Date of Notification (1) June 22, 2015		Name of Building Owner/Operator (2) Michael St. Amour Check # 2194															
Agencies Notified	Type Notification			Street A	ddress olumbia	Road											
EPA DEP DOL	Initial Amended Amendment				te, Zip Cod arbor Cit		08215	;					=				
DOH DCA	Emergency justification)	(including	-		Contact					I To	lanhona Ni	ımher					
DCA	Cancellation			Michae	el St. Am	nour				j							
Name of Facility Where	Abstoment is Takin	a Diago /2	2/	FACI	LITY INFO	RMATI	ON	Type of Facility (4)									
St. Amour Resident		g Place (3	5)														
Street Address								School (K-12) Subchapter 8 (Other than K-12)									
733 Columbia Road	d							×	Other (i.e. p				dings	home	es,		
City (5)									etc.) square Feet	# 0	f Floors		Bldg. A	000			
Egg Harbor City									,500	2	1110015		00	ige			
County (6)			10	County (Code (7)	10.		C	current Use (Price	or if be	ing demolis	shed)					
Atlantic				(STATE USE ONLY)					Residence		**	100,000					
Name of Monitoring Firm				ASCN	No.		Name	of	Abatement Cor	tracto	(9)						
Management & Env	viro. Consulting	Service	S				Shac	de	Environmen	tal, Li	LC						
Street Address PO Box 341							Street 623		ldress Itler Avenue								
City, State, Zip Code Chesterfield, NJ 08	515							State, Zip Code ple Shade, NJ 08052									
- N				Talanha	na Na		Contract of the Contract of th	phone No. License No.									
Project Manager for Mor Bill Weisgarber	moring Firm			609-298-4070 856					5-0099		00842	NO.					
Start Date (10) July 10, 2015		Schedule July 13							OSHA Monitor Analytical, In	ıc.							
Occupancy Status Durin	g Abatement (Chec	k Only Or	ne)	Street Address													
➤ Facility Closed/Vac	ated During Entire	Period of	Abaten							th							
Abatement Perform Other – Describe:						_			e, Zip Code ninson, NJ 0	8077							
Scope of Work (Check A	II That Apply)								,								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ATMANDED TO	Renova Demolit				×	K	Mini-Enclosure Glovebag Prod	e cedure	9	Negative Pressure					
									TVOIT-EXEMPLE	1 () ai	id Non-i ne	T TO	-	ement			
Landin		85	Locat Normal	100		-		,	. 1					/ре			
Location Asbestos-Containing		Use	ed Sole	ly by	Asbest		Description of Containing Material (ACM) Am							I m			
TO BE AB	ATED	552200000	intena todial S			thermal	system	is ir	sulation,	(Specify	Rei	R	nca	Enc		
In Facil (13)	ity		(12)				cing, VA niscellar			5	F or LF)	Remova	Repair	Encapsulate	Enclosure		
, , , , ,		Yes	'No	N/A								<u>n</u>	7	ate	re		
Basem	ent	-	XXX			Boile	r Insula	atio	on	F	80 SF	X					
200111			7000			20110			-				-				
				-								+					
				1													
Name of Registered Was	ste Hauler		100000	IJDEP W		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Yards		Name of	Regist	ered Landf	ill		nis e e e			
Freehold Cartage, Ir		Hauler ID No. of Waste 02265 2							County I	_andfi							
City, State Freehold, NJ						Dispos 7/13/2	sal Date 2015	9	City, State Newbur		4						
Completed by		Title				5	ignature	e_				ate					
Christina Lynch	s Mana	iger		Manager () 6/22/20						015							

