NJ 07871						City, State	e, Zip Co	de						
Project Mngr. For Mor	nitoring F	irm		Telephone Nu	mber	l								
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0 011 7		Ц.,	/		973-884-8682 00860 Name of OSHA Monitor									
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Completed by (Print or	r Type)			Title			Signatur	P	0-	`\	I	Date		
2.				Project Manage		1 Len 20 08/23/								
Steven Stiles	er	XWV 25 06/23/1				114								

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Check# 2122

Date of Notification (1)				Building Ow	ner / Oper	ator (2)				-		
06 / 23 / 14	_		First Ener				₩.	= '				
/ /			Street Ad						7 has 1.0			
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Name of Facility Where Abate	ment is Taking	Place (3)		Type of Fa	cilify (4)							
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Street Address				1 🗆	Subchapte	r 8 (Other	than K-1	2)				
4 SHREWSBURY DRIVE						private &	commerc	cial				
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City (5) County MONMOUTH BEACH MONMO		County Code	(7)	Square Fee	et	# Of Floor	S	Buildi	ing Age			
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Environmental Health Investiga	tions			LVI Demoli	tion Service	es Inc.						
Street Address				Street Add	ress							
655 West Shore Trail												
City, State, Zip Code				32 Williams	Parkway							
Sparta, NJ 07871				City, State,	, Zip Code	Zip Code						
Project Mngr. For Monitoring	Firm	Telephone Nu	ımber		EN LINES							
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Sheduled Start Date (10)		letetion Date (1		Telephone	Number		License	Numbe	r			
07 / 09 / 14	_ 07/	/ <u> </u>	14	973-884	1_8682				00860			
Occupancy Status During Ab	atement (Check	Only 1)		Name of O		or			00000			
Facility Closed/Vac				LVI Demolit								
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Hours - Describe:	Friday 8:30 a	m to 5;00 pm		32 Williams								
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Scope of Work (Check All Tha	at Apply)			East Hanov	er, NJ 070	36		_				
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☐ Demolition	✓	Renovation		Full Contai	inment wit	h Negative	Pressur	е				
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		of Waste										
City, State	Disposal	City. State										
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Steven Stiles		Project Manage	nager			M.	70/	1		06/23/14		

Checks 2124

Date of Notification ((1) / 14				Name of First Ener	Building O	wner / Ope	rator (2)	<u>ې</u> د	•	, J (L) L	į
\ <u>\</u>	/				Street Ac	<u> </u>						
Agencies Notified	Type of N	otificati	on		76 South							
☐ EPA	Ĭ	Initial			City, Stat	e, Zip Code)		7114 1	JH 24	- Pii 6:	
☐ DEP		Amend	led			nio 44308						
☑ DOH		Amend	lment :	#	Name of	Contact			Telepho	ne Num	ber out	
☑ DOL	V	Emerg	ency w	// justification	Jim Hals	еу			ים בי זרי		w/ L 1 1	
		Cancel	lation					Æ		<u> </u>	MOTHE	
				F.	ACILITY IN	NFORMATIO	N	4) (9			
Name of Facility Who	ere Abatem	nent is T	aking	Place (3)		Type of F	acility (4)					
						П	School (K	-12)				
Street Address						1	70	er 8 (Other	than K-1	2)		
98 DIVISION STREET	Г						-5.00 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100	, private &				
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KEYPORT	MONMOU	IH -				Current II	co /Drior if	being dem	olichod)	4		
	<u> </u>					Telephone		being dem	olisnea)			
Name of Monitoring	Firm Hired	by Blde	a. Own	er (8)	ASCM NO		1 010					
				(-/								
Environmental Health	Investigation	ons				LVI Demo	lition Servic	es Inc.				
Street Address						Street Ad	dress					
655 West Shore Trail						22 14515	- DI					
City, State, Zip Code						-	s Parkway					
Sparta, NJ 07871 Project Mngr. For Mo	nitorina E	irm		Telephone Nu	mhor	City, State	ode					
Dino Nappi	mitoring F	irm		212-682-9271	mper	Fast Hann	ver, NJ 070	136				
Sheduled Start Date	(10)	Sched	Comr	letetion Date (1	1)		e Number	.50	License	Number		
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///	/ —		_/			973-88	34-8682				00860	
Occupancy Status D						Name of C	SHA Moni	tor				
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Abatemen						Street Add	dress					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				Normal Facility on to 5;00 pm		22 Milliam	o Dorlavey					
	scribe:					32 William	, Zip Code					
Other - De	Scribe						ver, NJ 070					
Scope of Work (Ched	k All That	Apply)										
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>3sf or >3		~	1	Renovation	H	Mini - End		ii wegative	riessuit	3		
≥160 sf or							Procedure					
	_							d Non-Fria	ble Proce	dure		
				**************		1900-1800-400-400						
Location of	10	ls	2		Descript				Abateme	nt Type		1
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(10)		tena			other misc	chancous			Å	lî	s	s
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		Staff	(12)								L	R
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Exterior Telephone Po	le			Transite Condu	iit			20 LF	V			
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Name of Desisters 11	Monte III			N IDED W	Cultin	Maria	logists 1	on dett				
Name of Registered \ NEWARK CARTING	waste Hau	ier		NJDEP Waste Hauler ID No.	Yards	I.E.S.I.	legistered l	Landfill				
NEWARK CARTING				The second secon	of Waste	1.6.5.1.						- 1
						City, State				_		
NEWARK, NJ					Date					- 1		
er er er anda ramarek ikul ilan 1903. I					Carrier Con allow				<u> </u>		on Cook was to have been	
Completed by (Print	or Type)			Title	Signature Date							
Stoven Stiles				Droin at Manage	enager Su Su			06/23/14				
Steven Stiles				Project Manage	21		N	/ 4 /	100		L DE	3/23/14