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

Check 1403

Date of Notification (1					Building Ov		rator (2)	*	₹0.		
$\frac{06}{27} / \frac{27}{27} / \frac{1}{27}$	/13				ds/Mondelez	<u> </u>			<u>~/> , </u>		
A numerical Natified 17	Tune of N	otification		Street Ad	i aress te 208 North				W.		
Agencies Notified EPA		Initial		-	e, Zip Code					707	
DEP	H	Amended			New Jersey			£.		100	
☑ DOH		Amendment #	t	Name of				Telephor	ne Numb	er	
☑ DOL		Emergency w Cancellation	/ justification	PRANAV	DESAI		_				in So
			F.	ACILITY IN	IFORMATIO	ON				1 2	
Name of Facility When	re Abatem	ent is Taking	Place (3)		Type of Fa	acility (4)					
Kraft Foods/Mondelez						0-11/1/	40)				
Street Address					1 님	School (K	-12) er 8 (Other	than K 11	2)		
2211 Route 208							, private &				
		250000000000000000000000000000000000000					mes, etc.)				
	County (6))	County Code	(7)	Square Fe		# Of Floor		Buildin	g A ge	
Fairlawn	Bergen					0,000		3	1	40	82
							being dem	olished)		40	+
Name of Monitoring F	irm Hirad	by Bldg Own	or (8)	ASCM NO		AREHOUSE					
Maine of Monitoring i	IIIII TIII Cu	by blug. Own	or (o)	AGOIN NO	1						
AET					LVI Demol	ition Service	es Inc.				
Street Address					Street Add	dress					
907 Doolittle Drive						2-4-17-18-18-18-18-18-18-18-18-18-18-18-18-18-					
City, State, Zip Code	,				32 William						
Bridgewater, NJ 08807 Project Mngr. For Mor			Talanhana Nu	mhor	City, State	, Zip Code					
Eric Houseknecth	nitoring Fi	ırm	Telephone Nu 908-218-1108	mber	Fast Hann	ver, NJ 079	36				
Sheduled Start Date (1	10)	Sched Comp	letetion Date (1	11)	Telephone		30	License	Number		
07 / 01	/ 13	07	02 /	13	Telephone	Humber		License	itaiiiboi		
<u> </u>		/	/		973-77	2-3660			0	0860	
Occupancy Status Du	ring Abat	ement (Check	Only 1)		Name of C	SHA Moni	tor				
☐ Facility Clo	sed/Vacat	ted During Ent	ire Period of		LVI Demol	ition Service	es Inc.		-		
Abatement			2922 12821		Street Add	iress					
			lormal Facility	19	20 Milliam	- Darlavav					
Hours - Des		7:00 AM - 3:30	DM		32 Williams	, Zip Code					
Other - Des	cribe	7.00 AW - 3.30	I IVI			ver, NJ 079					
Scope of Work (Check	k All That	Apply)				,					
		_	THE CONTRACTOR OF THE CONTRACTOR	_							
Demolition		\checkmark	Renovation	H	Mini - Enc		h Negative	Pressure	•		
						Procedure					
	_200 //			Ä			d Non-Fria	ble Proce	dure		
				_						11.07	
Location of		ls		Descript				Abateme	nt Type		
Asbestos Contain	ning	Location	As	sbestos - C				R	_	E	E
TO DE ADATE	_	Normally	,,	Material			Amount	E	R	N	N
TO BE ABATE in Facility	ביי	Used Solely		e., thermal	l systems facing, VAT		(Specify SF or LF)	M	E P	C A	C L
(13)		by Main-			ellaneous)	•	SF OI LF)	v	Ā	P	0
(13)		tenance/	"	outer misc	chancous			Å	lî	s	s
		Custodial				1		L	R	U	U
		Staff (12)								L	R
		YES NO N/A									
BAKERY OREO 4			PIPE INSULAT				15 LF	<u> </u>			4-2-
BAKERY PRODUCTIO	N AREA		PIPE INSULAT	ION			30 LF	7			
								- H	H	+ +	
Name of Registered W	lacta Have	or	NJDEP Waste	Cubic	Name of D	egistered l	andfill				
NEWARK CARTING	raste naui	er	Hauler ID No.		I.E.S.I.	egistereu i	_anum				
THE WAY OF WATER				of Waste							
City, State				Disposal	City. State						
NEWARK, NJ				Date	BETHLEH	EM, PA 181	05				
					L	a				In /	
Completed by (Print o	r Type)		Title			Signature	$\overline{}$	1.		Date	
Steve Stiles			Project Manage	ər		100	en S	M	\mathcal{U}	0	06/27/13

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

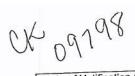
Date of No	/						uilding Ov	ner / Opei	ator (2)						
$\frac{6}{6}$	$\frac{27}{}$					Verizon Street Ado	lroce				20,			-	
Agencies N	Votified	Type of No	otifica	tion			wood Aveni	Je			.00	1/2	5		
Agencies i	EPA	. I ype or idd	Initia				, Zip Code						17.8	1.	40
lä	DEP		Amer				, PA. 1904	6					- 0.3	1,	: 3 ₀
₹ P	DOH			ndment#		Name of C				Telenhor	a Alumba	-			-
V	DOL				/ justification	Alex Baylo	or		1	4					31
	DCA	_Ц_	Canc	ellation		ACILITY IN	ODMATIO	NI .						_	
					Γ/	ACILITINI		32							
Name of Fa		re Abatem	ent is	Taking I	Place (3)		Type of Fa	cility (4)							
Verizon Pa	ulsboro NJ							Cabaal /V	40)						
Street Add		_,						School (K	-1 <i>2)</i> er 8 (Other	than K-12	2)				
220 West E		t							, private &						
									mes, etc.)						
City (5)		County (6))		County Code	(7)	Square Fe		# Of Floor		Building		2		207 - 33
Paulsboro		Gloucester	•				15000	/A	2	-	1	50)+		
							Current Us	se (Prior if	being dem	olisnea)					
Name of M	onitoring	Eirm Hirod	by RI	da Own	or (8)	IASCM NO	Name of A	hatement	Contractor	(9)	- 1				
INATITE OF IN	omtoring	r III III TIII EU	Dy Di	ug. Own	51 (0)	AUGINI NO	I Vallio Ol 7	Butomont	001111110101	(0)					
USA Enviro	onmental						LVI Enviro	nmental Se	rvices Inc.						
Street Add							Street Add	lress							
8436 Enter								■ (0.05 / 0.0							
City, State							462 Getty							-	
Philadelphia			Irma		Telephone Nu	mbor	City, State	, Zip Code							
Project Mn Mark Jenkir		onitoring F	irm		215-365-5810	mber	Clifton, NJ	07011							
Sheduled S	200	(10)	Sche	d. Comp	letetion Date (1	1)	Telephone			License	Number				
7 /	15_	/13	_	7	19/	13_									
/	/			/	/			2-3660			00	0117			
Occupancy							Name of C								
			ted Du	uring Ent	ire Period of		LVI Enviror	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	rvices inc.	_	A Allerton			~	-
00000	Abatemen	7	d Out	eide of N	lormal Facility		Street Aut	11622							
	Hours - De		u Out	Side of it	ormar r acmity		462 Getty	Avenue							
	Other - De		MON	-FRI.			City, State								
				AM-3:30P	M		Clifton, NJ	07011							
Scope of V	Vork (Ched	k All That	Apply	()											
	Demolitio	_		7	Renovation	V	Full Conta	inment wi	th Negative	Pressure					
	>3sf or >3			Ů.	Reliovation	H	Mini - Enc		iii ivegative		•				
	>160 sf or						Glovebag		E						
							Non-Exem	pted (*) ar	d Non-Fria	ble Proce	dure				
				- w						TAL .					
	ocation of stos Conta			ls cation	۸.	Descripti sbestos - C				Abateme R	nt rype	ĮΕ	ĮE		
0.0000	stos Conta aterial (AC		55.550	ormally	^s	Material (Amount	Ë	R	N	N		
	BE ABAT		27.000	Used	l a.	e., thermal			(Specify	м	E	C	0		
_	in Facility			Solely		lation, sur			SF or LF)	0	P	A	L		
	(13)		100400	Main-		other misc		•		V	A	P)	
	\$1.08			nance/			5.			A	1	s	S		
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				aff (12)								<u> </u>	R	<u> </u>	
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Basement					Fan Unit insula				55SF	√		╂╌┾	┽╂		┽
Basement '	ventilizatio	II KIVI	V		Vibration Damp	per Cloth			2SF		H	+	┽╂	- [
			H	 						H	H	1	1	1	_
Name of R	egistered	Waste Hau	ler		NJDEP Waste	Cubic	Name of F	Registered	Landfill					-	
Service Tra					Hauler ID No.	B0000 000	Minerva La								
58 Pyles La					SW2117	of Waste							_		
City, State						Disposal	City. State								
New Castle	e, DE.					Date	8955 Mine		200						
C	I have /Porton	as Tues - \			IT:410	1125/2013	Waynesbu	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWIND TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN	THE PERSON NAMED IN			Date			
Completed Marc Heim		or (ype)			Title Project Manage	er		Signature				Date			
Iviare neim					l Toject Ivialiag	OI.							(06/2	27/13



Date of Notification (1)		231111				100	Owner/Operator (2		4 13 My				
	25 / _	13	-		Priva	te Resid	ence for angely	vood holdings	4. Th.				
Agencies Notified	Type Notifica	tion	2000		Street A	ddress			1.0)	100000	135	
□EPA					101	North Wo	odland St		8//	1/2	-		
☑ DOLWD	☐ Amended			1	City, St	ate, Zip Co	ode		12/20		2.		
⊠ DOH	Amendme					ewood N			112			()	
DCA	☐ Emergend justification		luding	ŀ		of Contact			Telephone Numbe	r	,		
(NJAC 5:23-8)	Cancellati					s Lomba	rdo	1			,		
	- Odnociida										= 0.05	1000	
				(0)	FAC	ILIITINE	ORMATION	Type of Facility (4)	2000	-		-
Name of Facility Where A	batement is T	aking	Place	(3)				School (K-12)					
House								☐ Subchapter 8	(Other than K-12)				
Street Address								Other (i.e., pri	ivate and commerci	al buil	dings	,	
101 North Woodla	nd St							homes, etc.)	T 7-1	T Did		20	
City (5)	0							Square Feet	# of Floors	Bid	g. Ag	9	
Englewood										ل			
County (6)					Count	y Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demolishe	ed)			
Bergen													
Name of Monitoring Firm	Hired by Build	ling O	wner (8)	ASCM N	No.	Name of Abateme						
Bio Terra Solutions							ALL PRO MA	NAGEMENT LI	LC .				
Street Address							Street Address						
P O Box 1224							27 Outwater	Lane					
City, State, Zip Code							City, State, Zip C	ode					
Union NJ						2	Garfield NJ 0	7026					
Project Manager for Mon	itoring Firm			Tele	phone N	No.	Telephone No.		License No.				
Rick Eustaquio	normg r mm			10000	3 494	\$300 per	973 928 4888		1188				
Start Date (10)	16	ched	uled C		tion Dat	A CONTRACTOR OF THE PARTY OF TH	Name of OSHA N	Monitor					-
07 / 6 /	100 may 200 ma				_ / _		200 - 200 -	NAGEMENT L	LC				
Occupancy Status During		Check	only o	ne)			Street Address			desir est			100000
☐ Facility Closed/Vacate					ment		27 Outwater	Lane suite B					
☐ Abatement Performed						cribe	City, State, Zip C	ode		- P.O. (C.			W. Commercial
Time of Abatement: _	AM	PN	N/	_PM-		AM	Garfield NJ (
Scope of Work (Check al	Il that apply)							77 - 25					
Scope of Work (Orlock an	ii tilat appij)		<u> </u>					tainment with Neg	gative Pressure				
☐ ≥3 sf or ≥3 lf			⊠ Re □ De				☐ Mini-End	ciosure ig Procedure					
≥160 sf or ≥260 lf			Пре	monue	JII		☐ Non-Exe	empted (*) and No	n-Friable Procedure	9			
			Is	Loca	tion					Aba	ateme	ent Ty	/pe
Location	of			Norma			Description			Z.	Z.	ш	m
Asbestos-Containing		1)	67710774	ed Sole intena	ely by	Asbe	stos Containing Man, thermal systems	aterial (ACM)	Amount (Specify	Remova	Repair	Encapsulate	Enclosure
TO BE ABA					Staff?	(i.e	surfacing, VA	T, or	SF or LF)	Val	_	lus(Sure
(13)	iity		Residue	(12)		1	other miscellane					ate	
			Yes	No	N/A								
Basement					\boxtimes	TSI			220 LF			\boxtimes	
Basement					П	floor Ti	le		2,400 SF			\boxtimes	
Dasement													
				-							П	$\overline{\Box}$	
											ш	ш	
Name of Registered Was				10.75	NJDEP '		Cubic Yards of Waste		stered Landfill				
ALL PRO MANAGE	EMENT LLC			'	lauler II 00348		As Needed	IESI Land	riii				
City, State		-			55570		Disposal Date	City, State		× ==			
Garfield NJ							TBD	Bethlehen	n, PA				
Completed By (Print or 1	Tyne)	Title	9	-3116953			Signature	1/1	Da				_
1	, 1ho)	100000	resid	ent				1. YIni		6-	25	1-1	3
Zvonko Veskov			. colu					eo yun					_
ASB-41 JAN 13		*	Do no	t use t	his form	for asbes	tos licensure exen	npted activities.					

Ox Way

Date of Notification (1) 6/25/13					f Building pany-Tr				Education	ď,	r V	6	, ່ ງ			
Agencies Notified	Type Notification			Street A	ddress arsippar	y Ro	ad			Į.			-0			
EPA DEP DOL	X Initial Amended Amendment Emergency (_	City, Sta Parsip	ate, Zip Co pany, N	de							9 10		ιĘ,	
DOH DCA	justification) Cancellation	including			f Contact Saveglio					_Te	lephone	Num	ber	-5'		
N 65 W 100	At .1	DI (0)		FAC	LITY INFO	ORMA	TION	T =	(F 104 · /	4						
Name of Facility Where Lake Parsippany S Street Address		g Place (3)					I ype	e of Facility (School (K-1 Subchapter	2)	ner than l	K-12)			
225 Kingston Raod		nagana Marija Marayana	(00000000000000000000000000000000000000					d	Other (i.e. p etc.)	rivate	& comm	ercia	l build	ATTER ST		es,
City (5) Parsippany								Squ	are Feet	2	of Floors		B	ldg. A	ge	
County (6) Morris					Code (7) USE ONLY			Curr	rent Use (Prid 1001	or if be	eing dem	olish	ed)		III CASAC	
Name of Monitoring Firm	n Hired by Building (Owner (8)		ASC	∕l No.				atement Con ave Inc.	tracto	r (9)		J.			
Street Address						37 - 32/0=	Street 27 W		ess Street							
City, State, Zip Code									Zip Code ld, NJ 070	03						
Project Manager for Mor	nitoring Firm			Telepho	ne No.	3.1000	Teleph	none N			Licens 357	e No).			
Start Date (10) 7/15/13		Schedule 7/18/13		npletion	Date (11)				SHA Monitor		L					
Occupancy Status Durin	a Abatement (Chec	c Only On	e)	7			Street	Addre	ess			-	5500			
Facility Closed/Vac	ated During Entire F ned Outside of Norm	eriod of A	batem			115-20		. 5	Zip Code							
Scope of Work (Check A	II That Apply)															
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			enova emolit				×	M GI	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure						
		Ι.							on-Exemples	1 () (1)	IG ITOIT I	TIGOT			ement	
, ,			Locati ormal			-								111111111111111111111111111111111111111	ре	
Locatior Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) <u>ATED</u> lity	Used Mai	d Sole ntenar odial S (12)	ly by nce/		tos Cor therma surf	escription ntaining M al systems acing, VA miscellar	Materia s insul T, or	lation,	(Amount Specify F or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A											te	œ.
2nd fl hallway, boy	s & grils room			Х		VA	T & ma	stic		1	974 sf		х			
N				IDED !	<u> </u>		· · ·]			1011				
Name of Registered Was Atlas Disposal Optio			Н	JDEP W auler ID 3262		of W	c Yards aste		Name of I			апп				
City, State Dover, NJ						Dispo	osal Date	-	City, State		A					
Completed by Sharon Hendee	X.4	Title sec/tr	289				Signature		7/6	1,		Dat 6/2	e 25/13	3		
- ilaion riondee		300711	Juo.					7	Much	/		512				