ATTN: CHRIS TREVOURS 3743

EMERGENCY

State of New Jersey

SOSTIFICATION TO FOLLOW BY FNOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)	70-15			Name of Building Owner/Operator (2) MARGATE CITY BLDG. DEPT											
Agencies Notified	Type Notification	1			Address	WINCH	SICK	AVE				_			
≥ DOL □ DED	Amended Amendment		_	City,	State, Zip (Code 26-ATE.,	NJ	08042	•		els [©] r				
⊠CDOH □ DCA	Emergency (i justification) Cancellation	Cludii	g	Nam	e of Contac			Talanhana Nisa	hor						
'			٠.	FA	CILITY IN	FORMATION									
Name of Facility Where	Abatement is Takin		e (3)		The state of the s		y (4) 12)								
Street Address	WASHIM		ion (Subchapter 8 (Other than K-12) ☐ Other (i.e., private & commercial buildings, homes, etc.)											
City (5) MARC							Square Feet	# of Floors	В	Bldg. Age					
County (6)	MAY			Cou	nty Code (ONLY)	7) (STATE	Current Use (F	Prior if being demo	ished)			_			
Name of Monitoring Firm		Owner	=	ASCN	No.	Name of Abatem	ent Contractor (9)				_			
(8) N/A Street Address						Street Address	MCO_	INC				_			
						369	S. Spr	UCE AL	=						
City, State, Zip Code					City, State, Zip Code IMAPLE SHADE, N.J										
Project Manager for Mon	itoring Firm		Tele	phone	No.	Telephone No. 856-77	9-0472	Licénse No.	140	1					
Start Date (10)		duled C	-	tion Da	ate (11)	Name of OSHA N		CLENNIU							
Occupancy Status Durin	g Abatement (Che	ck only	one)		,	Street Address			Λ	_		_			
Facility Closed/Vacate				rs City, State, Zip Code								=			
Scope of Work (Check a	Il that apply)			MAPLE SHADE N.J 08											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	п и ат аррту		novati molitio												
			ocatio						1	Abate Typ					
Location of Asbestos-Containing M	aterial (ACM)	Mair	Soleh ntenan stodia	œ/		Description of os Containing Mate thermal systems in		Amount (Specify			En	ш			
TO BE ABATI IN Facility (13)	ED	S	Staff? (12)		(i.e.,	surfacing, VAT, other miscellaneous	ог	SF or LF)	Remova	Repair	Encapsulate	Enclosure			
		No	N/A							ate	е				
SIDIN	G			X	- 1	RANSITE		1200 SE	X						
									+						
	C 100 (A 10 (A 10)(A 10 (A 10)(A 10 (A 10)(A 10 (A 10 (A 10)(A 10 (A 10)(A 10)														
Name of Registered Was	te Hauler			JDEP V		Cubic Yards of Waste	Name of Reg	istered Landfill M C (M ()	A	Δ					
City, State	HADE	1/	7	11		Disposal Date	City, State	DID BINE		٨١	7	,			
Completed By MICHAEL KLEMM U/P						Signature	Die	Date	-20	10	5	_			
	- LIVINI		+							-	-				

CK 146012

STATE OF NEW JERSEY

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	. 06/	Name of Bu	uilding Own	ner/Operator (2	2)	0.0									
		10/10			Summit School District										
Agencies Notified		Notification	туре		Street Addr	ess									
X EPA		Initial			14 Beekn	nan Terra	ace								
DEP	84	Amend	led #	_	City, State,	Zip Code									
▼ DOH		X Emerg	ency (incl	uding	Summit, I	NJ 0790	1								
□ DOH □ DCA		justifica	**************************************		Name of Contact Mr. Löuis Pepe										
Name of Facility VIII				FACILITY	INFORMATION	т орс		-				-			
Name of Facility Where At		Taking Place (3)		Type of Fac	ility (4)									
Franklin Elementary	School				School (K-12)										
Street Address															
136 Blackburn Rd			11		Subchapter 8 (Other than K-12)										
<u>City (5)</u>	County (6)			/ Code (7)	Other	(i.e., private	e & commercia	al buildings	5,						
Summit	Union :		State	Use Only)	homes	s, etc.)									
Name of Monitoring Firm F		g. Owner (8)	Name of Contractor (9)												
Westchester Environ															
Street Address	-			MTM Metro Corporation Street Address											
307 N Walnut Street					135-137 McBride Ave										
City, State, Zip Code					City State, ZipCode										
West Chester, PA 1938	0				Paterson, NJ 07501										
Project Manager for Monito	ring Firm	Telephone I	Vumbor				1								
Matt Abraham		610-996-3			Telephone N			Licens	e Num	iber					
Scheduled Start Date (10)	•		(a) (b) (a)		973-742-5			0080	9						
6/25/2015		Scheduled (7/10/2015		n Date (11)	Name of OS		60								
	h-10				MTM Metro Corporation										
Occupancy Status During A	coatement (C	Sneck only one	<u>=)</u>		Street Address										
Facility Closed/Vacate	d During Fa	ties Deviced of			135-137 McBride Avenue										
				it.	City, State, Z	ip Code									
Abatement Performed			Hours		Determen N	1107504									
	cupied by of	ther trades			Paterson, N	NJ 07501									
Source of Work (Check all to	hat apply)														
> 3 sf or > 3 lf	. 🔀	Renovation		X Ful	l Containment wi	ith Negative	e Pressure	☐ Mir	i-Enclo	osure					
> 160 sf or > 260 lf	Г	Demolition			35			_							
Location of Asbestos-	I Is Loca	ation Normally	Dead		n-Exempted(*) &	Non-Fran	ie Procedure	U GIO	vebag	Procedu	re				
Containing Material (ACM) in	n Solely	by Maint./Cust	odial	Description of thermal syster		Amount	(Specify SF o	rLF)	Abate	ment Ty	ре				
Facility (13)	Staff?	(12)		surfacing, VAT	Γ, or other										
Main & Principal's office, work&nurse		. NO	· N/A ·	miscell.)					Rem.	Rep.	Encap	Enclose			
Rooms 33 & 34	•	X		VAT,Mastic VAT,Mastic		1, 200SF 1,600 SF			X		X				
						1,000 01			^		X	-			
Name of Reg. Waste Hauler	lame of Reg. Waste Hauler NJDEP Waste Hauler ID #					Cubic Yards of Waste Name of Reg. and fill									
MTM Metro Corporation		26552			Traine of riog. Earlding										
City, State				Tullytowr											
Totowa, NJ 07512	S.					*:	Disp. Date		-	City, Stat	-0.0				
Completed by (Print or Type)	Т	Title			Cionat		7/10/2015		$- \frac{T_1}{T_2}$	ullytown,	PA				
					Signature			Date							
Elizabeth Maslarkov Business Administrator						Elizabeth Maslarkov 6/19/2015									
						0/19/2015									