Date of Notification (1) 6/25/13		*	Pa	arsippa	uilding Ow any-Troy	ner/Op Hills	erator (Board	of Edu	ucation		19.				_
Agericies resilies	Type Notification			eet Add 2 Par	ress sippany l	Road				1.0		30	pagas.		
EPA DEP DOL	Initial Amended Amendment #		Cit	y, State arsippa	, Zip Code any, NJ ()7054	L					Ý,			
X DOH	Emergency (in justification) Cancellation	cluding	0.00	me of Com Ga						<u>Tele</u>	phone Num	ber	. S	,	
□ DCA	Carlocidation		1 -	FACILI	TY INFOR	MATIC	N								
Name of Facility Where A Lake Hiawatha Scho	abatement is Taking	Place (3)						⊠ Sc	Facility (4)	2)	r than K-12)			
Street Address 1 Lincoln Ave						·		Ot etc	ther (i.e. pr c.)	ivate &	commercia	al buildir			5,
City (5) Lake Hiawatha		***						Square		2	Floors		ig. Ag	-	
County (6) Morris			Co (S	ounty Co	ode (7) SE ONLY)		_	Current		r if beir	ng demolish	ned)	-200		
Name of Monitoring Firm	Hired by Building O	wner (8)	1	ASCM	No.			of Abate	ement Cont e Inc.	tractor	(9)				
Street Address						_		Address /est St				*			
City, State, Zip Code							City, S	tate, Zip	Code	n2					\neg
Project Manager for Mor	eitoring Firm		T	elephon	e No.			mileia, none No	NJ 070	03	License N	lo.			-
Project Manager for Mor		Scheduled	Comr	olation C	(11)			of OSH	0088 A Monitor		357				\dashv
Start Date (10) 7/22/13		7/23/13		DIEUON L	vate (11)		W								
Occupancy Status Durin	ng Abatement (Check	Only One					Street	Address	S						
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire F ned Outside of Norm	eriod of Ab al Facility F	ateme lours	ent		_	City, S	State, Zip	Code						
Scope of Work (Check A	All That Apply)						ANS								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			novati molitic					Min	i-Enclosure	e cedure	n Negative			e	
								NOI	1-Exemple	J () all	d North Tid		Abate		
			ocatio					7115 - C					Ту	ре	
Locatio Asbestos-Containing TO BE AF In Fac (13	g Material (ACM) BATED illity	Used Mair Custo	(12)	y by ice/ taff?	Asbesto (i.e. t	os Con therma surfa	escription taining l I system acing, Va miscella	Material ns insula AT, or	(ACM) ition,	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A X		VA.	T & ma	astic		-	750 sf	x			
Room	1 28					V /.									
							Vd-		Nome of	Pegis	tered Landf	<u> </u>	<u></u>		1
Name of Registered W Atlas Disposal Opti			Н	JDEP Wauler ID 8262		of Wa	c Yards aste		Grand	1775					
City, State						Dispo	osal Dat	e	City, Sta		PA				
Dover, NJ Completed by		Title					Signatu	ire _	5 16	1.	1	Date 5/25/1	3		
Sharon Hendee		sec/tr	eas.					-/	Mus	14					

CKAZSINO

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

Date of Notification (1)	/26/13		T	Name	of Buildin	g Owner/Operator	Susie Lloy	⁄d ₫	7	2 (4)		
Agencies Notified	Type Notification		+	Street	Address	221	0 Monmouth	Canal Canal			0	
EPA DEP DOL	Initial Amended Amendment #		.	City, S	state, Zip C	Code	ghtstown, NJ				Ť	i d
M DOH	☐ Emergency (ir justification) ☐ Cancellation	ncluding	-	Name	of Contac			Telephone Numb	per	4.	7	7.
	L			FAC		ORMATION				_		=
Name of Facility Where		g Place dentia					Type of Facility School (K-1	2)				
Street Address	230 Moni	nouth	Stre	et		7-	Subchapter Other (i.e., homes, etc	· 8 (Other than K-12 private & commerci :.)	2) al build	dings		
City (5)	Hightstow	n. N.J	085	20			Square Feet 2000	# of Floors	BI	dg. A	ge 0	
County (6)	Aercer	24, 2, 10		Cour	nty Code (7) (STATE	Current Use (P	Prior if being demolis Residentia			5	
Name of Monitoring Firm		Owner	T	ASCM	No.	and the second of the second o	ment Contractor (s vens Environ	9) mental Service	es, Ir	ıc.		
Street Address	PO Box 34	1	<u>-1.</u>			Street Address	PO I	Box 322				
City, State, Zip Code	rosswicks, NJ					City, State, Zip C	Code	n, NJ 08501				
Project Manager for Mo		00313		phone	No.	Telephone No.	1110110	License No.				=
	eisgarber Jr.				8-4070	(609) 23	59-9688		0493	3		_
Start Date (10) 7/15/13	Sche	duled Co	mple /17/		te (11)	Name of OSHA		IECS	1.			
Occupancy Status Durin		ck only	one)			Street Address	PO I	Box 341				
☐ Abatement Performe ☑ Other - Describe:	d Outside of Norma	al Facility	Hou	rs	2 (WC-5).	City, State, Zip C	Code	ks, NJ 08515				
Scope of Work (Check at ≥3 sf or ≥3 if ≤160 sf or ≥260 if	all that apply)		novati nolitio			Mini-En	ntainment with Ne closure ag Procedure		re			_
			ocatio			INOIPEX	tempted () and 14	l lable i loceda	1	bate		
Location Asbestos-Containing TO BE ABA IN Facilit (13)	Material (ACM) TED	Cu	Solely tenan stodia taff? (12)	ce/		Description o tos Containing Ma thermal systems surfacing, VAT other miscellane	terial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Basem	ent			x	Th	ermal Pipe In	sulation	150_lf	×			
Name of Registered Wa				IJDEP \ lauler IE		Cubic Yards of Waste	Name of Reg	stered Landfill				
	nvironmental		_ _		292	2 CU	000/24-1	/ T.R.R.F., I	ic.			_
	llentown, NJ (08501				Disposal Date 7/17/12 //	State /	Tullytown,	PA			
Completed By Mahlon E. Ste	evens Title		ojec	t Mar	nager	Signatule		Date ———	6/26	5/13		

ASB-41 MAR 00

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

40 Check

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

Date of Notification (1) Name of Building Owner/Operator (2) / Job # 1305-1765; Chk. #NA Monmouth University 5 29 13 Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 400 Cedar Avenue **⊠** DOLWD City, State, Zip Code ☑ DHSS Amendment #02 West Long Branch, NJ 07764 ☑ DCA ☐ Emergency (including Name of Contact Telephone Number (NJAC 5:23-8) justification) ☐ Cancellation Mr. Robert L. Cornero **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ☐ School (K-12) Edison Science Building Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 400 Cedar Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age West Long Branch 71,894 3 43 years County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Monmouth Offices/Classrooms Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Ahera Consultants, Inc. 0057 Asbestos and Mold Services, Corp. Street Address Street Address PO Box 385 3859 Sylon Boulevard City, State, Zip Code City, State, Zip Code Oceanville, NJ 08231 Hainesport, NJ 08036 Project Manager for Monitoring Firm License No. Telephone No. Telephone No. Donna D'Errico 00862 609-652-1833 609-702-0400 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 6 / 10 / 13 6 / 24 / 13 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 200 U.S. Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: _____AM-____PM/____PM-_ Cinnaminson, NJ 08077 Scope of Work (Check all that apply) □ Full Containment with Negative Pressure ☐ >3 sf or >3 If □ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 If ☐ Demolition Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Remova Used Solely by Encapsulate Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount nclosure Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? surfacing, VAT, or IN Facility SF or LF) (12)(13)other miscellaneous) Yes No N/A 1st Floor \bowtie 25 LF M Transite Pipe 1st F- 126, 127, 128, 137, 137a, 138a П \boxtimes **Textured Paint** 5.112 SF X Г П П П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Horizon Disposal, Inc. **GROWS Landfill** 22612 10 City, State Disposal Date City, State Trenton, NJ 6/24/13 Morrisville, PA 19067 Completed By (Print or Type) \$igr/ature Title Kimberly A. Trumbetti Office Coordinator

ASB-41 MAY 11

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

Date of Notification (1)					Name	of Building	Owner/Operator (2	2)		13		-	
5 /	29 /	13					Jniversity	127	1305-1765: Ch				
A													
Agencies Notified EPA	Type Notifica	tion				Address Cedar A			Ç.*				
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☑ DHSS	Amendme		11			tate, Zip C		2	Ž.		. %		15
☑ DCA	☐ Emergend	500	5,000				Branch, NJ 0776	4			1.5		
(NJAC 5:23-8)	justification	Cho Gui			526/3210 S	of Contact	7 5 - \$200		Telephone Nu	mber	1:	?	
	☐ Cancellati	ion			Mr.	Robert L	Cornero					23	
					FAC	ILITY IN	FORMATION			*			
Name of Facility Where A	Abatement is T	aking	Place	(3)				Type of Facility	(4)	*			
Edison Science Bu	ilding							School (K-12					
Street Address	*****	-360-111122	20-6II	W-3-11-1				Subchapter 8			ildina	9	
400 Cedar Avenue								homes, etc.)		iciolal ba	ug	٥,	
City (5)								Square Feet	# of Floors	Bk	dg. Ag	je	
West Long Branch								71,894	3		43 ye	ars	
County (6)					Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pr	or if being demo	olished)			
Monmouth					1			Offices/Clas	srooms				
Name of Monitoring Firm	Hired by Build	ling O	wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)				-	
Ahera Consultants		•			0057		Asbestos and	d Mold Service	s. Corp.				
Street Address	,						Street Address					<u> </u>	-
PO Box 385							3859 Sylon B	oulevard					
City, State, Zip Code							City, State, Zip Co						
Oceanville, NJ 0823	31						Hainesport, N						
Project Manager for Mon				Tele	phone	No	Telephone No.		License No.			_	
Donna D'Errico	noming i iiii				09-652		609-702-0400	Vi	00862				
Start Date (10)	Te	chad	ulad C		tion Da		Name of OSHA M		00002				
6 / 10 /	S 600000				3_ / _		EMSL Analyt						
Occupancy Status During	Abatement (0	Check	only o	ne)			Street Address						
☑ Facility Closed/Vacate					ment		200 U.S. Rou	te 130 North					
Abatement Performed						cribe	City, State, Zip Co	ode			//		- 202.5
Time of Abatement:	AM	PN		PM		AM	Cinnaminsor						
Scope of Work (Check al	I that apply)	, n	meken	VI	kn,	TOO.	1	,			-		
,	ii tiidt appiy)		_					tainment with Neg	gative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Re □ De				☐ Mini-End	losure g Procedure					
☑ 2100 St 01 2200 II			□ ре	HOIL	JII			mpted (*) and No	n-Friable Proce	dure			
			Is	Loca	tion					Ab	atem	ent T	ype
Location		22		Norma			Description of				_		
Asbestos-Containing)	1.0000000000000000000000000000000000000	intena	ely by		stos Containing Ma		Amount	l e	Repair	ng.	핝
TO BE ABA			0935068	todial	Staff?	(1.6	., thermal systems surfacing, VAT		(Specify SF or LF)	Removal	-	Encapsulate	Enclosure
(13)	,			(12)		1	other miscellane					late	Ø.
(4 8)			Yes	No	N/A	15						375.0	
1 st Floor					\boxtimes	Transit	e Pipe		25 LF				
1 st F- 126, 127, 128, 1	37, 137a, 13	8a				Texture	ed Paint		5,112 SF				
						-2.50(
Name of Registered Was	te Hauler			1 1 2 2 2 2	JDEP \		Cubic Yards of	Name of Regis	stered Landfill				
Horizon Disposal, I	nc.			F	lauler II 22612		Waste 10	GROWS L	andfill				
City, State					44014		Disposal Date	City, State			-		
Trenton, NJ							6/23/13		, PA 19067				
Completed By (Print or T	vne)	Title					Sign/ature/	1		Date			
Kimberly A. Trumb		C-0-100000			dinato		(XIA)	-			1.1	2	(3)
Alliberty A. Trumb	ern	٦	IIICE (SOUR	الكالما االد		NIX			6-2	11)	

ASB-41 MAY 11

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

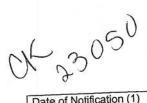
Date of Notification (1)	57000	No.		T			Owner/Operator (2)		2			
	01 /	13			Gett	y Industr	ies, LLC	/ Job # 1	305-1750: Ch	Com.			
Agencies Notified	Type Notificat	ion				Address			2.0				
⊠ EPA	☐ Initial			L		Main Stre				-,)			
☑ DOLWD ☑ DHSS	Amended Amendmer	nt #02			-	ate, Zip Co				C3			1
□ DCA	☐ Emergency		ina		Pate	rson, NJ	07505		Y				
(NJAC 5:23-8)	justification					of Contact		_	Telephone Nun	ber	5		
	☐ Cancellation	n			Mr. l	eo Likas	3	1			0		
	W. 1- 2- 10 (1- 10 1- 1				FAC	ILITY IN	FORMATION				C)		
Name of Facility Where A	Abatement is Ta	king Pla	ace (3)				Type of Facility (4			
Getty Plaza							The state of the state of	☐ School (K-12) ☐ Subchapter 8		2)			- 1
Street Address								Other (i.e., pr	ivate and comme	ercial bui	ldings	5,	
297 Getty Avenue								homes, etc.)	I # - 6 E1	DIA	- ^-	_	
City (5)							1	Square Feet	# of Floors	No.	g. Ag		.
Paterson								750,000	3	D12501 T.T.	00 y	ears	
County (6)					Count	y Code (7)	(STATE USE ONLY)	Current Use (Pri	or it being demoi	isnea)			
Passaic					L			Warehouse					
Name of Monitoring Firm		ng Own	er (8)	1	ASCM N	No.	Name of Abateme		o Com				
Horizon Environme	ental Group							d Mold Service	s, corp.				
Street Address							Street Address	aulovord					
PO BOX 316							3859 Sylon B					-	
City, State, Zip Code	c						City, State, Zip Co						
Thorofare, NJ 0808			Τ.	Folo	ohone N	lo	Telephone No.	10 00000	License No.				_
Project Manager for Mon	itoring Firm				6-848-		609-702-0400		00862				
Steve Flanigan	l e	chedule	d Con				Name of OSHA M	No.					
Start Date (10) 5 / 16 /	83	7					EMSL Analyt						
Occupancy Status During		heck or	ly one)			Street Address					2.52-5	
☐ Facility Closed/Vacate	T (2)				nent		200 U.S. Rou	te 130 North					
☐ Abatement Performed	d Outside of No	rmal Fa	cility I	lour	s - Desc		City, State, Zip Co	ode	120 - 120 -				
Time of Abatement: _	AM	PM/_		PM-		AM	Cinnaminsor	n, NJ 08077					
Scope of Work (Check a	ll that apply)			7.57			Π F: 11 Coo	t-it with No.	nativa Progrum				
≥3 sf or ≥3 lf	,	×	Reno	vatio	on		☐ Mini-End	tainment with Neg closure	jative Pressure				
≥160 sf or ≥260 lf			Dem	olitio	n			g Procedure	- Edable Beres				
						1	⊠ Non-Exe	mpted (*) and No	n-Friable Proced	1	otom	ne T	
Landing		8		ocat rma			Description of	√f.			atem		
Location Asbestos-Containing	105.6)	Used	Sole	ly by	Asbe	stos Containing Ma		Amount	l den	Repair	inc:	ncl
TO BE AB	ATED		Main		nce/ Staff?	(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)	Removal	a. ≅	sqe	Enclosure
IN Facil	ity			(12)	Jun.		other miscellane		31 01 21)	_		Encapsulate	В
(,		Y	es	No	N/A							353	
Main Warehouse Are	ea] [\boxtimes	Pipe Ins	sulation		2,400 LF				
Windows (8 rows)] [\boxtimes	Windov	v Glazing		25,000 LF	\boxtimes			
Main Warehouse Are	a] [Residu	al Pipe INsulation	on	2,520 LF				
Main Warehouse Are	ea] [Pipe Ins	sulation		5,920 LF				
Name of Registered Was	ste Hauler			6535	JDEP \		Cubic Yards of	Name of Regis					
Horizon Disposal,	Inc.			H	auler II 22612		Waste 10	GROWS L	andfill				
City, State							Disposal Date	City, State				100000000000000000000000000000000000000	-
Trenton, NJ							7/20/13	Morrisville	, PA 19067				
Completed By (Print or 1	Гуре)	Title					Signature)		Date		7	
Kimberly A. Trumb	etti	Offi	ce C	orc	linato	, ,	Chy !	V-		4-19	-13		

ON HOLD UNTIL PHASE # 2

Date of Notification (1)					Nomo	of Building	Owner/Operator (2)\					
	6 / _	13	_			ACC - 11 C 10 C 10 C 10 C 10 C 10 C 10 C	ommunity Colle	neto.	/ Job # 1306-17	71: (Chk.	NA	
Agencies Notified EPA	Type Notifica	tion				Address Newmar	Springs Road						
⊠ DOLWD	Amended				City, S	tate, Zip C	ode		7. 6				
⊠ DHSS	Amendme	_			Line	roft, NJ	07738						
☐ DCA (NJAC 5:23-8)	☐ Emergeno justificatio		luaing		Name	of Contact			Telephone Number	er,			
(☐ Cancellati				Mr.	Richard	Frank						
					FAC	ILITY IN	FORMATION		61-52	C.7			
Name of Facility Where		aking	Place	(3)				Type of Facility					
Brookdale CC - Go	rman Hall	New York Control				•	1 1	School (K-12) 3 (Other than K-12)				
Street Address 765 Newman Sprin	gs Road						11	Other (i.e., pi	rivate and commerc	ial bu	ilding	s,	
City (5)						1-		Square Feet	# of Floors	Blo	dg. Ag	je	
Lincroft					1	12.		10,000	2	4	\$1		
County (6)				4	Cour	Code	(STATE USE ONLY)		ior if being demolish	ed)			
Monmouth							g.	Vacant			201.401		
Name of Monitoring Firm Tiger Environment		ing O	wner (8)	ASC	No.	Name of Abateme	ent Contractor (9) d Mold Service					
Street Address	ai		_	1			Street Address	a Word Service	ъ, согр.				
234 20th Ave.		_	1		6		3859 Sylon B	oulevard					
City, State, Zip Code		6	1	-	4		City, State, Zip Co						-
Brick, NJ 08723		1	1				Hainesport, N						
Project Manager for Mon	itoring Firm		U	Tele	phone	No.	Telephone No.		License No.				
Kelly Walton					8-862		609-702-0400		00862				
Start Date (10)	S	chedu	uled C	omple	tion Da	te (11)	Name of OSHA M	lonitor					
<u>6</u> / <u>17</u> /				1.5	_ / _	85 (8)	EMSL Analyt	ical, Inc.	Э.				
Occupancy Status During	g Abatement (C	Check	only o	ne)			Street Address					7.2	
☑ Facility Closed/Vacate	ed During Entir	e Peri	iod of	Abate	ment		200 U.S. Rou	te 130 North					
☐ Abatement Performed							City, State, Zip Co	ode	<i>N</i> 2				
Time of Abatement: _	AM	PM	V	_PM		AM	Cinnaminson	, NJ 08077					
Scope of Work (Check a	ll that apply)						□ Full Conf	ninmant with No.	native Progress				
≥3 sf or ≥3 lf			⊠ Re	novat	ion		☐ Mini-Enc	ainment with Neg losure	jative Pressure				
☐ ≥160 sf or ≥260 lf			☐ De	moliti	on		☐ Gloveba	g Procedure	n Frieble Dresedus				
			le	Loca	ion		⊠ Non-Exe	mpted (*) and No	n-Friable Procedure	1		T	
Location	of			Norma			Description of	,f		-	atem		
Asbestos-Containing	(4)7-12)			ely by		stos Containing Ma	terial (ACM)	Amount	Rem	Repair	Enc	Enc
TO BE ABA				intena todial	Staff?	(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)	Removal	쁰.	apsı	Enclosure
(13)	ку			(12)			other miscellane		Si (i Li)	_		Encapsulate	9
			Yes	No	N/A							W	
Under Floor					×	Transit	e Duct		12 LF	\boxtimes			
Tile Sub Floor					\boxtimes	VAT an	d Mastic		10 SF	\boxtimes			
In Ground - Outside	Building					(2) Tran	site Ducts		40 LF	\boxtimes			
Name of Registered Was					JDEP \		Cubic Yards of	Name of Regis					
Horizon Disposal, I	inc.		165-6711	r	lauler II 22612		Waste 5	GROWS L	andfill				
City, State							Disposal Date	City, State					
Trenton, NJ							7/21/13	Morrisville	e, PA 19067				
Completed By (Print or T		Title					Signature		Dat		0 1	1	
Kimberly A. Trumb	etti	01	ffice (Coor	dinato	Ť,	1	UV-	- (1-1	471	2	

State of New Jersey 1306-4660 NOTIFICATION OF ASBESTOS ABATEMENT Check #5410 (Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 6/25/13			Nam Stat	e o	f Buil	ding w Je	Owner / Operato	of Pr	norty Man	agement 8	Con	stru	ctio	n
Agencies Notified Type Notific	ation	1	Stree	et A	ddre	SS	* 1	7	A.P	් _ව ැ				
□ EPA □ Initia	1				k 034	4 Zip C	'ada	16 /						
	nded		0.000				625-0034			P= .				
	rgency	-			f Con		23-0034			Т	eleph	one	Numl	her
	cellation					Bunc	h			1	Cicpii	OIIC	VOIL	oci
			SC1264 14				ORMATION							
Name of Facility Where Abatem	ent is Taking Pla	ace (S		4CI	LIII	INF	Type of Facili	ity (4)						
NJ Executive State House	one is raking the	100 (0	,,				School (
Street Address			S (0-						Other than K	-12)				
125 West State Street							Other (i.e				s, hor	nes,	etc.)	
							Square Feet		# of Floors	В	dg. A	ge		
City (5)	County (6)	Co	unty	Со	de (7	')								
Trenton	Mercer						Current Use	(Prior i	f being demo	lished)				-110
							Substation			51.1) 				
Name of Monitoring Firm Hired b	y Building Own	er (8)		1	ASCI	M No.			t Contractor	(9)				
USA Environmental Street Address			112-7				AbateTech,						40.00	
344 West State Street							Street Addres PO Box 25	SS						
City, State & Zip Code							City, State &	Zin Co	de					
Trenton, NJ 08618							Lumberton							
Project Manager for Monitoring F William Weisgarber		Telep 609- 0				er	Telephone No 609-265-210			License No	umber 005			
Scheduled Start Date (10) 7/8/13	Scheduled Com	pletic		ate	(11)		Name of OSH		nitor					
Occupancy Status During Abate					-		Street Addres				- 77.7			-
Facility Closed/Vacated				ate	men	t	108 Haddor							
Abatement Performed O							City, State & 2							
Describe: 5 PM start	7/8 6PM start	ther	eaft	er			Westmont,							
Facility Occupied During							1							
Scope of Work (Check all that ap	pply)							_	22.000.002.000.000	0 80 00	10	200		
□ >2 - f > 2 / f			_					Ц		ment with Ne	egative	e Pre	ssur	е
≥3 sf or ≥3 lf≥160 sf ≥260 lf		\bowtie			ation	1		님	Mini-Enclose	7.00				
≥160 sf ≥260 lf		Ш	De	mo	ition			\mathbb{H}	Glove Bag F	rocedures ted and Non-	Eriahl	o Dr	acad	uro
Location of		ls l	_oca	tion			Description	n of	Non-Exemp	Amount				Туре
Asbestos-Containin	g	Norm					Asbestos-Con			(Specify	1	T	T	Type
Material (ACM)			olely				Material (AC			SF or LF)	70		_ <u></u>	ı m
TO BE ABATED in Facility	183	Maint Custo			500000		i.e., thermal sy nsulation, surfac				em	Kepair	cap	100
(13)	l'	ousic	(12)		111.5	'	or other miscella				Remova	ar	Encapsulate	Enclosure
		Yes	No		/A				'				वि	"
Substation Power Room				1			Transite Pa	nels		640 SF				
] [
18		Ш	Ц	I								L		
Name of David and All III		\sqcup	 	IL			0 1: 1/ 1	T.	, n	II ICU				
Name of Registered Waste Haule	er				PW rID		Cubic Yards of Waste	Name	e of Register	ed Landfill				
AbateTech, Inc.			60,000,000	375		INO.	12	TRR	F Landfill					
City, State Lumberton, NJ							Disposal Date 7/12/13	City,	State rtown, PA					
Completed By (Print or Type) Gwen Trumbetti			10000	le	. Cod		Signature	J-		- 11	Date			
			7	-ha	. 500	o.u.	MI	4			6/2	ווע		



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		(Pt	ırsua	int to	NOMO O.	60 and 5:16)			4,	
2,)			Nam	ne of Bu	uilding Own	ner/Operator (2)		296	~?o	
ite of Notification (1)	25 / 13		M	atawa	n-Aberde	een Regional	School District	***	4.	
			Stre	et Addi	ess			* X	, es	
30110100 11011111	Type Notification ☑ Initial		1		est Way			7		20
ILIA	☐ Amended		0.20		Zip Code					
1 DHSS	Amendment #				en, NJ 0				<u> </u>	
DCA	☐ Emergency (inclu	ıding	(75)	ne of C				elephone Numbe	r	
(NUAC 5:23-8)	justification) Cancellation				y Vitolo					
	LI Cancellation					RMATION				
		21 (2)		ACILI	11 1141 0		Type of Facility (4)			
lame of Facility Where A	batement is Taking F	Place (3)					School (K-12)	Oil - then K 12\		
Lloyd Road Elemen	tary						Subchapter 8 (ate and commerci	ial buildings,	
Street Address							homes, etc.)			
401 Lloyd Road							Square Feet	# of Floors	Bldg. Age	
City (5)							102,000	2	46	
Matawan	*		10	ounty (Code (7)(S)	TATE USE ONLY)	Current Use (Prio	r if being demolish	ned)	
County (6)			1	ourity v	Jode (1)(0.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Elementary S			
Monmouth		(0)	100	CM No	N	lame of Abateme	ent Contractor (9)		12.2.50 (14)	
Name of Monitoring Firm	Hired by Building O	wner (8)	177777886	0117	. "	Superior Aba	tement Inc			
Health & Safety Se	rvices, Inc			0117		treet Address				
Street Address					١	2 Henderson	Drive			
318 12th Street						City, State, Zip C				
City, State, Zip Code					1	West Caldwe	ell, NJ 07006			
Hammonton NJ 08			- 1 1	one No		Telephone No.		License No.		
Project Manager for Mor	nitoring Firm) 704-	St	(973) 808-16	16	00411		
Jim Proctor						Name of OSHA				
Start Date (10)		luled Con	npietic	II Date	1	Superior Ab			12-76-55-55	- 1
07/06/)7_ / _		- ' =	10	Street Address				
Occupancy Status Durin	ng Abatement (Chec	k only on	e)			2 Henderso	n Drive			
Ol-and \/ooo	ted During Entire Pe	riod of Al	atem	ent Desci	rihe	City, State, Zip			A 55-0 0 0 0 0 0 0	
M I domity Closes			luuis	Dooo		West Caldw	rell, NJ 07006			
ET AL Lorent Dorforme	ed Outside of Normal	PM		-						
Abatement Performe Time of Abatement:	_AMPM/	PM					ntainment with Ne	gative Pressure		
Time of Abatement: Scope of Work (Check	_AMPM/	F IVI				⊠ Full Co	ontainment with Ne	gative Pressure		
Abatement Performer Time of Abatement: Scope of Work (Check	_AMPM/	PM	ovatio	n		⊠ Full Co	nclosure		ure	
Time of Abatement: Scope of Work (Check	_AMPM/	⊠ Ren	ovatio	n 1		⊠ Full Co	nclosure		ure Abatemer	nt Ty
Abatement Performer Time of Abatement: Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ed Outside of Normal _AMPM/ all that apply)	⊠ Ren	ovatio nolition _ocati	n 1			nclosure pag Procedure exempted (*) and No	on-Friable Proced	Abatemer	T
Abatement Performs Time of Abatement: Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ed Outside of Normal _AMPM/ all that apply)	⊠ Ren □ Den	ovation ovatin ovation ovation ovation ovation ovation ovation ovation ovation	n n on ly ly by	Asbes		nclosure pag Procedure exempted (*) and No en of Material (ACM)	on-Friable Proced	Abatemer	$ \tau$
Abatement Performs Time of Abatement: Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Locatin Asbestos-Containin TO BE A	all that apply) on of ng Material (ACM)	⊠ Ren □ Den Is I N Usec	ovation ovatin ovation ovation ovation ovation ovation ovation ovation ovation	n on ly ly by	Asbes (i.e.		nclosure pag Procedure exempted (*) and No n of Waterial (ACM) hs insulation, AT, or	on-Friable Proced	Abatemer	$ \tau$
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Abatement Performer Time of Abatement: Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Locating Asbestos-Containing TO BE A IN Fa (13)	all that apply) on of ng Material (ACM) BATED icility	⊠ Ren □ Den Is I N Usec Maii Custe	ovation ovatio	on by by hoce/	(i.e.		nclosure pag Procedure exempted (*) and No n of Waterial (ACM) hs insulation, AT, or	Amount (Specify SF or LF)	Abatemer Repair	
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Abatement Performer Time of Abatement: Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Locating Asbestos-Containing TO BE A IN Fa (13)	all that apply) on of ng Material (ACM) BATED icility	⊠ Ren □ Den Is I N Usec Maii Custe Yes ⊠	ovation ovatio	on by by hoce/ Staff?	(i.e.	☐ Full Co ☐ Mini-Ei ☐ Glovet ☐ Non-E Description stos Containing I , thermal system surfacing, Va other miscella	nclosure pag Procedure exempted (*) and No n of Waterial (ACM) hs insulation, AT, or	Amount (Specify SF or LF)	Abatemer Repair	Encapsulate
Abatement Performs Time of Abatement: Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Locatinate Asbestos-Containing TO BE A IN Fa (13) Boiler Room	all that apply) on of ng Material (ACM) BATED icility	⊠ Ren □ Den Is I N Usec Maii Custr	ovation ovatio	on by by hoce/Staff?	(i.e.	☐ Full Co ☐ Mini-Ei ☐ Glovet ☐ Non-E Description stos Containing I , thermal system surfacing, Va other miscella	nclosure pag Procedure exempted (*) and No n of Waterial (ACM) hs insulation, AT, or	Amount (Specify SF or LF)	Abatemer Repair D D D	Encapsulate
Abatement Performs Time of Abatement: Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Locatinate Asbestos-Containing TO BE A IN Fa (13) Boiler Room	all that apply) on of ng Material (ACM) BATED icility	Ren Den Den Used Main Custor	ovationolitionol	on by by hoce/ Staff?	(i.e.	☐ Full Co ☐ Mini-Ei ☐ Glovet ☐ Non-E Description stos Containing I , thermal system surfacing, V other miscella sulation ing	nclosure nag Procedure xempted (*) and No n of Waterial (ACM) ns insulation, AT, or neous)	Amount (Specify SF or LF) 250 SF	Abatemer Repair D D D	Encapsulate
Abatement Performer Time of Abatement: Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Locating Asbestos-Containing TO BE A IN Fa (1: Boiler Room Boiler Room	all that apply) on of ng Material (ACM) BATED cility 3)	⊠ Ren □ Den Is I N Usec Maii Custe Yes ⊠	ovationolitionol	n on y y by hoce/Staff?	Tank In Breech	☐ Full Co ☐ Mini-Ei ☐ Glovet ☐ Non-E Description stos Containing I., thermal system surfacing, V, other miscella sulation ing Cubic Yards o	nclosure pag Procedure exempted (*) and No n of Material (ACM) ns insulation, AT, or neous) Mare of Re	Amount (Specify SF or LF) 250 SF 40 SF	Abatemer Repair D D D	Encapsulate
Abatement Performs Time of Abatement: Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Locatin Asbestos-Containin TO BE A IN Fa (13 Boiler Room Boiler Room	all that apply) on of hig Material (ACM) BATED cility 3) Waste Hauler	Ren Den Den Used Main Custor	ovationolitionol	n on y ly by hoce/ Staff?	Tank In Breech Waste D No.	☐ Full Co ☐ Mini-Ei ☐ Glovet ☐ Non-E Description stos Containing I , thermal systen surfacing, V other miscella sulation ing Cubic Yards of Waste	nclosure nag Procedure xempted (*) and No n of Waterial (ACM) ns insulation, AT, or neous)	Amount (Specify SF or LF) 250 SF 40 SF	Abatemer Repair D D D	Encapsulate
Abatement Performer Time of Abatement: Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Locating Asbestos-Containing TO BE A IN Fa (1:) Boiler Room Boiler Room Name of Registered N Service Transpo	all that apply) on of hig Material (ACM) BATED cility 3) Waste Hauler	Ren Den Den Used Main Custor	ovationolitionol	n on y y by hoce/Staff?	Tank In Breech Waste D No.	□ Full Co □ Mini-Ei □ Glovet □ Non-E Description stos Containing I , thermal system surfacing, V other miscella sulation ing Cubic Yards of Waste 15	f Name of ReMinerva	Amount (Specify SF or LF) 250 SF 40 SF	Abatemer Repair D D D	Encapsulate
Abatement Performer Time of Abatement: Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Locating TO BE A IN FA (13) Boiler Room Boiler Room Name of Registered N Service Transpo	all that apply) on of hig Material (ACM) BATED cility 3) Waste Hauler	⊠ Ren □ Den □ Den Is I N Usec Main Custo Yes □	ovationolitionol	n on y ly by hoce/ Staff?	Tank In Breech Waste D No.	☐ Full Co ☐ Mini-Ei ☐ Glovet ☐ Non-E Description stos Containing I , thermal systen surfacing, V other miscella sulation ing Cubic Yards of Waste	f Name of ReMinerva	Amount (Specify SF or LF) 250 SF 40 SF	Abatemer Repair D D D	Encapsulate
Abatement Performer Time of Abatement: Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Locating Asbestos-Containing TO BE A lin Fa (13) Boiler Room Boiler Room Name of Registered V Service Transport City, State New Castle, DE	all that apply) on of ng Material (ACM) BATED cility 3) Waste Hauler ort Group, Inc	Ren Dem Used Main Custo	ovationolitionol	n on y ly by hoce/ Staff?	Tank In Breech Waste D No.	□ Full Co □ Mini-Ei □ Glovek □ Non-E Description stos Containing I , thermal systen surfacing, V other miscella sulation ing Cubic Yards of Waste 15 Disposal Date 7/07/13	f Name of Re- Minerva City, State Waynes	Amount (Specify SF or LF) 250 SF 40 SF	Abatemer Removal Date	Encapsulate
Abatement Performer Time of Abatement: Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Locating TO BE A IN FA (13) Boiler Room Boiler Room Name of Registered N Service Transpo	all that apply) on of ng Material (ACM) BATED cility 3) Waste Hauler ort Group, Inc	⊠ Ren □ Den □ Den Is I N Usec Main Custo Yes □	ovationolitionol	n on y ly by hoce/ Staff?	Tank In Breech Waste D No.	Full Co Mini-Ei Glovet Non-E Description Stos Containing Is, thermal system surfacing, Voother miscella sulation ing	f Name of Re- Minerva City, State Waynes	Amount (Specify SF or LF) 250 SF 40 SF	Abatemer Repair D D D D	Encapsulate