ASB-41

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

NOCK

Date of Notification (1) 6/22/15				Name of Building Owner/Operator (2) Hamilton Township Board of Education													
Agencies Notified	Type Notification			Street A													
EPA DEP DOL	Initial Amended Amendment	: #1			ite, Zip Co												
X DOH X DCA	Emergency justification) Cancellation			Name of	Contact Airanda					Tel.	enhone i	Niimb	er				
				FACI	LITY INFO	RMATI	ON										
Name of Facility Where University Heights)	. , , , ,		2100701		Type of Facility (4) School (K-12)									
Street Address 645 Paxson Ave								Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)							es,		
City (5) Hamilton									are Feet # of FI			s Bldg.			lg. Age		
County (6) Mercer				County (Code (7) JSE ONLY)			Currer	nt Use (Prio	r if bei	ng demo	olishe	d)				
Name of Monitoring Firm Pennoni Associates		Owner (8)							ement Cont Environme			any,	Inc				
Street Address 515 Grove Street							t Address Haws Avenue										
City, State, Zip Code Haddon Heights, N	J 08035							State, Zip Code rristown, PA 19401									
Project Manager for Mor Tom Adams		Telephoi	ne No. 17-0505		Teleph	none No 239-99),		License								
Start Date (10) 6/22/15		Schedule					Name	of OSH	A Monitor Environme	ental	Compa	anv	Inc				
Occupancy Status Durin	g Abatement (Che	ck Only On	e)					Addres			901116			-		-	
Facility Closed/Vac					Ave												
Abatement Perform Other – Describe:	ed Outside of Norr 7am - 5pm	nal Facility	Hours	10-20-10 (10-20-10-10-10-10-10-10-10-10-10-10-10-10-10					State, Zip Code rristown, PA 19401								
Scope of Work (Check A	II That Apply)																
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	enova emolit				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
		le.	Locati	00				I NOI	r-Exempled	() all	u NOH-FI	Iable			ement		
Location	n of	N	Iormal	ly		De	scription	of -			Type						
Asbestos-Containing TO BE AB. In Facil (13)	ATED ity	Mai	d Sole intenar odial S (12)	nce/		tos Con thermal surfa	taining M systems cing, VA niscellar	Material s insula T, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure	
interior boiler	insulation	X	140	13/75			290				SF		X				
	- a mathematical and a series		trans-														
Name of Registered Was	ste Hauler		10000	JDEP W			Yards	3									
Robinson Waste Dis	auler ID 7304	No.	of Waste 30 GROWS Landfill														
City, State Voorhees, NJ 08043	3					7/7/1			City, State Moorisvi		PA						
Completed by James M. Kelly Title Vice President						S	Signature Date 6/22/15										