Date of Notification (1)					Name	a af Duildia	- O/Ot/	70)					
	25 /	13	_		Access of the second		g Owner/Operator (berdeen Regiona		ct	j3. 			
Agencies Notified EPA	Type Notific	cation			200	t Address e Crest V	Vav				30		
☑ DOLWD	☐ Amende					State, Zip 0						-	
☑ DHSS	Amendm			87	33.00	erdeen, N							
DCA (NJAC 5:23-8)	☐ Emerger justificat		cluding	9		e of Contac			Telephone Numb	or			
(NSAC 5.23-8)	☐ Cancella					thony Vit			Telephone Numb	CI			
			72-71		FA	CILITY IN	FORMATION						
Name of Facility Where A	Abatement is	Taking	Place	(3)				Type of Facility ((4)				
Strathmore Elemen	tary							School (K-12					
Street Address									(Other than K-12)		مرامان	_	
282 Church Street								homes, etc.)	ivate and commerc	iai di	Jiiaing	js,	
City (5)								Square Feet	# of Floors	Тві	dg. A	ae	
Aberdeen							1	60,110	1		50	3-	
County (6)					Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ned)			
Monmouth					1			Elementary		- 91			
Name of Monitoring Firm	Hired by Buil	lding O)wner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Health & Safety Ser	vices, Inc				001	17	Superior Aba	tement Inc					
Street Address							Street Address		******		-10 -0		
318 12th Street							2 Henderson	Drive	*				
City, State, Zip Code							City, State, Zip Co	ode				-	
Hammonton NJ 080	37						West Caldwe	II, NJ 07006					
Project Manager for Moni	toring Firm			Tele	phone	No.	Telephone No.		License No.				
Jim Proctor				(6	09) 70	4-8850	(973) 808-161	6	00411				
Start Date (10)		Schedu	uled C	omple	tion Da	ite (11)	Name of OSHA M	lonitor					-
07 /13 /	13	_0	7_ /	14	_ / .	13	Superior Aba	tement Inc					
Occupancy Status During	Abatement (Check	only o	ne)			Street Address						
□ Facility Closed/Vacate							2 Henderson	Drive					
Abatement Performed						scribe	City, State, Zip Co	ode					
Time of Abatement: _A	PIV	\/	PM-		_AM		West Caldwel	II, NJ 07006					
Scope of Work (Check all	that apply)						1000						
≥3 sf or ≥3 lf			⊠ Re	novoti			□ Full Conta □ Mini-Encl	ainment with Nega	ative Pressure				
□ ≥160 sf or ≥260 lf			De					Procedure					
									-Friable Procedure)	22120		
1 0000000				Locat Iorma						Ab	ateme	ent T	ype
Location of Asbestos-Containing N	The state of the s	4)		d Sole		Ashe	Description of stos Containing Mat		Amount	Re	Re	m	m
TO BE ABA	TED	'		intena			., thermal systems in	nsulation,	(Specify	Removal	Repair	Sap P	응
IN Facility (13)	y		Cusi	odial (12)	otan?		surfacing, VAT, other miscellaned		SF or LF)	<u>a</u>		Encapsulate	Enclosure
(13)		Ī	Yes	No	N/A		otrier miscellanet	ous)				te	1070.03
Boiler Room						Pipe Ins	sulation		40 LF	Ø			
Boiler Room			\boxtimes			Breechi	ng		60 SF	Ø			
											П	П	
		_		\Box								_	
Name of Registered Wast	e Hauler		ш_		JDEP V	Nasta	Cubic Yards of	Name of Registe	orod Landfill	ш	ш	Ц	Ц
Service Transport G				H	auler II SW21	No.	Waste	Minerva Lai					
City, State			1237		J1161		Disposal Date	City, State			-	10	
New Castle, DE							7/14/13	Waynesbur	gh, OH				
Completed By (Print or Ty	pe)	Title	-	-			Signature	///	Date	е			-1000 - 1 13
Nick Petrovski		Pre	eside	nt			1///	1///	Sans 1	K'-	-,)	5	./3

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								(0)		201-			- 9			
Date of Notification (1) 6/25/2013					Building C a Urban					4013	10/128	٠,.				
Agencies Notified	Type Notification		- 1	Street Ad	dress				ď.	7		41/	2	. ~		
	Table 1				oad Stre	eet. S	uite 40	6		12			- 1	06)	
EPA DEP DOL	Initial Amended		-		te, Zip Cod	2000				47	7			-		
X DEP X DOL	Amended Amendment	#			k, NJ 07						112.17	111	7	14		
X DOL	Emergency (-	-			102		10000	17.97	Tole	phone Nu	ımher		14		_
X DOH	justification)			Name of						1 1616	priorie ivi	umber	-			
DCA	Cancellation				Torgue					-			,	_		
				FACIL	ITY INFO	RMAT	ION	T	of Facility (4	1)				110000		
Name of Facility Where Street Address 744 Broad Street		g Place (3)						School (K-1) Subchapter Other (i.e. p	2) 8 (Othe	er than K- k commer	12) cial bu	ildin	gs, l	nome	s,
									etc.) re Feet	# of	Floors		Blde	n Ar	Ie.	
City (5)										35			83		, ,	
Newark								592,					00	-	-	
County (6)			1	County C	Code (7)			1 Property 1 St. 100	nt Use (Pric		ng demoli	sned)				
Essex				STATE	ISE ONLY)				ce Buildin	_						
Name of Monitoring Fir	m Hired by Building	Owner (8)		ASCM	l No.		Name	of Aba	tement Con	tractor	(9)					
EnviroVision Con	Control of the contro			0007	'9		Inci	nia Co	ntracting	, Inc.						
Street Address							Street	Addres	SS							
20-21 Warsaw Ro	ad Building 355						700000000		on Avenu	e, Un	it 365					
	Jau, Building 33L				- 7/4/37		73		ip Code				-		_	
City, State, Zip Code									J 07012							
Fair Lawn, NJ 074							No. 100 110				11	No				
Project Manager for Mo	onitoring Firm			Telephor		-22		hone N			License					
Fred Larson				(973)	636-914	5		3) 450			01036					
Start Date (10)		Schedule	ed Co	mpletion [Date (11)		Name	of OSI	A Monitor							
July 8, 2013		Augus	t 2, 2	2013			Inci	nia Co	ntracting	, Inc.				edure batemer Type Repair		
Occupancy Status Dur	ing Abatement (Chec	k Only Or	ne)				Street	Addres	SS							
20 St							136	0 Clift	on Avneu	ie, Un	it 365					
Facility Closed/Va	acated During Entire I	Period of A	Abate	ment				Marin Contract	ip Code			- 17				
X Other – Describe:	Entire floor will be und	occupied du	ring th	e abateme	nt.				J 07012							
							Oili	ton, iv	007012				-		e ementipe	
Scope of Work (Check	(All That Apply)							-								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	F	-	Renov Demol					Min	Il Containmeni-Enclosure ovebag Production ovebag Production	e cedure	8					
	ALK .							140	II-LXCITIPIO	4 / / 411	4 11011 1 11	1				
			Loca										- 55.0			110
Locati Asbestos-Containin TO BE A In Fa (13)	ng Material (ACM) ABATED ocility	Use Ma Cus	inten	ely by ance/ Staff?		tos Co therm sur	escriptio intaining al systen facing, V r miscella	Materia ns insula AT, or	ation,	(mount Specify F or LF)	Kemovai		Repair	Encapsulate	Enclosure
		Yes		IN/A		_				-	70.05	_	-			
Roof Mechi	ncal Room		X		Pr	e-Ca	st Roof	Pane	ling	1,	872 SF	X	+			
-								- 22					+			
				-								+	+			_
				NUDED :	la ata	Louis	in Varda		Name of	Regist	ered Land	Hfill				
Name of Registered W	/aste Hauler			NJDEP W Hauler ID		100000000	ic Yards /aste		CALL STATE OF THE							
Atlantic Carting, L	Lc			NJ-641	.10.	30	2010		IESI B	ethleh	nem Lar	ndtill (or	p.		
		-	_	10 041		-	osal Dat	e	City, Stat	te		200				
City, State						TB		-	Bethle		PA					
Wayne, NJ						LIB			Detrile	,	· · ·	Date		_		
Completed by		Title					Signatu	1					/20	12		
Sean Zoric		Pres	siden	t		- 1	_	4	35	_		0/23	20	13		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) June 25, 2013				Name of	Building (rator (2) ton Academy of t	he Sacred Hear	· /	1 2	1(93	0
[X] EPA [X] Initia	l Notifica			Street A		Market Market	rake's Corner Roa	ad	78	2,	11-	
[x] DOL Amer	ndment#			City, Sta	ate, Zip Coo		ton, New Jersey (08540		4	5 _	
1 1 3 1 17071				Name of	Contact Dave			Telephone Number	-	-	o V	
		1.00	FAC	LITY I	NFORM.	ATION	-				•	4
							Type of Facility (4) [] [X]	School (k-12) Subchapter 8 (ot	her tha	n k12)		70
Street Address 101 Drake's Corne	er Road	I					[]	Other (i.e., priva homes, etc.)			ial buil	dings,
City	County	y (6)		County C	ode (7) USE ONLY	0	Square feet 20,000 sf	# of Floors 2		g. Age	50	
Princeton	Merc	er	9,				Current Use (Prior School		1)			
17. A 18. A	Owner ((8)		ASCM N	0.	Name of	Abatement Contracto		Inc			
Street Address			**************************************			Street Ac	ldress		me.			
Post Office Box 3 City, State, Zip Code	15					City, Sta	te, Zip Code	Loute 9, Unit 61				
Thoroughfare, Ne							Toms 1	River, New Jers		755-1	271	
Project Manager for Monitoring Firm Steve Flannagan		856-848-08	800			Telephor 732-34	e Number 9-9932	License N 00624	lumber			
Scheduled Start Date (10) 7/08/13	cies Notified EPA		ompletio	on Date (11)	Name of	OSHA Monitor E.M.S.	L. Analytical				
Occupancy Status During Abatement (Check	June 25, 2013 Discription Type of Notification [X] Initial Notification [X] Initial Notification Amendment # [] Emergency (including justification) [] DOL [] Emergency (including justification) [] Cancellation [] Cancellation [] DOH [] Cancellation [] Can					Street Ac	ldress	2-558 = 0.500 = 310		1		
	June 25, 2013 Discription Type of Notification [X] Initial Notification [X] Initial Notification Amended Notification Amended Notification Amended Notification Amended Notification [] Emergency (including justification) [] Cancellation DCA Cancellation Cancellation DCA Cancellation Cancellation DCA Princeton Academy of the Sacred Princeton Academy of the Sacred County (6) Princeton Mercer Merc							telton Road				
					_	City, Sta	te, Zip Code Piscata	way, New Jerse	y 088	54		
Scope of Work (Check all that apply)						[x]		t with Negative Pre	ssure			
[] >2 of or >2 if		[v] r	Renovat	ion		[]	Mini-Enclosure Glovebag Procee	lure				
			Demolit			[]	0.79	*) and Non-Friable	Procedi	ıre		
									Abat	ement	Type	
		Is Location			Ι	Descriptio	n of		R	R	Е	Е
		formally used	d		Asb	estos-Con	taining	Amount	E	E	N	N
	Maint		a dia1			aterial (A thermal		(Specify SF or LF)	M	P	C A	C
	Main		ouiai			lation, su		Of LT)	0	A I	P	L
	DOH DCA Dustification Cancellation DCA Cancellation DCA Cancellation DCA Princeton Academy of the Sacred Here of Facility Where Abatement is Taking Place (3) Princeton Academy of the Sacred Here Address Dot Drake's Corner Road County (6) Mercer Description Descri					VAT, o			V	R	S	S
	Steve Flannagan Steve Flannagan Steve Flannagan Steve Flannagan Scheduled				othe	r miscella	ineous)		A		U L	U R
	Location of OS-Containing Material (ACM) TO BE ABATED in facility (13) YES NO Is Location Normally used Solely by Maintenance/Criefly (12) YES NO								L		E	E
1 st floor	Location of Solely by Maintenance/C Staff (12) TO BE ABATED in facility (13) Or X Normally us Solely by Maintenance/C Staff (12) YES NO X X X X				tos Ceilir			2300 sf	X			
1 st floor	Location of tos-Containing Material (ACM) TO BE ABATED in facility (13) TO BE NO				tos Floor	2000		2300 sf	X			
2 nd floor	S-Containing Material (ACM) TO BE ABATED in facility (13) YES NO X X				tos Ceilir			1440 sf	X			
2 nd floor	Post Office Box 315 e, Zip Code Thoroughfare, New Jersey 08086 Tanager for Monitoring Firm Steve Flannagan d Start Date (10) 7/08/13 Py Status During Abatement (Check only one) [] Facility Closed/Vacated During Entire Per [] Abatement Performed Outside of Normal of Ix				tos Floor	WINDS AND STATE OF THE PARTY OF		1440 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.	N	JDEP Waste 1 202		ID No.	Cubic Yar 40	ds of Was	e Name of Regist T.R.R.F.	ered Landfill				
City, State			Disposa			City, Sta	nte					
Toms River, New Jersey Completed by (Print or Type)	Title		7/22/1	3 Signatu	ire	n l	own Pennsylvani	<u> </u>	Date			
		ct Manager			11/1	hot	tell		6/25	5/2013	3	

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

June 25, 2013 Street Address Tomas River, New Jersey 08753 Toward Address Toward	Date of Notification (1)				N	lame of E	Building O				, ¬	19	29	,	
ASCM No. County (6) County (7) County (7) County (8) Count	Date of Notification (2)	June 25, 2013			- 1			T & H	Hom	es	ano	13/	9 1		
DEP S DOL	Agencies Notified X PPA	Type of Notificati	Notificatio		S	treet Add	iress	70 East	Wat	er Street Un	nit 5B	155			
Name of Facility Where Abatement is Taking Place (3) FACILITY INFORMATION Residence Street Address 2203 Bay Blvd. County (6) County (6) (STATE USE ONLY) Square fact Formatical buildings, buildings Facility (6) (STATE USE ONLY) Square fact Formatical buildings, buildings Facility (7) County (6) (STATE USE ONLY) Square fact Formatical buildings, buildings Facility (7) County (6) County (6) (STATE USE ONLY) Square fact Formatical buildings, buildings Facility (7) County	-Ti	Amend	lment #		C	City, State	e, Zip Code	Toms F	River			73	i e		
Name of Facility Where Abatement is Taking Place (3) Residence Street Address 2203 Bay Blvd. County (6) County Code (7) Cou	[x] DOH	justific	ation)		N	Name of 0		ermann			Telephone Numbe		-		
Type of Facility Where Abstement is Taking Place (3) Street Address	[] DOA				FACIL	ITY IN	FORM.	ATION			4per*	7/10	6		
Sincet Address 2203 Bay Blvd.	Name of Facility Where	Abatement is Taking	Place (3)						Тур	e of Facility (4					- 1
County (o)	Page Page		k-12)												
Lavallette		203 Bay Blvd.									Other (i.e., priv homes, etc.)	vate & cor	nmerci	al build	ings,
Lavallette	City		County (5)				7	Squ			Bldg)	
Street Address O06624	2.00		Ocean		(5	STATE	ISE ONL	()	Curi	rent Use (Prior	if being demolishe	ed)	00		
Street Address	Name of Monitoring Fir	m Hired by Building	Owner (8)		A	SCM No).	Name of	Abate	ment Contract	or (9)	τ			
1889 Route 9, Unit 61								6:	1.1	Guard	lian Contractin	g, Inc.			
City, State, Zip Code	Street Address							Street Ac	idress	1889	Route 9, Unit 6	51			
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Jerry Bijelonic

ASB-41

Project Manager

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT 2013 JUN 20 MI 2: 50 (Pursuant to NJAC 8: 60-7 and 12: 120-7) Name of Building Owner/Operator (2) Date of Notification (1) 0 6 / Jersey City Public School District Agencies Notified Street Address 346 Clairmont Avenue [X] EPA City, State, Zip Code [] Initial Notification [X] Amended Notification Jersey City, NJ 07305 [X] DOL Amendment 2 [X] DOH [] Cancellation Name of Contact Dianne Petolino [] DCA [] Emergency FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) William Dickinson High School [] Subchapter 8 (Other than K-12) Street Address [X] Other (i.e., private & commercial 11 2 Palisades Avenue buildings, homes, etc.) City (5) County (6) County Code (7) Square Feet # of Floors Bldg. Age (STATE USE ONLY) Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc. USA Environmental Management Inc. Street Address Street Address 344 West State Street 1141 Route 23 City, State, Zip Wayne NJ 07470 Trenton, NJ 08618 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 00408 609-656-8101 973 628-9500 Willie Weisgarber Scheduled State Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 2 / 0 7 3 0 Enviro Vision Consultants, Inc. Day Year Day Month Street Address Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period 20-21 Wagaraw Road, Bldg. #34A of Abatement **Abatement Performed Outside of Normal Facility** City, State, Zip Code [X] Hours - Describe: 7:00a.m. - 3:30p.m. Fairlawn NJ 07410 Other - Describe: Scope of Work (Check all that apply) [] Demolition Full Containment With Negative Pressure [X] Renovation Mini-Enclosure [] ≥3 sf or ≥3 lf Glovebag Procedure Non Exempted (*) and Non-Friable Procedure \geq 160 sf or \geq 260 lf [X] Abatement Type Is E N N Location Description of C C Location of Normally Asbestos-Containing Amount E Asbestos - Containing Material (ACM) M E A Used (Specify 0 P P Material (ACM) Solely by (i.e., thermal systems SF or LF) 0 insulation, surfacing, VAT, V A S TO BE ABATED Maintenance / I U in Facility (13) Custodial or other miscellaneous) A R L Staff (12) N/A Rooms 331-333-335-336-337 3604 SF X VAT 150 SF X Rooms 331-333-335-336-337 Lab Tops 50 SF Rooms 331-333-335-336-337 Glue Daubs Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Hauler ID No. G.R.O.W.S J.R. Contracting & Environmental Consulting, Inc. 17819 City, State City, State Disposal Date Morrisville PA Wayne NJ 07470 Completed by (Print or Type) Signature Date

6/24/2013

Via U.S. Mail
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State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

6/3

GAC Project # 060-13 Name of Building Owner/Operator (2) Date of Notification (1) RUTGERS, THE STATE UNIVERSITY OF NJ June 21, 2013 Agencies Notified Street Address Notification Type ENVIRONMENTAL HEALTH & SAFETY DEPT ☑ Initial Notification ☐ EPA 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS ☐Amended Notification DCA City, State, Zip Code X DOL ■ Emergency (including 3 PISCATAWAY, NJ 08854 DEP- No Longer REQUIRED justification) Name of Contact Telephone Number Cancelled X DOH MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) QUAD I, HOUSES 10, 12 & 14 BLDG# 4146, 4137 & 4139 ☐ School (K-12) ■ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) LIVINGSTON CAMPUS # of Floors: 4 Bldg. Age: 60+ years Sq. Feet: N/A County Code (7) City (5) County (6) (State Use Only) Current Use (prior if being demolished): ACADEMIC **MIDDLESEX PISCATAWAY** Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) 0098 ATC ASSOCIATES GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City State, ZipCode City, State, Zip Code **BUTLER, NJ 07405 BURLINGTON, NJ 08016** Project Manager for Monitoring Firm Telephone Number License Number Telephone Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Completion Date (11) Name of OSHA Monitor Scheduled Start Date (10) 07/03/13 07/02/13 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ☐ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe XOther - Describe: Shift Hours: 4:00 PM - 5:00 AM FAIRLAWN, NJ Scope of Work (Check all that apply) Full Containment with Negative Pressure **X**Renovation Mini-Enclosure ≥ 3 sf or ≥ 3 lf Glovebag Procedure Demolition ≥ 160 sf or ≥ 260 Non-Exempted (*) and Non-Friable Procedure Abatement Type Description of Asbestos Containing Material Amount Location of Asbestos-Containing Is Location Normally Used (Specify SF Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, Material (ACM) in Facility (13) Remove Repair Encap Enclose or LF) Staff? (12) VAT, or other miscell.) NO NA YES X 150 SF **ENTRANCE VESTIBULES** X VAT Name of Registered Landfill NJDEP Waste Hauler ID # Name of Reg. Waste Hauler 5 CY Cubic Yards of Waste: G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below Disposal Date City, State Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 100 New Ford Mill 07/03/13 NJDEP# 12561 Rd. Morrisville, Pa Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 19067 NJ DEP# 22612 215-736-1700 Date Signature Completed by (Print or Type) Raymand C. Pedalino June 21, 2013 SENIOR PROJECT RAYMOND C. PEDALINO MANAGER

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State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-13 Name of Building Owner/Operator (2) Date of Notification (1) RUTGERS, THE STATE UNIVERSITY OF NJ June 21, 2013 Agencies Notified Notification Type Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. ☐ EPA ☑ Initial Notification DCA ☐Amended Notification 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS X DOL City, State, Zip Code ■ Emergency (including ■ DEP- No Longer REQUIRED PISCATAWAY, NJ 08854 justification) Name of Contact X DOH Telephone Number □ Cancelled MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **FOOD SCIENCE, BLDG# 6246** School (K-12) ■ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **COOK CAMPUS** # of Floors: 5 Bldg. Age: 60+ years Sq. Feet: N/A County (6) County Code (7) City (5) **NEW BRUNSWICK ESSEX** (State Use Only) Current Use (prior if being demolished): ACADEMIC Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC ASSOCIATES 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City State, ZipCode City, State, Zip Code **BURLINGTON, NJ 08016** BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Name of OSHA Monitor Scheduled Start Date (10) Scheduled Completion Date (11) 07/05/13 07/15/13 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD □ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe ☑Other - Describe: Shift Hours: 5:00 PM - 5:00 AM FAIRLAWN, NJ Scope of Work (Check all that apply) ■ Full Containment with Negative Pressure □ Renovation ≥ 3 sf or ≥ 3 lf Mini-Enclosure □ Demolition Glovebag Procedure ≥ 160 sf or ≥ 260 ■ Non-Exempted (*) and Non-Friable Procedure Abatement Type Amount Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material (Specify SF (ACM) (i.e. thermal systems insulation, surfacing, Material (ACM) in Facility (13) Solely by Maint./Custodial Remove Repair Encap Enclose VAT, or other miscell.) or LF) Staff? (12) YES NO NA 302 SUITE, 309, 313 TRANSITE BENCH TOPS & PANELS X X 1000 SF NJDEP Waste Hauler ID# Name of Registered Landfill Name of Reg. Waste Hauler 30 CY Cubic Yards of Waste: G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State 100 New Ford Mill NJDEP # 12561 07/15/13 Rd. Morrisville, Pa Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 19067 NJ DEP# 22612 215-736-1700 Date

Signature

Raymand C. Pedalins

June 21, 2013

SENIOR PROJECT

MANAGER

Completed by (Print or Type)

RAYMOND C. PEDALINO

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

Agencies Notified EPA					(1 0.000			20.			Chec	K #	/18	5_
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Name of Monitoring Firm Hired by Building Owner Whitman Companies, Inc. Whitman Companies, Inc. Street Address 7 Pleasant Hill Road City, State, Zip Code Cranford, NJ 08512 Project Manager for Monitoring Firm 732-390-5858 Scheduled Start Date (10) 8 Ched. Completion Date (11) 7/11/13 Occupancy Status During Abatement (Check only one) 1 Facility Closed/Vacated During Entire Period of Abatement 1 Abatement Performed Outside of Normal Facility Hours – Describe: partially vacated Scope of Work (Check all that apply) Demolition X 23 sf or 23 ff 1 Demolition of Asbestos – Containing Material (ACM) 1 TO BE ABATED In Facility Yes No N/A No m 116 X	City (5)	G/24/13						(Prior if being de	molished)					
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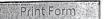
State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 6:60-7 and 12:120%)

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Completed By (Print o		Title					Signature	7	1			Date			ure atem		
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1.58%		1			100		////			1		- 1					

ASB-41



Date of Notification (1) 06/12/13 CK#2688 \$200		N F	ame of airleig	Building O h Dickin	wner/Or son U	perator (2) niversity) /		8			4	ر د.ت		54
Agencies Notified Type Notification		1000	treet Ad	dress iver Roa	ıd			13					· · ·	S _e	
EPA Initial DEP Amended Amendment #1				e, Zip Cod		07666	-						7		
Emergency (inc	cluding			Contact					Tele	phone N	lumber				
DOH justification) Cancellation			Craig C	Borsczya	l			_							
			FACIL	ITY INFO	RMATIC	NC		F116-7							
Name of Facility Where Abatement is Taking F FDU, Becton Hall	Place (3)] Sc	Facility (4	2)		4.00				
Street Address 1000 River Road					- T		Otl etc					ldin	gs, t	nome	s,
City (5) Teaneck, New Jersey 07666							Square 10,000		# of 4	Floors			, Ag		
County (6) Bergen				ode (7) ISE ONLY)			Current Colleg	Use (Pric	r if beir	ng demol	lished)				
Name of Monitoring Firm Hired by Building Ov Environmental Design Inc.	/ner (8)		ASCM	No.		Name of Lilich C		ment Con ration	tractor	(9)					
Street Address 5434 King Avenue, Suite 101	rojeka sje					Street Ad		Avenu	е						
City, State, Zip Code Pennsauken, New Jersey 08109						City, Sta		Code Park, Ne	w Jer	sev 07	424				
Project Manager for Monitoring Firm Tom Pruno			elephor	ne No. 6-9516		Telephor 973-22	ne No.			License 01104	No.				
STORMAN CONTRACTOR CONTRACTORS	cheduled			DATE OF THE PROPERTY.		All and the second		Monitor		01101		7/			
	6/30/13					J&S E	nviror	nmental	Labs	LĹC					
Occupancy Status During Abatement (Check	Only One)				Street Ad	The state of the s	22 Wes							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other - Describe: 5PM Start			ent			City, Sta	ite, Zip			3					
Scope of Work (Check All That Apply)		-				Onion,	, 14011		0,00						
≥3 sf or ≥3 if ≥ 160 sf or ≥260 if		novat	70770000			×	Mini- Glove	Containme Enclosure ebag Prod Exempted	edure	_			dure		
	le l	ocatio					11011		1 / 2				1126.11	ment	
Location of	No	ormall	у		Des	scription o	nf					_	Typ	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Main Custo	Solel itenan idial S (12)	ce/		os Cont thermal surfac	aining Ma systems i clng, VAT, niscellane	iterial (/ insulati , or		(8	mount specify or LF)	Remova		Repair	Encapsulate	Enclosure
	Yes	No	N/A											te	
1st,2nd,3rd & 4th Floor Classrooms		X		VAT	& Mas	stic (Nor	n Frial	ole)	84	96 SF	Х				
2nd, 3rd & 4th Floor Classrooms		X		Ceiling	Γile&G	lueDots	(Nonf	riable	18	10 SF	Х				
1st Floor Classroom		X		I	Fittings	Glove	bag)			ea .	Х				
1st,2nd,3rd & 4th Floor Hallways		X		VAT	& Mas	stic (Nor		100000000000000000000000000000000000000	igo con con estab	1080	X				
Name of Registered Waste Hauler		1,000	JDEP Wauler ID		Cubic of Was	Yards		Name of	1.7		dfill				
Lilich Corporation			3724	110.	50			G.R.O.	W.S L	andfill					
City, State Woodland Park, New Jersey		,			Dispos 07/01	sal Date /13		City, Stat Morrisv		ennsyl	vania				
Completed by Tatiana Kalenikova	Title Vice F	resid	dent		S	Signature		las	R.C.	-	Date 06/12	/13			

Date of Notification (1)							er/Operator (2		00 \$200	ī			
06/24/	13			Fairle	eight Dici	KINS	on Univers	ity Check # 26	99 \$200		E		
	on		1			oad			·		12		
☑ DOLWD ☑ Amended			-							<u> Siria</u>	- :		
□ DHSS Amendment							sey 07666				-		
	Type Notification Initial Amended Amended Amendment #2 Emergency (includin justification) Cancellation C 5:23-8) C 5:23-8) C 5:23-8) C 5:23-8 Facility Where Abatement is Taking Place Becton Hall ddress River Road G						_	-	Telephone Nur	nber		. (4	
(12					а						0	
		-					MATION	<u> </u>					
New Africality Mileses Abetement in To	king Plac	2 (3)		FAC	ILIT IIVI	OIN	WATION	Type of Facility (4)				
FDU, Becton Hall	iking Flac	e (S)			M-76-77 HILLS			School (K-12)		2)			
Street Address								Other (i.e., pri	ivate and comm	ercial bu	ilding	3,	
1000 River Road								homes, etc.)					
City (5)										100.4	350 . A	e	
Teaneck, New Jersey 07666											55+		
County (6)	Emergency (including justification)					STAT	E USE ONLY)	D	or if being demo	lished)			
Bergen													
Name of Monitoring Firm Hired by Buildi	ng Owner	(8)	1	SCM N	No.	Nam	e of Abateme	ent Contractor (9)					
Environmental Design Inc.						Li	lich Corpor	ation					
Street Address						Stre	et Address						
5434 King Avenu, Suite 101						60	6 McBride	Avenue					
						City,	State, Zip Co	ode			2827		
)					W	oodland Pa	ark, New Jersey	07424		L-MANAGE		
Project Manager for Monitoring Firm		T	ele	phone N	No.	Tele	phone No.		License No.				
Tom Pruno			85	6-616-	9516	97	3-225-8400		01104				
Start Date (10) S	cheduled	Com	plet	ion Dat	e (11)	Nam	e of OSHA M	lonitor					1
	06	/_	30	_ / _	13	J	S Environ	mental					
Occupancy Status During Abatement (C	Initial					Stre	et Address						
				nent		23	333 Route 2	2 West					
Abatement Performed Outside of No	rmal Faci	ity H	our	s - Desc	cribe	City	State, Zip Co	ode					
Time of Abatement:AM-5:00	1/	_	PM	AM	U	nion, New	Jersey 07083						
Scope of Work (Check all that apply)	-						***			40.30	100000		
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 							☐ Mini-End	losure a Procedure		iure			
		ls I o	cat	ion	T		23				atem	ent T	уре
	, _U	Nor	ma	lly	Ashes	etne (Amount				Enclosure
	1		- 4 4 4			, the	rmal systems	insulation,	(Specify	Non	air	aps	losi
IN Facility	C			Staff?					SF or LF)	2		ula	are
(13)	Ve			N/A	1	Ott	iei illiscellane	ous)				e	
1st 2nd 3rd & 4th Floor Classroo		-		-	VAT & I	Vlast	ic (Non Fri	able)	7990 SF	×			
4th Floor Classroom		-	001		Ceiling	Tile	&Glue Dots	(Non Friable)	150 SF				
Classrooms		D	3		Fittings	(Glo	ovebag)		18 EA				
1st,2nd,3rd & 4th Hallways		D	3		VAT Ma	stic	(Non Friab	le)	4590 SF				
Name of Registered Waste Hauler						2000							
Lilich Corporation		10 March	1		AND CONTRACTOR OF THE PARTY OF	0.70		G.R.O.W.S	3.				
Agendres Notified													
						0	7/01/13	Morrisville	e, Pennsylvan	ia			
	justification Cancellation Canc						Signature	1		Date		,	
		Pres	ide	ent				a Kaler	lun	6/-	24/	13	