Date of Notification (1) 6/22/15		Name of Building Owner/Operator (2) Hamilton Township Board of Education																
Agencies Notified Type Notification			Street A 90 Par							1.0		*	- 0	J.				
EPA Initial Amended Amendment #			City, Sta	ite, Zip Co		·												
Emergency (i justification) DCA Emergency (i justification) Cancellation	ncluding	- 1		Contact Miranda		-			Tele	ephone	hone Number							
			FACI	LITY INFO	RMAT	ION			1									
Name of Facility Where Abatement is Taking Nottingham High School - North	Place (3)				of Facility (4) School (K-12	of Facility (4)												
Street Address 1055 Klockner Road			Subchapter 8 (Ot							ther than K-12) e & commercial buildings, homes,								
City (5) Hamilton								uare Feet # of F ,000 1					Bldg. Age 50					
County (6) Mercer			County Code (7) (STATE USE ONLY)					ent Use (Prior pol	r if bei	ng dem	olish	ed)						
Name of Monitoring Firm Hired by Building O Pennoni Associates, Inc	Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc							tement Contr Environme			any	, Inc						
Street Address 515 Grove Street								ss Avenue										
City, State, Zip Code Haddon Heights, NJ 08035								State, Zip Code rristown, PA 19401										
Project Manager for Monitoring Firm Tom Adams						one No 239-9			Licens 0039).							
	Schedule 7/7/15	d Com	mpletion Date (11) Name of OSHA Monit Plymouth Enviror						ental	Comp	anv	. Inc						
Occupancy Status During Abatement (Check	Only One	e)				Street												
Facility Closed/Vacated During Entire Po	eriod of A	batem	ent	Ave														
Abatement Performed Outside of Norma Other – Describe: 7am - 12am	al Facility	Hours	ırs City, Sta					tate, Zip Code stown, PA 19401										
Scope of Work (Check All That Apply)																		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	THE REAL PROPERTY.	enova emoliti				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						_					
	1 1-						1 NOI	i-Exempled	() and	1 NOII-F	пари			ement				
Location of	47537	Location ormall	2000		Do	scription					ре							
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Solel ntenar odial S (12)	nce/		os Con therma surfa	taining M I systems acing, VA miscellan	laterial s insula T, or		Amour (Specii SF or L			Removal	Repair	Encapsulate	Enclosure			
	Yes	No	N/A											е				
interior boiler insulation	X					912				SF		X						
boiler breeching insulation	X					160				SF		X						
boiler vibration dampers	X					50				LF		X						
Name of Registered Waste Hauler		N.	JDEP W	aste	Cubic	Yards	Yards Name of Registered Landfill											
Robinson Waste Disposal		0.00	auler ID 7304	No.	of Wa	of Waste CROWS Landfill							9					
City, State Voorhees, NJ 08043					3.70	Disposal Date City, State Moorisville, PA												
Completed by									3.5						-			



Date of Notification (1) 6/22/15			Name of Building Owner/Operator (2) Hamilton Township Board of Education JUN 2 5 2015														
Agencies Notified	Type Notification			Street A					7-2011	-							
EPA DEP DOL	Initial Amended Amendment	#1			te, Zip Co on, NJ 0												
X DOH X DCA	Emergency (justification) Cancellation	including		Name of	Contact //iranda					Tel	ephone l	Numbe	г				
E DOM	- Caricellation				LITY INFO	DRMATI	ON									_	
Name of Facility Where	Abatement is Takin	g Place (3)	(X	1 701	LITT HEI C	IXIVIATI	OIN	Type of Facility (4)									
Grice Middel School	ol							School (K-12)									
Street Address 901 Whitehorse-Ha	amilton Square F	Road					Subchapter Other (i.e. p	ubchapter 8 (Other than K-12) ther (i.e. private & commercial buildings, homes,									
City (5)	1			etc.) Square Feet # of Floors									Bldg. Age				
Hamilton									,000	1			50		3-		
County (6) Mercer				County Code (7) (STATE USE ONLY)					rrent Use (Pri hool	ior if be	ing demo	olished)	50				
Name of Monitoring Firm Pennoni Associates		Owner (8)		ASCN 0010					batement Co			any, li	nc.				
Street Address						Street	Ado	Iress			,						
515 Grove Street City, State, Zip Code									vs Avenue								
Haddon Heights, N			1000					State, Zip Code rristown, PA 19401									
Project Manager for Mor Tom Adams	nitoring Firm		Telephoi 856-54	ne No. 17-0505		Teleph 610-				License 00398							
Start Date (10) 6/22/15		Schedule 7/7/15	d Con	pletion [Date (11)				SHA Monitor th Environn		Compa	anv. Ir	10				
Occupancy Status Durin	g Abatement (Chec	k Only One	9)	Street Address													
Facility Closed/Vac				ent					vs Ave								
Abatement Perform Other – Describe:	ned Outside of Norm									401							
Scope of Work (Check A	All That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		DATE:	enova emoliti				×		Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					a		
		le l	Locati	on				_	TYON Exemple	4 () 41	u 1401111	Table 1			ment		
Location	n of	100	ormall			De	scription	o of						Ту	ре		
Asbestos-Containing	Material (ACM)		d Solei ntenar		Asbes	tos Cont	taining N	Mate	rial (ACM)		mount				Ш	-	
TO BE AB In Faci			odial S		(i.e.	thermal surfa	system: cing, VA	s ins	sulation,		Specify or LF)		Dan	Re	ncap	nclo	
(13)			(12)		,	other r	niscellar	neou	is)		,	Kallova		Repair	Encapsulate	Enclosure	
		Yes	No	N/A											te	(D	
interior/exterior be		X					1600			L	SF	X					
boiler breechin	0	X					700				SF	X					
Pipe insulation/		X					540				LF	X					
tank insu		X					475 SF X										
Name of Registered Wa	0.60	JDEP W			Yards		Name of			dfill							
Robinson Waste Dis		Hauler ID No. of Waste 17304 30					GROWS Landfill										
City, State Voorhees, NJ 08043	3			1	-		Disposal Date City, State 7/7/15 Moorisville, PA										
Completed by		Title	20 00	No. 74		S	Signature					Date					
James M. Kelly	dent			1					6/22/	15							