State of New Jersey APPROVED: TOM VOORHEES, NIAOL

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to <u>N.J.A.C.</u> 8:60 and 12:120)

Ch #2460

Date of Notification	• •					ilding	Owner / Operate	or (2)	W/// 20	9	C 31		()		
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Agencies Notified EPA	Type Notifica	ation								47 g.	5				
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	100000						25			<u> </u>	·				
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	titified Type Notification Street 401			707.0	ODMATION					***	-				
Name of Eacility Wh	oro Abotom	ont in Taking D	lage (2		JILI I	TINE	ORMATION Type of Faci	II.4. / A							
Drumthwacket	iere Abaterri	ent is Taking P	lace (3)			School								
Street Address			-		51	-		•	(Other tha	n K 12					
Oli Col Address								7/3	vate & con			hom	00 0	to 1	
254 Stockton St							Square Feet		# of Floo			0.00	- 20	10.)	
City (5)		County (C)	10-	A C	\ - d - /	7			# 01 1100		Pic	dg. Ag			
CONTRACTOR OF STREET			Cor	inty C	oae ((1)	18,000		<u>., </u>	2		1	78 y	rs	
Princeton NJ		Mercer					Current Use			emolish	ea)				
				- 11	1		Governor's								
		y Building Owi	ner (8)		ASC	CM No.	Name of Aba Bristol Env								
Street Address							Street Addre								
120 N. Warren St	EP OL						1123 Beav	er St	reet						
City, State & Zip Co	de						City, State &	Zip C	ode						
Trenton, NJ 0860							Bristol, PA	190	07						
		irm				oer	Telephone N	lumbe	er		cense Nu	mber			
Ryan Broadwater	•		609-3	92-4	200		(215)788-60	040		0	0509				
		Scheduled Cor			e (11))	Name of OS Bristol Env			ıc					
		ment (Check o					Street Addre		inontal in						
					teme	nt	1123 Beave		reet						
the state of the s							City, State &			_				-	
Describe:						p	Bristol, PA								
	upied During	Abatement 12	Noon	to 8P	M		Distoi, i A	1500							
		1-37							Full Con	tainmer	nt with Ne	gative	Pres	sure)
≥3 sf or ≥3 lf			\bowtie	Ren	ovatio	n		\boxtimes	Mini-End	closure					
≥160 sf ≥260) If			Dem	olition	n			Glove Ba	ag Proc	edures				
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		9					Asbestos-Cor		ng		pecify			C=2.000000	
			200.000				Material (A			SF	or LF)	70		Ĕ	Щ
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	()				N/A		or ourier mileson					-		te	0
Basement						Dine	insulation (V	Mran	& Cut)	6	LF				
Basement				片	H	ripe	Plaste		a out		SF	B	H	H	H
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ivanie oi Registered	vvasie Haule	. 1		25722		200	Cubic Yards of Waste	ivar	ne of Regi	sterea L	anunn				
Bristol Environme	antal Inc			10,010,010		INU.	1 Cu yd	GR	OWS Lar	dfill					
	ontai IIIC.			10/				2750		Idill				_	
City, State Bristol, PA							Disposal Date 6/25/13		, State rrisville, l	PA					
Completed By (Print	or Type)			Title	9		Signature				`	Date			
Gino Pizzigoni				Pro	oject nage		Lino	P	zzigon	:/_	d	6/24	/13		
				Inid	aye		1	1	1/1 /	11					

merger		No		MOITA	u of New OF ASBES NJAC 8;	A ROT	BATEMENT					<u>ئے</u>	203	1
Date of Notification (1)	6-24-12	2	N	ame of	- Part			Thate	1	J.	1 <u>0:</u>	1 1	_	~
Agencies Notified	Type Notification		S	treet Ad		na	20221	<u>.</u> .	.5+ Ru	CTV61	<u>''</u>	L_ (٠ <u>ر</u>	<u>-</u>
Û .0€8∧	encles Notified Type Notification Street Address City, State; Zip Code Anendoment is Teking Place (3) Street Address City, State; Zip Code Pacific Close Address Assume of Scality Where Abatement is Teking Place (3) Street Address Assume of Scality Where Abatement is Teking Place (3) Street Address Assume of Scality Where Abatement is Teking Place (3) Street Address Assume of Scality Where Abatement is Teking Place (3) Street Address Assume of Monitoring Firm Hirde by Building Owner (6)		r b	oad				1						
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Agencies Notified Separation		nna klumi				7								
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			0	OUNTY C	ode (7)				~ ·	-	d)			
Name of Monitoring Firm		wner (8)	1-								ucl	le no	Š	
EPCTE	<u>chnolo</u>	gie:			MA	-	EPC	JE.	tha	pleg	ie s	, ,	In	-
P.O.	Box 3.	37					P.O.	Box	337	, ,				
City, State, Zip Code	aad	N.T	-	280	5.33	3	City State, Zig	Code	AL	TIA	A		72	2
Project Manager for Mo	ni g Trm	/3 =	1	plephor	a No.	-	Telephone No	537	PI	icense No	-		10	_
Steve S	chenker	Schoolule				365			5	_00) (74	7	_
	and the same of th				Marie Contract to the Contract of the Contract		EPC		hnole	عزوج	T	٦.		
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 Abatement Perform 	cated During Entire P ned Outside of Norm	erlod of A	maladı Houra	ent			City, State, Zi	Code	ادر					
the strategy street the	All That Applied						New E	SYP+	1	JC	8:	5.3	3	
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≥ 2180 af or ≥260 lf	.,	Per D	emoliti	òπ		ŧ.	☐ Min ☐ Glo	l-Enclosur vebag Pro	e cedura					
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In Fac	llity	Cusi		itatt?					SF o	rLÉ)	Actura	lepai	apsu	Close
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	4.5					J	J							
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Name of Replanted W	aste Hauler		- N	JDEP V	Vaste	Cubic	Yards	Name of	Registere	d Landfill	_			<u> </u>
		c		auler ID	No.			10000000	. S		~	Ł.,	c t	AJC
1 P P 120	Dete (10) G 26-13 Scheduled Completion Dete (11) G 27-13 EPC Technologies Tx EPC Technol													
City, State	Choologie	<u> </u>		1/0	00			City, Sta	ite				A	_

3/2, Check # 4560

Date of Notification (1)					Name o	of Buildin	g Owner/Operator	(2)	40/ 2.					
06/13/2013				E	Brian H	Iarris		4,4,	50					
Agency Notified	Type Notifica	ation			Street A	Address		W.	7 47.	٥.				
0.554 - 5.564 L 5/9 (8x5) (6x	■ Initial			. 2	47 Eas	st Glen A	Avenue		<u> </u>	્ર. - જે)				
⊠ EPA □ DEP	Ma Amended				City, St	ate, Zip (Code	(1) 1 4 6 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 /	C				
⊠ DOL	Amendm					ood, NJ			311	<u> </u>				
⊠ DOH					Name (of Contac	pt .		Telephone Nur	mber				
DCA	☐ Cancellati			E	Brian F	Harris			i ·					
					FACII	LITY INF	ORMAT10N	,						
Name of Facility Whe	re Abstement is T	Taking Place	(3)	2012				Type of Facility	(4)					
Name of Facility Wile	ere Abatement is	akiliy Flace	(3)					511 15 1 5						
								School (K-12	Other than K-1	2)				
Street Address									ivate & commerci		gs,			
247 East Glen Aver	nue							homes, etc.)		1 80	•			_
City (5)								Square Feet	# of Floors	Bldg.	Age			
Ridgewood, NJ 074	150									50+			Earth	
County (6)	.50				County	Code (7) (STATE USE	Current Use (Pr	or if being demo	lished)				
				100	ONLY)			Home						
Bergen Name of Monitoring	Firm Hired by Buil	ding Owner	TA	SCM	No.		Name of Abater	nent Contractor (9	9)					
(8)		J					RICI CORP							
				_			Street Address							
Street Address							41 LIBERTY S	TOPET						
20-21 Wagaraw Ro	ad - Bldg 35E						City, State, Zip							
City, State, Zip Code														
Fair Lawn, NJ 074							PASSAIC, NJ	07055	License No.			_	_	
Project Managerfor I	Monitoring Firm		le	ephor	ne No.		Telephone No.							
	Date (10) Scheduled Completion						973-614-1266		00838			-		
Start Date (10)	tart Date (10) Scheduled Complet						Name of OSHA	Monitor						
June 18,2013		e 20,2013					RICI CORP							_
Occupancy Status D	uring Abatement (Check only o	ne)				Street Address							
☐ Facility ClosecNa	cated During Entir	re Period of A	bate	ement			41 LIBERTY S				57 549			
☐ Abatement Perform	med Outside of No	ormal Facility	Hou	irs			City, State, Zip	Code						
Other - Describe							PASSAIC, NJ	07055						_
Scope of Work (Che	ck all that apply)					W-144	D Full	Containment with	Negative Pressu	ıre				
□ ~: 3 sf or ~: 3 lf					Ren	ovation		i-Enclosure	i Negative i Tesse	210				
≥ ~: 1 60 sf or ~: 260	If				🗷 Den	nolition	⊠ Glov	velbag Procedure	d Non Erichle Dr	ocedure				
II.							□ Non	-Exempted (*) an	d Non-Friable Pri	ocedure	ΙΑ	bate	eme	nt
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	cation of			lorma			Description	of						
	aining Material (A	CM)		d Sole ntena		Asbe	stos Containing M	faterial (ACM)	Amount		77		Ē	m
	E ABATED		75.75	ustod	ial	(i.e	e., thermal systems surfacing, VA	s insulation,	(Specify SF or LF		em	Rep	caps	Clo
IN IN	I Facility (13)			Staff? (12)	2		other miscellar		5. G. E.	,	Removal	Repair	Encapsulate	Enclosure
	(13)			(12)	_						=		9	
		Y	es	No	N/A						1	-	-	-
Basement				x		Pipe In	sulation		250 LF		x	_	1	
- Lucinoni														
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	Meste Hauta		NI I	DEB	Naste I	Hauler	Cubic Yards of	Name of Reg	stered Landfill				_	
Name of Registered	vvaste Hauler			No.	vasie i	iauloi	Waste	, tunio di riogi						
DIGI CODE			290	(4).E.S.			TBD	G.R.O.W.S.	LANDFILL					
RICI CORP City, State			270	1.51			Disposal Date	City, State						
							TBD _	MORRISVIL	LE. PA					
PASSAIC, NJ Completed by Title					-		Signature	V CORRESTI	,	Date				
Completed by							1/1/1/	6 (W		06/13/	201	3		
RISTO TRAJKOV	PR.	ESIDENT * Do not II	SA FF	is for	m for a	shestos li	censure exempte	d activities:		100, 101.				-
ASB-41		DO HOL U	oc li	113 1011	ii ivi di	SUCUS II	Conocio Cacinple							



Date of Notification (1)					Name	of Building	Owner/Operator (2) <0/	5	WIII-2				
6/2	1_ / _	13	_		E.I	. Dupont								
Agencies Notified Ty	pe Notificat	tion			Street	Address		·						
	Initial				250	Cheesed	quake Road				. 3			
Charles and the Control of the Contr] Amended				City, S	State, Zip C	ode				(6)			
☑ DHSS	Amendme	_			Par	lin, NJ 08	8859							
	Emergenc justificatio		cluding		Name	of Contact			Telephone No	umber	-			
(NJAC 5:23-8)] Cancellation				Nic	hol Reinh	nold		-					
1	,				FA	CILITY IN	FORMATION							
Name of Facility Where Aba	tement is Ta	aking	Place	(3)				Type of Facility	(4)		_			200
Building 1820	torriorit io 1	J9		(-)				School (K-12)					
Street Address						-	**************************************	Subchapter 8	Other than K	-12)		1.0	_	
250 Cheesequake Roa	ad							Other (i.e., po homes, etc.)		merciai	bui	laing	s,	
City (5)				5500				Square Feet	# of Floors		Bld	g. A	ge	
Parlin								12200	3		4	·/- 50)	
County (6)					Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	ior if being dem	olished)			
Middlesex								57						
Name of Monitoring Firm Hir	red by Build	ing C)wner (8)	ASCM	No.	Name of Abatem	ent Contractor (9)						100
Criterion Laboratories							USA Environ	mental Manag	ement, Inc.					
Street Address		6.14-33		-			Street Address							
3370 Progress Drive,	Suite J						8436 Enterpr	ise Avenue						
City, State, Zip Code		-		-			City, State, Zip C	ode						
Bensalem, PA 19020							Philadelphia	, PA 19153						
Project Manager for Monitor	ject Manager for Monitoring Firm						Telephone No.		License No.					
Mike Panepresso							215-365-5810)	1156					
Start Date (10)	S	ched	uled C	ompl	etion Da	ate (11)	Name of OSHA N	Monitor						
7 / 5 /	13		7 /	_1	2_/	13	USA Environ	mental Manag	ement, Inc					
Occupancy Status During Al	batement (C	Check	only o	ne)			Street Address							
☑ Facility Closed/Vacated I							8436 Enterpr	ise Avenue						
Abatement Performed On Time of Abatement: 7:30	utside of No 0_AM- <u>3:30</u> F	rmal PM/_	Facility F	y Hou M	rs - Des	scribe 1	City, State, Zip C Philadelphia							
Scope of Work (Check all th	at apply)							/						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			⊠ Re				☐ Mini-End ☐ Gloveba	tainment with Neg closure g Procedure empted (*) and No						
				Loca		T			i i		Aba	atem	ent T	уре
Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13)	terial (ACM)	Use Ma	inten todia (12	ely by ance/ Staff?	(i.e	Description of estos Containing Ma e., thermal systems surfacing, VAT other miscelland	aterial (ACM) insulation, , or	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
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Dilip Kumar														

DEPA DOL DOH DOH DOCA DOCA Name of Facility Where Abate Street Address	Flee Res	(3)	City, St	Address 12 Som elle ate, Zip Code BRIDAE	eset so	2			şiy şiy	1	
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Project Manager for Monitorii	ng Firm	Telepho	me No.	Telephone No.	4-1757	License No.	1.2	λ		******	1000
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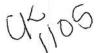


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NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification	(Y)	(P	nusuant	to NJAC 8:60 and	BATEMENT		65	H	_
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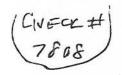
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Age County Code (7) (STATE USE ONLY) VES County Code (7) (STATE USE ONLY) If each by Building Owner (8) ASCM No. Name of Abatement Contractor (9) SHARON QUALITY CONSTRUCTION LLC. Street Address 22 VAN ORDEN PL. City, State, Zip Code HACKENSACK N.J. 07601 Telephone No. 201- 708- 4270 01135 Scheduled Completion Date (11) O6/25/2013 Abatement (Check Only One) ed During Entire Period of Abatement doutside of Normal Facility Hours That Apply) Renovation Demolition Renovation Demolition Renovation Demolition Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yee No N/A SHINGLES Name of Registered Landfill Amount (Specify SF or LF) Size Landfill Amount Material (ACM) Amount (Specify SF or LF) Size Landfill Amount Material (ACM) Amount (Specify SF or LF) Size Landfill Amount Minimal Registered Landfill Amount Minimal Registered Landfill Minimal Revaluation Minimal R

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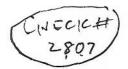
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ASB-41		of use this i			Hanning Avanta	Solution .				٧	



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (1)	/13			Na	^	ing Owner/Operato	x (2) ONSTRUC	- 1-7			
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	<u> </u>			1-	1200	- 6002.5					
				F	ACILITY IN	FORMATION					
Name of Facility Where Abate	ment is Tak	ing Pla	ce (3)				Type of Facilit	ty (4)			
RES 13	DERC	G	•			200000000	School (K-	12)			
Street Address			-					r 8 (Other than K-1)			
22	1 71	PTH	. 57	-			Other (i.e., homes, etc	private & commerci	al bui	Idings	
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(8)							FM CO I	NC,			
Street Address						Street Address					
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Project Manager for Monitoring	Firm		Tel	ephone	No.	Telephone No.		License No.			
Fridect manager for morntoning			1	. p			9-0472	004	14		
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Start Date (10)		/		/	ate (11)	Name of OSHA N	Monitor V				
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Can	BE MAY			-	Name of Abater		mao((9):				
Name of Monitoring Fir	m Hired by Building	>wner	ASCH N).	Name of Abater		INC	. /			
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7.000					AHSOLE	Honing					
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MOTIFICATION OF ARBEITOS ABATEMENT BER - MAIL IN HARD COPY (Fursiliest to NIAC 8:00 and 12:128)

Date of Nettication (1)	U	T			Owner/Operati	ar (2)	1. At post 212					
June 25, 2013					hip Schoola	Chea	k# 684	11) DA	Y		7
Agundes Notified Type Notification				reford Ro				- IC	יוטי	1	L	
C DEP American		_	City, Su Deirar	tto, Zip Co 1, NJ 080	de)75		JU.	N 25	2013			
Emergency (a juntification) - Committee	nskuding		Name e	Contact			Te	ilanham M			1	T
			FACI	LITY INFO	MAYION	Type of Each	VALVE	DADE	1001	E		1
Name of Facility Where Abalement is Taking Dolran Middle School	Pinco (2	1)				8 Suhool	(K-12)			EL]
Sinest Address 906 South Chester Avenue						Other (ipieřě (CX) I.o. privatu	e commer	12) clai bul	dings	hom	86,
City (5) Delran, NJ 08109						9quare Feet 10,000	2	of Floora		3)dg. /	/Ga	
County (8) Burlington				Code (7) USE ONLY		School	(Prior if be	and daucol	ahed)			
Name of Monitoring Firm Hired by Building O Westohester Environmental, LLC	(6) tenw		ABCA	i No.		a of Abatement						
Street Address 307 N. Welnut Street				***************************************		Address Cuttor Ava.						
City, Rivin, Zip Code Vices Chester, PA 19380					City,	State, Zip Code ple Shade, N	e	2				
Project Manager for Manifoling Flyn		T	Talepho	no No. 31-7645	Tele	phone Mo. -755-0098	., .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Udense 00842	No.			
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Occupancy Status During Abatement (Check Facility Classed/Vecated During Entire P			nen!			Haddon Av	0	5. 1				
Facility Closed/Vecated During Entire Pa Absternent Parterment Quiside of Norma Other — Describe:	D Facility	Houn) ———			Stom, Zip Code etmont, Nev		08108	35)			
Scope of Work (Check All That Apply)											17-7-1-1	
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Halways near cafeteria/A112/A113	Х				e (Full Cont		13 LF	MEN				
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Name of Regulatered Waste Heuler Freehold						Gro	ws Land	aied Landf AA	111	1		
City, State Mount Holly, New Jersey 08060					Disposal Dat 7/5/2019		Giana Youwn, P	A.				
Completed by Christina Lynch	etlon	s Mans	iger		Talle	1		une 2	15, 2C	113	2000	

A6B-41 (R-06-08)

^{*} Do not use this form for appeales itempore assempted activities.

MO#20613923820

MAY 11

Date of Notification (1)				Name	of Building	g Owner/Operator	r (2)					-		
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Agencies Notified Type No	otification				Address			14 /// 20						
☐ EPA								* 4 Ø	AM 2	ac.				
☑ DOLWD ☐ Ame				7-72-1-07	emont Avitate, Zip (<u> </u>		9°C_				
□ DHSS Ame	ndment #_				ASIA MASS NA			# Linking a second						
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A Province of the country of the cou	fication)				of Contac	ı		Telephone Number 4.						
Can	cellation			Gail K	nowlton									
				FAG	CILITY IN	NFORMATION								
Name of Facility Where Abatemen	nt is Taking	Place	(3)				Type of Facil	ity (4)						
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Street Address								er 8 (Other than I ., private and cor		uildine	10			
25 Firemont Avenue							homes, e		milerolar c	, and ing	J.,			
City (5)					- 110 23 ⁻		Square Feet	# of Floors	3 F	3ldg. A	ge	-		
North Arlington, NJ 07031										ACCOUNT ACCOUNT				
County (6)				Coun	ty Code (7)	(STATE USE ONL)	() Current Use	(Prior if being de	molished)		-			
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Name of Monitoring Firm Hired by	Building C	wner (8) [ASCM	No	Name of Abate	ment Contractor	(0)			-			
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City, State, Zip Code						City, State, Zip	Code							
						Wayne, NJ 07	470							
Project Manager for Monitoring Fi	rm		Tele	phone	No.	Telephone No.		License N	0.					
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Start Date (10)	112				te (11)	Name of OSHA	Monitor							
	0	7_ /	06	_ / _	13	Envirovision (Consultants, Inc	:						
Occupancy Status During Abatem	ent (Check	only o	ne)			Street Address								
□ Facility Closed/Vacated During				ment		20.21 Wagara	w Pood Plda	# 25 E						
Abatement Performed Outside	of Normal	Facility	Hou		cribe	City, State, Zip	w Road, Bldg	.# 33 E						
Time of Abatement:AN	1PI	Λ/	PM_		AM									
Scope of Work (Check all that app	lv)					Fair Lawn, NJ	up and deconta	mination						
Scope of Work (offect all that app	,,,,							Negative Pressur	re					
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Wayne, NJ 07470						TBD	Tullytown	DΔ						
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ASB-41 MAY 11	9	Do no	use i	his form	ı for asbes	stos licensule exe	mpted activities.							

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

Date of Notification	n (1)		Name of Building Owner/Operator (2) Mr. Rutledge										
6-25-2013			Mr. Rut	Ledge									
Agencies Notified	Type Notifica	ation	Street Addres		2012	7.							
[]EPA	[X]Initial		16 Wood	Hill Drive	-010	JUN 23 AIT							
[]DEP	Notific	ation	City, State,	Zip Code	e en		2. 5.	``					
[X]DOL	[]Amended		Maplewoo	od, NJ,			4						
[X] DOH	Notific	ation	Name of Conta	ect	1.5	e Number							
[]DCA	[]EMERGENC	Y	Mr. Rut		1 · · · · · · · · · · · · · · · · · · ·								
[]DCA	[]Cancella	tion	1				B.						
			FACIL	TY INFORMATION				, , , , ,	155.7				
Name of Facility Wh		is Taki	ing Place (3)		Type of Facil	ity (4)							
Same as above	9				[]School				123				
Street Addres						ter 8 (Other i.e., private							
						uildings, home							
					Square Feet	Bl	dg.	Age					
City (5		County	(6) Essex	County Code (7)	2100	# of Floors Bldg. Ag			8				
				(STATE USE ONLY)	Current Use (Prior if bein	g den	olis	hed))			
×			sex	L.,									
Name of Monitoring Owner (8)	Firm hired by	Buildir	ng ASCM No.		ement Contracto								
N/A					MANAGEMENT	, Inc.							
Street Address				Street Addres									
					stopher St	•							
City, State, Zip Co	de			City, State,									
				Montcla	air, NJ 07042								
Project Manager for	Monitoring Fi		elephone Numbe						er				
		N	/A	(973) 744	4-8800	0	037	1		53 63			
Scheduled Start Dat	e (10) Sche		oletion Date (11	Monitor								
7-5-2013	4	7-8-		N/A									
Month Day 3		nth (Check	Day Year	Street Addres	ıs								
[X] Facility Clo	osed/Vacated D			Delege 122200									
of Abatemer []Abatement Pe		de of N	ormal Facility	City, State,	Zin Code								
Hours - Desc	cribe: «OffHour	s Descr	ipt»	Dity, State,	alp occa								
[]other - Desc	cribe: «Other O	ccupanc	y Descript»										
Scope of Work (Chec	k all that app	oly)		(v lEul'	l Containment w	ith Negative	Press	nire					
[X]>3 sf or	: >3 lf		[X]Renovation		i-Enclosure	Idi Negacivo							
[] <u>></u> 160 sf			[]Demolition		bag Procedure	,							
			Is	[]NOII-1	Friable Procedu	Te .	Aba	teme	nt 1	Type			
Locatio	n of		Location Normally	Descripti			R		E	E			
Asbestos-Co Material	1000000000000000000000000000000000000		Used Solely	Asbestos-Cor Material	20100011212121 17 0 1	Amount (Specify	E	R	CA	C			
TO BE A			By Main- tenance/	(i.e., therma	l systems	SF or	0	PA	P	os			
In Faci	2000 DOD 1000		Custodial	insulation, surf	- 1995 - 7 060 - 26 - 35	LF)	A	I R	U	U			
(13)		Yes	taff (12) No N/A	Or Other misce	erraneous)		L		L	R			
Attic			X D	uctwork		18 lf	X						
Basement				uctwork		100 sf	x						
				Olavi - Landing									
Name of Registered	Waste Hauler	b	NJDEP Waste	Cubic Yards	Name of Regi	stered Landfi	11						
AZTECH MANAG			Hauler ID No.	of Waste 1.5	G.R.O.W.	S.							
City, State			1040	Disposal Date	City, State								
Montclair, NJ	07042					lle, PA 1	906	7					
					1	//							
Completed By (Print		tle	2 14 1 20	Signature	1-1	// F	ate		2				
Constantine V	vivian Pi	resid	ent	11 00	MANNIN	11/2	6-25	-201.	,				
				10	college de		- 74.5						

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

Date of Notification (1)				ling Owner/Operat	or (2)							
9-19-12			Ronald Joseph Street Address 49 Warwick Street City, State, Zip Code East Orange, NJ,									
Agencies Notified []EPA	Type Notifica [X]Initial	tion	Street Addres 49 Warwi	s Lck Street	· ·	JU1 28 02.						
[]DEP	Notifica	ation	City, State,	Zip Code			3.50					
[X]DOL	[]Amended		East Ora	ange,NJ,	8 /	754 C	A.C.					
[X] DOH	Notifica	TOTAL PROPERTY OF THE PARTY OF	Name of Conta	ict	Telephor	ne Number	77					
[]DCA	[]EMERGENC	- 11	Ronald d		1							
LIDOR	[]Cancella	tion		10.00±								
				TY INFORMATION								
Name of Facility Wh		is Takir	ng Place (3)		Type of Facil	ity (4)						
Same as above	•				[]School	(K-12) ter 8 (Other	than	K-12)			
Street Addres					[X]Other	i.e., private	€ co	mmer	-			
						cial buildings, homes, etc						
City (5		County ((6) Essex	County Code (7)	Square Feet 1800	# of Floors Bldg			g.Age ∩			
CITY (5		ESSE		(STATE USE ONLY	., ====	Prior if being			hed)			
	40											
Name of Monitoring	Firm hired by	Building	ASCM No.	Name of Aba	tement Contracto	r (9)						
Owner (8) N/A				AZTECH	MANAGEMENT	, Inc.						
Street Address				Street Addr								
				86 Chr	istopher St							
City, State, Zip Co	ode			City, State	a, Zip Code air, NJ 070	42						
							ense	Numb	or			
Project Manager for	Monitoring Fi	rm Tel	Lephone Number A	(1)	44-8800	[037		.GI			
Scheduled Start Dat	ce (10) Sche	d. Compl	letion Date (Monitor							
7-5-2013	3	7-8-	-2013	N/A								
Month Day Occupancy Status Du			only one)	Street Addr	ress	10.25	-			400		
[X] Facility Cl	osed/Vacated Du											
of Abateme	nt erformed Outsid	de of No	rmal Facility	City, State	. Zip Code			1000	-			
Hours - Des	cribe: «OffHours	Descri	pt»	52517 55885	,							
	cribe: «Other Oc		Descript»									
Scope of Work (Chec	k all that app	ly)		[]Fu:	ll Containment w	ith Negative P	ressu	re				
[X]≥3 sf o		9373	X]Renovation	[]Min	ni-Enclosure							
[]≥160 sf	or ≥260 lf	1]Demolition		ovebag Procedure n-Friable Procedu	ire				00000		
HART STANFFORM		т.	Is ocation				Aba	teme	nt I	Ype Ype		
Location Asbestos-Co			formally	Descrip Asbestos-C		Amount	R	R	N	N		
Material	~ 14 76 47 48 50 10 10 10 10 10 10 10 10 10 10 10 10 10		Used Solely	Materia	1 (ACM)	(Specify	E	E	C A	L		
TO BE A			y Main- enance/		mal systems	SF or LF)	A O	Ā	PS	os		
In Faci			ustodial aff (12)	insulation, su or other mis		1111	A	R	T.	UR		
		Yes	No N/A							E		
Basement			Х	PIPE INSUL	ATION	40 LF	X	_		_		
						*dei	11					
Name of Registered AZTECH MANA		C Ha	DDEP Waste auler ID No. 7040	Cubic Yards of Waste 1.5	G.R.O.W.	istered Landfi S.	11					
City, State			-	Disposal Date	City, State	/		_				
Montclair, No	07042			7-9-2013	Morrisvi	.11e, PA 1	.906	7				
Completed By (Print		:le :eside	Signat	ure		0ate 6-25-	-201	3				
- Comb Can Cane					11000/4	y K			- 22			
					NUG							

3339

Date of Notification (1) 6/25/13		0.50			Building One VI Hig			(2)	2013 JUN	20						
Agencies Notified	Type Notification		1.00	treet Ad				4.		£, U	417 2:	Sr	1			
EPA DEP DOL	Initial Amended Amendment #		C	ity, Stat	pkins Ro e, Zip Cod nfield NJ	le	33		& Li	- 4//	illin i	0)	-		-	
☑ DOH DCA	Emergency (in justification) Cancellation	cluding	1353	lame of Sal	Contact					Tel	ephone N	lumb	er			
Name of Facility Where Paul The VI High S Street Address		Place (3)		FACIL	ITY INFO	RMA [*]	TION	× s	of Facility (4 School (K-12 Subchapter	2)	er than K	-12)				
901 Hopkins Rd									Other (i.e. private & commercial b etc.)						S,	
City (5) Haddonfield NJ 080	033							1000	1000+		f Floors		Bldg. Age 35+			
County (6) Camden				County Code (7) (STATE USE ONLY)					nt Use (Pric	r if bei	ng demol	lished	i)			
Name of Monitoring Firm		ASCM	No.			of Aba aco Ir	tement Con	tractor	(9)							
Street Address						Addres										
City, State, Zip Code							ip Code in NJ 080	91								
Project Manager for Mon	T					phone No. License No. 00727										
Start Date (10) 7/8/13	d Com	Completion Date (11) Name Sam				me of OSHA Monitor Ime										
Occupancy Status Durin	ng Abatement (Check	Only One	e)	Street					et Address							
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire Pened Outside of Norma	eriod of A Il Facility	bateme Hours	tement City, State, Zip Code												
Scope of Work (Check /	All That Apply)													-		-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	17			novation nolition					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure				e			
		le	ocatio	nn .			-	_ 140	III Exemples	. () ui	14 1101111	labio		Abate	ement	
Locatio Asbestos-Containing TO BE AB In Fac (13)	g Material (ACM) BATED illity	N Used Mai						Materia is insula AT, or	terial (ACM) nsulation, or		Amount Specify F or LF)		Remova	Repair	e Encapsulate	Enclosure
		Yes	No	N/A									10400		e e	
Audito	rium		X			Floo	r Tile / I	Mastic	;	65	500 SF		x			
												_				
					en lumber						<u> </u>					
Name of Registered Wa	l N.	IDEP W	laste	Cub	oic Yards Name of Registered Landfill											
United Containers	NJDEP Waste Hauler ID No. 22459 Cubic Yards of Waste 5															
City, State Elm NJ	Disposal Date 7/16/13															
Completed by Anthony T Perna	dent					Signature Date 6/25/				/13						