Date of Notification (1)	Name of Building Owner/Operator (2) Jane Manniello Ull 2 5 2115																
6-24-2015					<u> </u>							-				-	
Agencies Notified × EPA	Type Notification			reet Add 1 Pass	aic Ave												
× EPA × DEP × DOL	Initial Amended Amendment	5			, Zip Code NJ 07901												
	Emergency (i justification)			ame of C						Tele	phone Nu	ımbe	f				
DOH DCA	Cancellation		Já		anniello					1		-			_	-	
Name of Facility Where	Abetement is Taking	Dlace (3)		FACILI	TY INFORM	AIR	ON	Type of Facility (4)									
Private dwelling	Abatement is raking) Flace (5)						☐ Sc	School (K-12)								
Street Address								Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes,									
81 Passaic Ave					-305	:.)			oidi L								
City (5) Summit				N/A 2							Floors		N/	g. Ag A	e 		
County (6) Union			County Code (7) Current Use (Prior if being dem (STATE USE ONLY) Private dwelling							ng demoli	shed)					
Name of Monitoring Fin	m Hired by Building (Owner (8)	ASCM No. Name of Abatement Contractor (9)									O105120					
Bioterra Solutions						Amax Contracting LLC											
Street Address 1130 W Chestnut	St						Street Address 24 Morley Drive										
City, State, Zip Code						City, State, Zip Code Woodland Park									Discussion of the Control of the Con		
Union NJ 07083	n de la Filma	ΙT	elephon	e No		1	elephone No. License No.								-		
Project Manager for Mo Rick Eustaquio		9	73-49	4-3762		973-	692-62	98		01266							
Start Date (10) 7-06-2015		Scheduled 7-07-201	No. of the last of	pletion D	ate (11)			of OSHA erra So	A Monitor lutions								
Occupancy Status Dur	ing Abatement (Che	ck Only One)	_					Address									
X Facility Closed/Va	acated During Entire	Period of Ab	atem	ent					estnut S)Į							
Abatement Perfor	rmed Outside of Non	mal Facility H	lours			-0		State, Zip on NJ 0									
Scope of Work (Check	: All That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	F		novation molition					Mini	Containme -Enclosure rebag Prod -Exempted	edure)						
									-Lxciiipic	2 (/ 4		T			ment		
		***************************************	ocatio	11.0		0	escriptio	n of						Type			
	ion of ing Material (ACM)	Used	Solel		Asbesto	s Cor	ntaining	Material	(ACM)		Amount		20		En	ш	
TO BE A	ABATED acility	Custo	dial S		(i.e. th		al system acing, V	ns insula AT, or	uon,		(Specify SF or LF)		Remova	Repair	caps	Enclosure	
	3)		(12)			other	miscella	ineous)					val	半	Encapsulate	ure	
		Yes	No	N/A				ATION	,		70	_	X		X	-	
gar	age			X	DI	JCI	INSU	LATION	N .		70	_			_	-	
		5											_	-	-		
														-		-	
News of Decision 11	Mosto Hautor		NJDEP Waste Cubic						Name of	Regis	stered Lan	dfill				1	
Name of Registered Newark Carting	Hauler ID No. of Waste 04509 4 cy						1		thlehem		ndfill	Cor	р				
City, State Newark					osal Da 10-201		City, Sta Bethle		PA								
Completed by		Signate					1	1		Da		40-	77				
Tome Maslarkov	ct Ma	lanager				6-24-2105											