Date of Notification (1)		Name of Building Owner/Operator (2) Robert DiRico												
6/16/1						co			_		1			
Agencies Notified EPA	Type Notific				Address Cranford	l Road	4///			O	6			
DEP DOL	Amende				State, Zip				1/3	11	1			
Andrew Co.	Emerge	ncy (includin	g		ry Hill,					J				
DOH	justifica Cancella				e of Con			Telephone Numb	рег					
Прои	- Caricelle				t DiRico		1		3	_	_	_		
				FAC	ILITY IN	FORMATION		ype of Facility (4)						
Name of Facility Where Residence	Abatement is	Taking Plac	e (3)				School (K-1							
								8 (Other than K-12	2)					
Street Address 403 Cranford Rd							private 8 commercia	al build	dings,					
City (s)							2.)			Age				
Cherry Hill							2	1000	yrs)					
County (6)				Cou	nty Code	(7) (STATE	rior if being demolis	_						
Camden				USE	ONLY)	.,,,	Residence		0.5					
Name of Monitoring Fire	m Hired by Bui	Iding Owner	- r	ASCM	No.	Name of Abater	ment Contractor (9)						
(8) N/A					A. A. C. C. C.	AEi2, LLC	The second secon							
Street Address						Street Address								
		2-2-0-XX		South Residential		300 S. Lenola								
City, State, Zip Code						City, State, Zi								
						Maple Shade	, NJ 08052							
Project Manager for Monitoring Firm					No.	Telephone No.		License No. 00689						
						609-481-212		00089			_			
Start Date (10)		Scheduled (etion Da	ite (11)	Name of OSHA	Monitor							
6/25 /2013		6 /25 /20				AEi2, LLC			74		_	_		
Occupancy Status Duri						Street Address								
Facility Closed/Vac	ated During Er	ntire Period	of Aba	tement		300 S. Leno					-			
Abatement Performe Other - Describe:	ed Outside of N	Normal Facili	ty Hou	irs		City, State, Zip Maple Shade	e. NJ 08052							
								legative Pressure				_		
Scope of Work (Check	all that apply)					<u></u>	ontainment with r nclosure	vegative Fressure						
□>3 sf or >3 lf		X R	enova emoliti	ion			ag Procedure							
≥160 sf or ≥260 lf		П	emonu	UII				Non-Friable Procedu	ıre					
		Is	Locati	on						Abate		t		
			lormall d Sole			Description of	of			Тур		_		
Location Asbestos-Containing	า of Material (ACM) Ma	intena	nce/		stos Containing Ma	iterial (ACM)	Amount	R	R	n	E n		
TO BE ABA	ATED		ustodi Staff?		(i.e.	, thermal systems surfacing, VAT	insulation,	(Specify SF or LF)	e m	e p	a.	1		
IN Facili (13)			(12)			other miscellane	eous)	Or or Er /	v	a	p s	s		
(,			Ť	Т	1				a 1	r	1	r		
		Yes	No	N/A				500 GE	+	-	t	\vdash		
Basement				X	Floor	Tile & Mastic		500 SF	X	-	_	1		
									_	_	_	_		
											L			
	1	1		- 10										
Name of Registered Waste Hauler				NJDEP		Cubic Yards	Name of Reg	istered Landfill				N Section		
AE'O III O				Hauler ID No. of Waste TRD						V1.78(-2360)				
City, State						4 Disposal Date	City, State	7						
Maple Shade, NJ						TBD .	TBD							
Completed By		Title				Signature	1/1/20	Date						
Wm. Minnick		100000000000000000000000000000000000000	am Mgr. 6/16/13											
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ŀ	Date of Notification (1)	6-17-	1-1		I No	ma of D			2.120)			o.		3
T	The sales of the sales of the sales	ميونتسنست	12.	السالدة والمستأة	->0	CONTRACTOR OF DEPOSIT	uilding Ow	nerroper	ator (2)	Recei	ALL LYING	SA	-	-
	Agency Notified	Type Notifical	lon		Str	eet Addr	655					Correspondence (Section 1	Contract of the Contract of th
- 1	Q EPA	Initial ·		V	L			201	MU	llic	A Hill	0.00	. 15	
	© DOL	Amended Amendmer	-		Chy	. State,	Zip Code		1.	: -				1.
	U DOH	Emercianos	Smalantin		L		6	1453	מנטם	1	1.5 00	602	20	
		i retification			Nan	ne of Co	ntact			-	Telephone I		105	
						JAC	Commence of the Commence of th	ASS				110111120		— .
ĺ.	Name of Facility Where Aba	thement is Tal	ine Mass	A6n	FA	CILITY	NFORMAT	NON			- 0,			
	· Will	SON HAL	HAI FIECE	(0)					Type of	Facility	y (4)			
				· · · · · · · · · · · · · · · · · · ·					O School	ol (K-1	2)			
	201	Plulle	n //	.10				(3.3)	U Subal	hambar:	R ATTERNA CO	12		
11	City (5)	000	11- 1-1	111			Lakes Estage		: an Antel	(Le. pr s, etc.)	TURIS & ASSESSED	cial bu	ildings,	8
11	Glasch	מכנע				•			Square F	est	# of Floors	BI	ldg. Ag	
	County (6)	210							3000	do	3	1.	77	, .
	Stoosta	0			Count	y Code (7) (STATE	USE			for if being demo	lichari	1	
	Name of Monitoring Firm Hire	d by Ruilding	-	1 400	L .	, 						an rou	<i>i</i> .	
1 1		y waxang	- Cutting	ASC	W No.		Name of	Abaten	ent Contra	ctor (S)				
1 18	Street Address			1			H	51	OF LI	cc				
16							Street Ac	idress	2.1		1			
110	City, State, Zip Code	· · · · · ·					City, Stat	12	DURLI	ncto	n Are			
1 1	Paias II							ال حال حا	indo (1 .				
11.	roject Manager for Monitoring	Fam ·	T	elepho	ne No.		Telephone) No	rece		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	125		
8	art Date (10)]				85/25	24/	1560	. 1	License No.	~		
1 1	/ 17 /2	Scheduler	Comple	tion Dat	to (11) :	·.	Name of C	SOLIA MA	miles i		0107	2		
0	COTO Salar D	1/	- 4	_ ^	ζ.	.		rwo ar i san	HIROF		10	**	,	•
	cupancy Status During Abate	ment (Check	only one)				Street Add	789s	<u> </u>	.5.	=1-5-,			
16	Facility Closed/Vacated Durin Abatement Performed Outside Other - Describe:	g Entiro Perio	d of Abab	ernent		- 1			200		*		1000	
10	Other - Describe;	on Monthly Pa	cility Hou	irs			City, State,	Zip God	9					
Sce	pe of Work (Check all that ap	ply)		-										100000
· 10a	(3 of or > 3 K							Firll Con	hart					
103	160 sf or 2 260 ff		•		Renova Demoliti	tion ion	0	Mhi-Enc	losure Iosure	m Neg	ative Pressure			
	· · · · · · · · · · · · · · · · · · ·	-						Slovebag Ion-Eval	Procedure			,		
			Is L	ocation				1411 00101	MARIO () E	חפא פו	-Friable Procedu			
	Asbestos Contribute Manual		No	rmally Solely i									Abater	
	TO BE ABATED	(ACM)	Waint	enance	i A	Sbestos	Description Containing	Ad-tenio	1/0000				TT	<u> </u>
	IN Facility (13)			todial aff?	1	fire" file	rmal system surfacing, V	ms incub	etion.		Amount (Specify	20	. _ 5	
	`	- 1	- (1	(2)		oti	her miscella	ingous)	- 1		SF or LF)	Removal	Ropeir	Enclosure
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, wille (of Registered Waste Hauter		NJDEP	Waste	Hauler	Curlet	c Yards of					++	+	\dashv
0 1	ubinson Wast		ID NO.	27		Wast	3	Namo	of Registe	red La	ndfill (2			\dashv
City, St	200		ZKE	35		1 2	20	1 1	UN	1	0			1
	Bellman	2	1/1			Dispo	sal Data	City, S		, ,	14	<u> </u>		
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		Do not use	uis form	for act	estos lic	ensure e	tompled a	ctivities.			6-1	17	3	1
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6 23-	13	tru		X.	ic alou and 1						
Date of Notification (1)	13	عقامين	Na	me of Buil	ding Owner/Opera	tor (2) Nat	ienal	PANK E	Tenes	HAR	y 50
Agency Notified Type Notificati	on		Str	eet Addres	is 516 1	entehun	st	Ine.		(3) ₄	
□ DEP □ Amended			City	y. State, Zi	p Code					6)	}
O DOL Amendmen O Emergency			Ł		Natio	MAL PM	212	NJ	08	06	3
O DOH justification))		Nar	me of Cont	act Cilil			elephone N			
□ DCA □ Cancellation	1			Bill	Cattell.						
Name of Facility Where Abatement is Tak	rinn Moss	- AM	FA	ACILITY IN	FORMATION					dh.	
National Paul Ekn						Type of Fa			12 15		1507.3
30-10-10 A -4-1-		wel			-	School (K-12)				
516 Lalehuast	An					Subchar Other (L	a. private	& commerc	12) Hal buik	dings.	
						Square Fee	ołc.)	f Floors			e e
Sity (5) National Park			ν,	•	•	Odnava Lad	1 00	i riggis	Elid	g Ag	8
County (6)	- 1		Cour	nty Code () (STATE USE	Current Use	(Prior it)	paina dama	Reharll		
Sloveten			ONL		7.3		(c. 1140 to)		orreu)		
ame of Monitoring Firm Hired by Building	Owner	ASC	M No.		Name of Abater	nent Contract	r (9)			<u> </u>	
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reat Address					Street Address	2 Buch	ctan	Ann			*
ty, State, Zip Code							7 1001	HAL			81 ₂₂ 1
				V	City, State, Zip C	Delan	· 1	ITO	275	_	
oject Manager for Monitoring Firm		Telepho	one No.		Telephone No.	OCIAII		nse No.	INO		
share merun Art. for thousand Littil											
			32		856 524	15.60	1 6	01070	•		
art Date (10) Schedul	ed Comp	letion D	ate (11)) : *,	856 504 Name of OSHA		1.0	31070	 ,	 ,	
art Date (10) Schedul July 8-4 2013 Ju	4 20	of 2	ate (11)) : •			<u> </u>		, 	· ,	-
art Date (10) Suly Sul 2013 Schedul Coupancy Status During Abatoment (Chec	k only on	18) .	0/3): •					, 		-
art Date (10) Schedul July 8-4 2013 Schedul	k only on	18) .	0/3) : •	Name of OSHA N	Monitor '	· ·		,		-
art Date (10) Schedul July S. J. 2013 Coupancy Status During Abatement (Checked During Entire Per Abatement Performed Outside of Normal Other – Describe:	k only on	18) .	0/3):	Name of OSHA	Monitor '			·		
art Date (10) Schedul July 8-4 2013 Schedul	k only on	18) .	0/3)	Name of OSHA & Street Address City, State, Zlp Co	Monitor ode			•		
art Date (10) Schedul July 8-4 2013 Schedul Equipancy Status During Abstement (Check Facility Closed/Vacated During Entire Per Abstement Performed Outside of Normal Other – Describe; ope of Work (Check all that apply) 3 af or 2 3 ff	k only on	18) .	0/3	ovation	Name of OSHA N Street Address City, State, Zip Co	donitor			•		
art Date (10) Schadul July S-4 2013 Schadul Cupancy Status During Abatement (Chec Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: Ope of Work (Check all that apply)	k only on	ie)	0/3	ovation	Name of OSHA N Street Address City, State, Zip Co	denitor ode omainment wit	h Negativ	e Pressure		•	
art Date (10) Schadul July S-4 2013 Schadul Coupancy Status During Abatement (Chec Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: Ope of Work (Check all that apply)	ik only on nod of Ab Facility H	ie) satement fours	Ren Dem	ovation	Name of OSHA N Street Address City, State, Zip Co	denitor ode omainment wit	h Negativ	e Pressure		Shari	
art Date (10) Schedul July S-4 2013 Cupancy Status During Abatoment (Check Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other — Describe: Ope of Work (Check all that apply) 13 sf or ≥ 3 H 160 sf or ≥ 260 H	k only on not of Ab Facility H	ie)	Ron Dem	ovation	Name of OSHA N Street Address City, State, Zip Co	denitor ode omainment wit	h Negativ	e Pressure			tomer
art Date (10) Schedul July S-1213 Coupancy Status During Abatement (Check Abatement Performed Outside of Normal Other - Describe; Ope of Work (Check all that apply) 3 sf or 2 3 if 160 sf or 2 260 if Location of Asbestos-Containing Material (ACM)	ly 200 ek only on ned of Ab Facility H	te) sate mentiours sate mentiours sate mentiours sate mentiours	Ren Dem	ovation nolition	Name of OSHA in Street Address City, State, Zip Co	ode omainment wit nelosure sag Procedure xempted (*) an	h Negativ	e Pressure		7	ype
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X 20694

JUN 95

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

Date of Notification (1)			Name of Building Owner/Operator (2) Princeton University Street Address										
06/26/13				Princeton	University	-01	JUN	26	n.				
Month/Day/Year										~ 8	481 D.		
Agency Notified Type I	Notificatio			Street Add				FUE					
EPA x	Initia			P.O. box 2	CONTROL CONTRO				: , ; <u>;</u>				
DEP		ificati	on	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e, Zip Code				- 1 L	ENC	1.7		
DCA	Amei			Princeton			- Im I	1 57					
DOH		ficati	7. P.	Name of C			Tele	phone Nur	nber				
	Canc	ellatio	n	Robert Ot		TION:					Š		
				FACILI	TY INFORMA	TION	П						
Name of Facility Where Abatement is Princeton University Lawrence Lo				oldg 3apt 203,	205 bldg 4 apt 2	201		K12) r 8 (Other than K12)					
Street Address Alaxender Road								Private & commercial homes, etc.)					
							Square Feet # of 10000	Floors	Bldg. A	Age			
City (5)	Cour	ity (6)		County Code	3	50+						
Princeton					(STATE USE ONL	Y)	Current Use (Prior if University	being dem	olished	l .			
Name of Monitoring Firm Hired by B	uilding ()	wner	(8)		ASCM No.	Name	of Abatement Contract	or (9)	7				
Pennoni Associates Inc	unung O	wiici	(0)		, and the second		iated Specialty Contract						
Street Address 515 Grove Street Suite 1B						1	Address Crue Avenue						
City, State, Zip Code Haddon Heights NJ						State, Zip Code Mills, PA 19342				4			
Project Manager of Monitoring Firm			Telephone	Number	Telep	hone Number		Licenc	e Numb	er			
Alan Lloyd		856-547-0			64-9622	1103							
Scheduled Start Date (10)		Sche	d. Co	mpletion Date	100 100								
07/11/13				07/12/13									
Month/Day/Year	(Cheek e			/lonth/Day/Ye	ar	Street	Address						
Occupancy Status During Abatement Facility Closed/Vacated Durin				hatement		200000000000000000000000000000000000000	Progresive Drive						
x Abatement Performed Outsid	**					11	State, Zip Code						
Hours - Describe: 8:00 A			cincy				lem PA 19020						
Other - Describe:													
						11	Full Containment with	Nagativa	Dracent	-0			
Scope of work (Check all that apply) Demolition				Renovatio	in regulive riessure								
x >3 sf or >3 if				removatio									
>160 sf or >260 lf						x	Glovebag Procedure Non-Friable Procedure						
		Is		т			Tron-Trable Frocedu		atement	Tyne			
Location of	1.0	cation	,	Des	cription of			Au	I	E	E		
Asbestos - Containing	7 1	rmally			os-Containing		Amount	R		N	N		
Material (ACM)		sed	2		erial (ACM)		(Specify	E	R	C	C		
TO BE ABATED	So	lely		(ie. Th	nermal systems		SF or	M	E	A	L		
In Facility	by	Main	_	insulation	ı, surfacing, VA	Γ,	LF)	0	P	P	0		
(13)	100000	ance/		or other	r miscellaneous)			l v	A	S	S		
		stodia						A	I	U	U		
	_	ff (12	_	-				L	R	L	R		
BLDG 3 -apt 203 -kitchen	Yes	x	N/A	floor tile			80	x			E		
BLDG 3 -apt 205 -kitchen		х		floor tile			80	x					
BLDG 4 -apt 201 -kitchen		x		floor tile			80	х					
Name of Registered Waste Hauler	DEP Waste iler ID No.	Cubic Yards of Waste	g.	Name of Registered L	andfill								
Horizon Disposal			4	GROWS									
City, State		Disposal Dat	e	City, State									
Trenton NJ					As needed		Morrisville PA						
Completed By (Print or Type) Mark Goshow	no de Bell		Titl	e ject Manager		Signat	allshur			Date	6-12		
ABS-41		4	1			1 // 1	In the state of th			W M			

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